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ATTITUDES AND PERSPECTIVES OF SOCIAL WORK STUDENTS ON BINGE EATING DISORDER TREATMENTS FOR ADULT FEMALES

Esmeralda Martinez

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ATTITUDES AND PERSPECTIVES OF SOCIAL WORK
STUDENTS ON BINGE EATING DISORDER
TREATMENTS FOR ADULT FEMALES

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Esmeralda Martinez

June 2017

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Approved by:

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ABSTRACT

The purpose of this project is to gather an understanding of binge eating disorder and effective treatment approaches used for the reduction of binge eating symptoms for adult females. The research focus of this study will be, what are the attitudes and perspectives of binge eating disorder treatments for adult females among students who are in a master of social work field or study. This research project utilized a post-positivist paradigm where data was gathered qualitatively through the implementation of interviews with MSW students of diverse ethnic backgrounds (e.g. Hispanics, whites, blacks, and professional and personal experiences) from California State University of San Bernardino. The researcher utilized literature review to prepare for the study execution, and participants were provided with an inform consent and debriefing statement. The researcher prepared questions, and audio recorded, transcribed, and then analyzed the interviews. Master students' first-hand knowledge and perspectives contributed to a better understanding of what needs to be known in order to effectively treat binge eating disorder. The results consisted of the following themes: knowledge; basic knowledge of eating disorders, limited knowledge or awareness about binge eating disorder among adult females, no knowledge in regards to effective treatments for adult females with binge eating disorder, need for knowledge or awareness, perceptions; negative perceptions of binge eating disorder and treatments for adult females, experiences; personal and school experiences, and treatments; cognitive behavior therapy for treatment.

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CHAPTER ONE

ASSESSMENT

Introduction

Chapter one addresses the research focus of this study, the attitudes and perspectives of MSW students in regards to effective treatments for binge eating in adult female clients. It explains and provides the rationale for using the post positivist paradigm to conduct the study. The chapter provides a review of the literature focusing on effective treatments for binge eating in adult female clients, and the theoretical orientation of the study. Lastly, this chapter explains this study's potential contributions to both micro and macro social work practice, and a chapter summary is provided.

Research Focus and Question

The research focus of this study is on the attitudes and perspectives of MSW students in regards to binge eating disorder treatments for adult female clients. This includes the student's knowledge about the disorder in question, the student's attitudes and perspectives about past and current treatments used for binge eating disorder, and whether they believe a particular treatment is most effective in the reduction of binge eating symptoms. This understanding of the attitudes and perspectives towards effective treatments for binge eating was obtained through interviews with students from an MSW program. Due to a

variety of treatments used for eating disorders (e.g. anorexia, bulimia nervosa), this study's main focus was on the treatments that are most commonly used for adult female clients with binge eating disorder. Some common treatments are; Cognitive Behavior Therapy, Solution Focus Brief Therapy, and Dialectical Behavior Therapy. Based on the data obtained, common themes were found and a theory emerge.

Paradigm and Rationale for Chosen Paradigm

This study was conducted using a post positivist perspective. According to Morris (2006), this paradigm accepts the worldview as a whole, but suggest that an objective reality exists (p.71). In post positivist studies there is a research question that is being studied or addressed through the collection of qualitative data that is aimed at developing holistic and comprehensive descriptions and analyses. The aim of this approach is to develop a comprehensive description and analysis of what treatments have been known to work in adult females struggling with binge eating disorder. This perspective holds a view that objective truths can be discovered through the gathering of data qualitatively in a naturalistic setting. This paradigm aids the researcher to address specific treatment approaches that have been known to be effective in the reduction of symptoms for adult female clients with binge eating disorder. The rationale for using this paradigm is that this perspective can provide and understanding of the attitudes and perspectives of MSW students in regards to possible effective

treatments for binge eating disorder among adult females.

Literature Review

The literature review addresses eating disorders, by defining the symptoms and its prevalence among the population that is currently diagnose. Binge eating disorder is defined, and comprehensive material regarding occurrence is introduced. Common treatment approaches are presented with likelihood of effectiveness, and limitations of the treatment to the disorder. Lastly, the literature review addresses the focus question or problem.

Most Common Eating Disorders

According to Ortega-Roldán, Rodríguez-Ruiz, Perakakis, Fernández-Santaella, and Vila (2014) eating disorders are considered chronic disease of civilization. The most studied, and well-known eating disorders are anorexia and bulimia nervosa. Anorexia is considered one of the most common psychiatric problems for females; this is due to its high mortality and morbidity that has expanded worldwide. Anorexia is a lack or loss of appetite for food, weight loss, difficulties mitigating and appropriate body weight or height, and stature. Bulimia is an emotional disorder involving distortion of body image and an obsessive desire to lose weight, in which bouts of extreme overeating are followed by depression and self-induced vomiting, purging, or fasting. Some authors stated that eating disorders lead to numerous medical complications, mostly due to late diagnoses. These medical complications are due to an intentional restriction of

food, extreme dieting, or overeating. Extreme dieting, skipping meals, self-induced vomiting, excessive exercise, and misuse of laxatives and diuretics for the purpose of maintaining or reducing body weight; are all characteristic forms of compensatory behaviors of patients with an eating disorders.

Prevalence of Eating Disorders

Eating disorders according to Treasure (2011) are common problems affecting 5-10 percent of young people. Furthermore, females in the United States suffer from eating disorders such as anorexia, bulimia, and binge-eating disorder. Approximately one percent of females can suffer from anorexia nervosa, two percent from bulimia nervosa, and three from binge eating disorder (Rodriguez, Marchand, & Stice 2008). Many of these females seek mental health services in order to reduce and prevent their symptoms. Subsequently, different approaches have been used for the treatment of eating disorders (Ortega et al., 2014).

Binge Eating Disorder

BED is characterized by recurrent episodes of binge eating at least 2 days a week for at least 6 months accompanied by a sense of lack of control and often negative feelings about oneself but without intervening periods of compensatory behavior, such as self-induced vomiting, purging by laxatives, fasting, or prolonged exercise (Brewerton, 1999). Binge eating disorder is the most common eating disorder among adult females. According to Turan, Poyraz, and Ozdemir (2015) this disorder is associated with significant morbidity that includes medical

complications related to obesity, eating disorder psychopathology, and psychiatric comorbidity, reduced quality of life, and impaired social functioning.

Binge Eating in Adult Females

Binge eating in adult females is expressed by regularly eating far more food than most adults would in a similar time period and in similar circumstances, and where they tend to feel out of control. These episodes are characterized by eating extremely fast, eating beyond feeling full, eating a lot when not hungry, eating in secret to hide how much is being eaten, and feeling terrible after a binge (bingeeatingdisorder.com, 2015, February). In accordance, this site states that adult females feel very upset by binge eating, and on average binge eat at least once a week for three months. Treatments for adult females are based upon the agency or support group they are attending.

Common Treatments

Agüera, Riesco, Jimenez-Murcia, Islam, Granero, Vicente, Peñas-Liedo, Arecels, Sanchez, Mencho, and Fernandez-Aranda (2013) study reported that CBT demonstrated to be effective in the treatment of bulimia and binge eating disorders, and in the improvement of psychological symptoms. The Beck family innovated this approach, and its assumption is that human beings are born with a potential for either rational, or “straight,” thinking and irrational, or “crooked” thinking, consequently influencing our behaviors (Corey, 2013). Additionally, this approach focuses on undermining faulty assumptions and beliefs, while teaching clients the coping skills needed to deal with their problems. In accordance,

Woolhouse, Knowles, and Crafti (2012) stated that CBT for binge eating remains the “gold standard” treatment for reducing binge eating frequency and severity, compensatory behaviors, dietary restraint, and body image dissatisfaction.

However, Wilson (2000) reported that participants do not achieve full abstinence from binge eating following CBT, and that fifty percent of participants remain symptomatic at the end of treatment and at five years follow up. Overall, these studies suggest that CBT is a method that is used highly in the treatment of BED in many institutions that specialized in serving BED population.

Another comment treatment for binge eating disorder is Solution Focused Brief Therapy (SFBT), which differs from traditional therapies by eschewing the past in favor of both the present and the future. It utilizes a solution building model, and therapy is delivered in a homogeneous manner where the client possesses all the resources he/she needs (Jordan, Froerer & Bavelas 2013).

Therapists in SFBT focus on what is possible, and have little or no interest in gaining and understanding how the problem emerged (Corey, 2013). Martin, Guterman, and Shatz (2012) reported that the client and counselor collaborate to co-construct problems and goals. As well, they stated that SFBT has been used for a variety of clinical problems, and can effectively be applied in the treatment of eating disorders like BED. However, in this approach little attention is given to diagnosis, history taking, or exploring the emergence of the problem.

Corey (2013) also identified Dialectical Behavioral Therapy (DBT) as a treatment used for binge eating disorder. It is a promising blend of behavioral and

psychoanalytic techniques that emphasize the importance of the psychotherapeutic relationship, validation of the client, the etiologic importance of the client having experienced and “invalidating environment” as a child, and confrontation of resistance. This treatment has demonstrated an alternative that may be particularly useful for individuals who are less willing to comply with food monitoring, or for those who are in need of a more intensive focus on emotion regulation skills (Hill, Craighead, and Safer, 2011). Dialectical behavior therapy for binge eating disorder aims to reduce binge eating by improving adaptive emotion-regulation skills. Preliminary findings for this treatment approach on binge eating have been promising and reduction in the disorder has shown efficacy. However, long-term impact has not been attributed to the approach, and very little is known for long-term effects (Safer & Jo, 2010).

Perspectives and Attitudes of Effective Treatments

According to American Psychological Association (retrieved July 14, 2016), experts tend to believe that the best treatment focuses on the eating disorder by addressing the psychological problems that caused the condition, which will eliminate binge eating, and help clients feel better about themselves. Additionally, since binge eating disorder involves both weight and eating disorder concerns, researchers in both fields perceive treatment goals through the lens of their own training, and that binge eating can be best treated by traditional approaches. For instance, helping patients reduce bingeing, improving their self-esteem and body acceptance, and treating underlying psychological problems

such as depression and anxiety.

Theoretical Orientation

The theoretical orientation of this study will be eclectic therapy. Eclectic therapy is a therapeutic approach that incorporates a variety of therapeutic principles and philosophies in order to create the ideal treatment program to meet the specific needs of the client. This approach relates to the study in that students are asked to identify different approaches that could be utilized in order to treat binge eating disorder. There is not one universal treatment that works on all individuals. This theory is customized to meet the unique needs of the client. Future social workers are able to personalize the therapeutic experience in order to address and respond to the needs of the client, and this approach ensures that the most effective therapeutic techniques are integrated into treatment.

Potential Contribution of Study to Social Work Practice

This study has the potential to contribute to both micro and macro social work practice. At the micro level, the information discovered will allow social workers to be more informed about effective treatments for binge eating disorders. At the macro level, this knowledge will drive the force in creating and implementing policies to develop effective programs that offer interventions for binge eating disorders, specifically programs that will create interventions for adult females with binge eating disorder.

Summary

Chapter one addressed the assessment phase of this post positivist study. It also provided information about post positivist perspective as well as a rationale as to why it is appropriate for this study. The literature review focused on binge eating disorder treatments in adult females; the theoretical orientation that will be used for this study was presented. Lastly, chapter one explained this study's potential contribution to the field of social work.

CHAPTER TWO

ENGAGEMENT

Introduction

Chapter two addresses the engagement stage of this study. It explains how the research focus will be developed and how the gatekeepers and participants will be engaged. It also addresses the self-preparation that will occur in the study. This chapter addresses possible diversity, ethical, and political issues in the study. Lastly, the role of technology is discussed.

Study Site

The study site took place at California State University of San Bernardino (CSUSB). The main site is located in the city of San Bernardino and it is serving the public. Its vision is to be a model for the transforming of lives, to ensure student learning and success, conduct research, scholarly and creative activities, and to be actively engaged in the region. It adheres to inclusivity, innovation, integrity, social justice and equity, sustainability, transparency, and wellness and safety for students and their stakeholders. CSUSB provides numerous degrees and certifications for students. The master's program in social work at CSUSB provides students the opportunity to attend a full-time, part-time, or online study program. At CSUSB's School of Social Work provides accessible, dynamic, and rigorous academic programs that prepare students with foundation and advanced

professional values, knowledge and practice skills in order to effectively enhance the well-being of the diverse populations and communities of the region, state, and world.

Engagement Strategies for Each Stage of Study

In post positivism, the research focus was developed by the researcher, and was clarified through engagement with the study site (Morris, 2006). First, the gatekeepers were addressed and notified of the researcher's intent to utilize MSW students as the study participants. The researcher received the CSUSB Institutional Review Board Approval Letter (See Appendix A) and provided a copy to the Gatekeepers. Upon receiving the Institutional Review Board Approval Letter the Gatekeepers provided the researcher with a letter of approval (See Appendix B) allowing the researcher to conduct interviews with CSUSB MSW students. All MSW students were emailed with information about the study, and how to contact the researcher in order to participate. In addition, the researcher utilized private cohort Facebook page for the purpose of recruiting participants. The researcher then emailed the students to set up an appointment to conduct the interview, and provided participants a scheduled time and identification number to conduct the interviews through Zoom.

Self-Preparation

In this post-positivist study, the researcher developed the problem focus,

literature review, and theoretical orientation. The researcher prepared for any changes that may develop throughout the study. In addition, the information gained from the literature review regarding binge eating disorder and its treatment helped prepare the researcher to conduct this study. The researcher addressed any needs and concerns of the study participants by providing the participants the researcher's contact information. The importance of being sensitive to participants was addressed throughout the study. The researcher was sensitive to any possible discomfort and emotional issues that this study may cause by offering the participants to avoid or skip a question. Also, the researcher clarified that the study was solely on their knowledge and perspectives, that there is no right or wrong answer to the questions. Sensitivity-interviewing skills were examined to prepare for sensitive issues that may arise with the topic of binge eating disorder. Current practices were examined to understand how to effectively interview while being open-minded at the same time.

Diversity Issues

Possible diversity issues may emerge in this study. For example, diversity issues may be the person's cultural background, or their cultural views regarding binge eating disorder, the person's age, and how the disorder is presented based on the participant's knowledge or experiences. As well, diversity issues regarding gender due to a lack of male social worker students. The researcher attempted

to minimize these issues by educating the participants about the purpose of the study, and by providing information regarding the implications of the study. This was acquired by providing specific information to participants that discussed the purpose of the study, and how this study could impact their overall views about the disorder and the effectiveness of treatments for binge eating.

Ethical Issues

Possible ethical issues in this study are confidentiality parameters and data collection. It is important to secure and protect participant's information. Also, the handling of sensitive research data was not taken lightly in this study. In order to prevent ethical issues from arising, the researcher completed a Human Subjects Review process through the Institutional Review Board (See Appendix A). Confidentiality parameters were addressed at the beginning of each interview, and participants were given an informed consent to sign (See Appendix C). Participants were assured anonymity, and their information was maintained confidential. The researcher accomplished this by being mindful and adhering to the ethical codes and policies of social workers.

Political Issues

Due to the nature of the post positivist study, possible political issues may arise. First, the relationship between the researcher and participant may have led to problems based on the authority that the researcher may hold. However, this

issue did not occur. In order to prevent this issue, data gathered will be utilized only for the purpose of informing the MSW program of the level of knowledge MSW students have regarding the subject of binge eating disorder and effective treatments.

Another issue may arise due to the participants' ethnicity. Cultural sensitivity will be implemented during interviews by avoiding biases, and informing participants of researcher's knowledge about ethnic backgrounds. Another political issue that may arise is the possibility of a participant feeling discriminated based on the results that were acquired in the study. In order to avoid this, the researcher addressed these possible issues with the participants at the beginning of the interview by providing a debriefing statement and to verbally communicating these issues after the interview.

The Role of Technology in Engagement

Technology played a crucial role in the engagement phase of this study. For the purpose of contacting the gatekeepers and participants via email. Technology was utilized in order to provide the proper documentation needed to initiate the study. As well, the interviews were conducted via Zoom using a laptop, and a digital recording device was used to record the interviews. Transcribing software was used to transcribe the interview recordings. Lastly, a laptop with ATLAS.ti software was used for the purpose of finding the common themes.

Summary

Chapter two addressed the engagement stage of the study, including the development of the research focus and engaging gatekeepers and participants. Self-preparation and possible diversity, ethical, and political issues were addressed. Lastly, the role of technology in this study was presented.

CHAPTER THREE

IMPLEMENTATION

Introduction

Chapter three addresses the implementation stage of this study. Information about the research site study participants, and selection of participants is given. Data gathering, phases of data collection, data recording, and data analysis are also discussed. Finally, the findings will be communicated, and termination and follow up for the participants is described.

Study Participants

Study participants were graduate students from the social work program at California State University, San Bernardino who are currently enrolled in the master's program. Two males and ten female participants between the ages of 23 to 45 years old were interviewed (See Table 1). Participants were either in the full-time, part-time, or in the pathways program at CSUSB. They identified themselves from different ethnic backgrounds and professional experiences.

Table 1. Study Demographics

Participants	Gender	Age	Ethnicity	Marital Status	Level Education	MSW Program	Professional Background	Employment
1	F	38	Hispanic/Latino	S	B. A.	Pathway Part-time	Mental Health	Employed
2	F	26	Hispanic/Latino	S	B. A.	Pathway Part-time	Social Work	Employed
3	F	36	Black/African American	M	B. A.	Pathway Part-time	Social Work	Employed
4	F	24	Hispanic/Latino	S	B. S.	Pathway Part-time	Social Work	Employed
5	M	26	Hispanic/Latino	S	B. A.	Pathway Part-time	Mental Health	Unemployed
6	F	48	American Indian or Alaska Native	S	B. S.	Pathway Part-time	Social Work	Employed
7	F	30	Hispanic/Latino/White	S	B.A.	Pathway Part-time	Social Work	Employed
8	F	30	Black/African American	M	Masters	Pathway Part-time	Other	Unemployed
9	F	26	Hispanic/Latino	M	B.A.	Pathway Part-time	Social Work	Employed
10	F	29	Hispanic/Latino	S	Masters	Full-time	Social Work	Employed
11	F	41	Black/African American	M	Masters	Pathway Part-time	Social Work	Employed
12	M	34	Hispanic/Latino	S	Masters	Full-time	Medical Field	Unemployed

Selection of Participants

The method of sampling that was used in this study was “purposive” sampling, in which the researcher looks for study participants who can give the most complete data about the study’s focus (Morris, 2006). This was implemented through typical case sampling, “Data from this sample gives a profile of regular or routine experiences of the program or issue” (Morris, 2006, p. 92). This method was used to gather information about MSW student’s knowledge and perspectives of binge eating disorder treatments. Participants were selected based on whether they are attending an MSW program at CSUSB. Through voluntary participation, participants were gathered that match criteria for study participants. The gatekeepers communicated to all students who are enrolled in an MSW program via student emails about an opportunity to participate in a study about binge eating disorder, and provided them with the researchers contact information. Also, the researcher utilized private cohort Facebook page to contact volunteers. The participants were asked to email the researcher about volunteering, and to provide the researcher with the days and times they were able to participate in the interview via the Zoom software.

Data Gathering

Data was gathered qualitatively through the responses to the research questions during individual interviews with participants (See Appendix D). The researcher was equipped with the knowledge gathered from the literature

regarding binge eating disorder. Researcher was conscious of own biases and values regarding research topic, and controlled the influence of these biases and values. Interviews were done via Zoom using a laptop or a cellphone to ensure privacy and confidentiality. Interview questions were created prior to the interview. Questions were constructed using a mixture of descriptive, contrast, and structured methods that helped establish the participants' knowledge and perspectives of binge eating treatments among adult females. (See Appendix D) Examples of questions asked are: "What do you know about binge eating disorder among adult females?" "What do you know about treatments used for binge eating disorder?" The purposes of the questions were to help answer the research topic or problem.

Phases of Data Collection

In post-positivism the aim is to identify patterns and regularities through the interview process (Morris, 2006). Data collection was an ongoing process throughout the interview. The researcher prepared for the interview by being knowledgeable about the topic and having a set of prepared questions. First, participants were engaged by introducing the purpose of the interview to build rapport. Next, questions were asked about the research focus to gather information about their knowledge about effective treatments for binge eating. The conversation was guided based on the questions, but the participants led the way with his/her responses. The interviews were conducted via Zoom using a

laptop or cellphone. The researcher used a digital recording device, and took notes during the interview. To assist with the interview, researcher used throwaway questions to terminate the interview session. The data gathered from the recordings were transcribed and analyzed. Lastly, the researcher will reflect on the interview by creating a narrative journal.

Data Recording

Data was recorded through a narrative journal and personal notes taken during the interview, as well as audio digital recording. Identifying information will be included such as date and time of interview. Conversations were recorded in the order they occurred. The final step was to write in the journal to keep reflections, reactions, rationales, and analysis of the study progress. Researchers reactions, feelings, and insights were included in the narrative journal.

Data Analysis Procedures

Data was analyzed qualitatively through a “bottom up” approach. Transcripts of interviews were analyzed following the interviews. The interviews narrative was broken down into themes or categories using open coding (Morris, 2006, p. 112). This process (Morris, 2006, p. 113) is used to develop a routine practice of analyzing data with an open mind to all potential interpretations. Then, axial coding was used to identify MSW student’s knowledge and perspectives of

binge eating disorder symptoms and effective treatment methods. This process is used as “a procedure for linking the emergent categories and making statements about the relationships between categories and their dimensions” (Morris, 2006, p. 115).

Selective coding helped develop a theoretical statement to help integrate and refine student’s binge eating disorder knowledge and perspective of effective treatment approaches used to manage the symptoms (Morris, 2006, p. 116). The conditional matrix assisted with the organization of data in relation to both micro and macro social work practice. Finally, the researcher utilized ATLAS.ti software throughout this process to further organized the data to identify any additional information and to further support the relationships that had already been identified.

Summary

Chapter three discussed the implementation stage of this study. First the study participants and selection of participants were identified. Lastly, the data gathering, phases of data collection, data recording and data analysis were addressed.

CHAPTER FOUR

EVALUATION

Introduction

This chapter addresses the findings of this qualitative study. The findings are presented based on the audio recordings of each participant to allow the researcher to analyze the data, and develop themes and categories. Then data interpretation is provided. Next, the implications of findings for micro and macro practice are discussed. This chapter concludes with a summary.

Data Analysis

Knowledge

The first theme that was found in this study is that on MSW students' knowledge about eating disorders, binge eating disorder, and effective treatments used for adult female clients. As well, that students reported that there is a need for knowledge and awareness about binge eating disorder treatments for adult female clients.

Basic Knowledge of Eating Disorders. A theme that was identified early in the study was that of basic knowledge of types of eating disorders. All twelve participants shared that they had basic knowledge regarding the types of eating disorders. Below is a table of direct quotes about basic knowledge of eating disorders.

Table 2. Direct Quotes About Basic Knowledge of Eating Disorders

Participants #	Direct Quotes about Basic Knowledge of Eating Disorders
1	"...I think its four out of 10 women have eating disorders of maybe you know bulimia or anorexia, and isn't when someone either deprives themselves from eating" (February, 2017).
2	"...I know that eating disorders is like several of them, you know there's anorexia, there's binge eating, umm there's bulimia" (February, 2017).
3	"...well bulimics throw up, and anorexic don't eat or over-exercise and people that binge eat, eat a lot" (February, 2017).
4	"I know that binge eating is overeating in a short period of time" (February, 2017).
5	"...binge eating when they like throw up or binge eating where they just eat a lot at one time" (February, 2017).
6	"...depends whether it is like anorexia or bulimia. Some people tend to starve themselves. Some people tend to overeat or over-exercise, or abuse laxatives" (February, 2017).
7	"I know there is three. There is anorexia, there is binge eating disorder, and then there is bulimia. And anorexia is like when you basically you just don't eat. Bulimia is where you do eat but you vomit afterwards and binge is when you just overeat" (February, 2017).
9	"And anorexia is the one where they are really... really skinny. They like to starve themselves" (February, 2017).
10	"...anorexia is more of a ... less eating not eating at all type of condition. And bulimia is when you binge eat and you have tendencies to throw up or something" (February, 2017).
11	"...a feeling that clients with eating disorders are not very much in terms of dieting healthy and stuff like that" (February, 2017).

Limited Knowledge or Awareness About Binge Eating Disorder Among Adult Females. Another common theme identified during the interviews was that MSW students have limited knowledge or awareness about binge eating disorder among adult females. Nine of the twelve participants shared that they either have no knowledge or very limited knowledge or awareness regarding binge eating disorder. Below is a table of direct quotes with limited knowledge or awareness about binge eating disorder among adult females.

Table 3. Direct Quotes About Limited Knowledge or Awareness About Binge Eating Disorder Among Adult Females

Participants #	Direct Quotes About Limited Knowledge or Awareness About Binge Eating Disorder Among Adult Females
1	“So from binge eating I think that it’s when someone, it’s kind of reflected on what that person feels about themselves and they get hungry, and then they over eat. And then it’s almost like something that they can’t...It’s harder for them to control because it’s more of a mindset. But I don’t know if that’s correct” (February, 2017).
6	“Umm... Not much really. There is... Well there is... I can recognize symptoms. Binge eating they sometimes try to drop to a certain amount of weight, and they go ahead cannot control the craving and something” (February, 2017).
7	“I don’t know. I guess... I don’t really. I don’t know anything specific. I can assume something. but I don’t really know for sure based on research” (February, 2017).
8	“I guess is more common and they know overeat. To my knowledge base. And statistics based I don’t know” (February, 2017).
9	“When they overeat, right? I think, and then they feel guilty about it, and then they make themselves throw up, or not? Or is just the constant eating?” (February, 2017).

10	“Binge eating, I am not sure if that’s a difference or if that’s just part of bulimia. But from my understanding is the. I guess a symptom... I guess you’ll say or behavior of bulimia” (February, 2017).
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No Knowledge in Regards to Effective Treatments for Adult Females with Binge Eating Disorder. Mostly all participants struggle to identify effective treatments for adult females with binge eating disorder. Seven participants reported no significant knowledge of effective treatment used for binge eating disorder among adult females. Below are direct quotes about lack of knowledge about effective treatments for adult females with binge eating disorder.

Table 4. Direct Quotes About No Knowledge in Regards to Effective Treatments for Adult Females with Binge Eating Disorder

Participants #	Direct Quotes About No Knowledge in Regards to Effective Treatments for Adult Females with Binge Eating Disorder
3	“There is no one that I know of personally” (February, 2017).
5	“I don't remember what it was what they said works for them but I am assuming that. I think you mention SFBT” (February, 2017).
7	“I think like trauma focus or maybe like Bowen's family therapy where it’s like ... it looks back into childhood to address any underlying issues or like family issues. That will be effective” (February, 2017).
8	“...know of a specific approach. I would assume CBT or DBT. But I am not a hundred percent sure that... of the effectiveness” (February, 2017).

10	“Umm. I don't really know of any treatment. So I can say if it is. I ... from much of a broad kind of sense of everything” (February, 2017).
11	“Actually I do not. I don't know anything about treatments” (February, 2017).
12	“I am familiar with the therapies and other aspect but not specifically for binge eating disorder” (February, 2017).

Need for Knowledge or Awareness. Lastly, most participants recognized that there is a need for more knowledge and training in schools, especially during a Master's degree training in clinical social work. Nine of the twelve participants expressed a need for more knowledge and awareness regarding this eating disorder and the treatments for it.

Table 5. Direct Quotes About Need for Knowledge or Awareness

Participants #	Direct Quotes About Need for Knowledge or Awareness
1	“I don't think that it is address enough in schools, is not something that is talked about. I think that it happens a lot, I work currently work with a lot of junior high and high school. And it's kind of the norm that you know that it is okay, and I don't see much intervention or talk about it with professionals” (February, 2017).
3	“I think there is not enough information about binge eating or...there is a lot of attention on bulimia and anorexia, but I don't think binge eating is as well known to the social media or just women in general” (February, 2017).

4	“It needs to be more. what’s the word I am looking for?... They need to spread the word about it more, I don’t think people talk about binge eating enough” (February, 2017).
6	“I would think that maybe more research needs go more into how it affects men. Being that there is an increase in the rate of men that are affected by this” (February, 2017).
7	“I am thinking like there is probably not a lot of therapy that addresses it. Maybe it is just like because... Like the general population maybe doesn't think about it that way” (February, 2017).
9	“To be more aware of that it does exists, and that it could affect anybody. And if it does affect someone so people can know how to deal with it or look for professional help” (February, 2017).
10	“I mean is definitely not something that we learn in class, like I said, Last time I even. Maybe it is mention in this master's program but nothing in depth like we did in undergrad. And so I think important to really dive into. You know if you have client that has one of those disorders, just like anything else you have research it, and really” (February, 2017).
11	“I feel as though it is important topic, and I think it is probably not as focused on in terms of schooling. We focus a lot on mental health issues, but I don’t think we focus enough on that particular issue” (February, 2017).
12	“I think that is something that is not very well research in a sense. Maybe not so much research, but it is not in the public light as much” (February, 2017).

Perceptions

Another theme that was found during the course of the study is that of MSW students' perceptions in regards to binge eating disorder and treatments used. Participants identify binge eating disorder and treatments negatively.

Negative Perceptions of Binge Eating Disorder and Treatments.

Throughout the interview a theme that was also identified was that of negative perceptions of eating disorders that MSW students disclosed during their interviews. Eight of the twelve participants disclosed or shared negative perceptions or values regarding binge eating disorder. Below is a table of negative perceptions of binge eating disorder.

Table 6. Direct Quotes About Negative Perceptions of Binge Eating Disorder and Treatments for Adult Females

Participant #	Direct Quotes About Negative Perceptions of Binge Eating Disorder and Treatments
2	"I would think that they feel shame, guilty, embarrass as to their disorder" (February, 2017).
3	"Well I am going to assume it's shameful, they are probably embarrass, and probably and don't actively seek treatment" (February, 2017).
4	"I think I mention treatment. They probably don't think its effective at first. Yeah... that is pretty much it for that question" (February, 2017).
5	"I think that they see their disorder as necessary and treatment not necessary" (February, 2017).
6	"I personally belief that a lot of them don't feel like that there is a disorder, don't feel like there is anything wrong" (February, 2017).

8	“And there for they may not perceive anorexia or bulimia or binge eating as a mental health disorder” (February, 2017).
9	“...since it something they believe in, they don't necessary think there is something wrong with it” (February, 2017).
12	“I can just kinda speculate that it is an issue of maybe a perceiving yourself as being weak will, or just as a coping strategy for stress or for what ever” (February, 2017).

Experiences

Participants' experiences with the disorder and treatments was identify throughout the study. It was found that participants have had both personal and school experiences when it came to binge eating disorder knowledge and treatments used for it.

Personal and School Experiences. Next theme identified in the interview is that of personal and school experiences regarding binge eating disorder. Eight participants were able to identify that their knowledge and perceptions of binge eating derived from school experiences and personal experiences. Below are direct quotes about personal and school experiences.

Table 7. Direct Quotes About Personal and School Experiences

Participants #	Direct Quotes about Personal and School Experiences
1	“I'm kind of learning it right now through personal experience. So it's something that I think I do. I'm not sure to categorize under that. But it's more of ahh... I do a lot of stress eating” (February, 2017).
2	“I know sometimes I'll eat with some girlfriend from work and they'll be like god I am so full, why did I eat that much. But sometimes we can, or we do it every day. We eat like a whole bunch food and we feel sick, why did we do it this again. So maybe... ” (February, 2017).
3	“Well... I think. Mm... what I do know is a combination of school and social media” (February, 2017).
4	“...through the media and school” (February, 2017).
6	“It's mostly from school and internship” (February, 2017).
7	“I want to say it's from school. From undergrad. From psychology classes. Pretty limited” (February, 2017).
8	“School. General knowledge in undergrad” (February, 2017).
12	“I mean it usually came from just lower division psychology courses. I mean... I don't know that of my interest also psychiatry and psychiatric disorders and all that. I mean I have some experience as far as personal as far as eating disorders. I've myself. just my personal knowledge and experience and stuff like that” (February, 2017).

Treatments

Lastly, a theme that was particularly important in this study was treatments used for binge eating disorder for adult female clients. Students were able to identify a treatment that they believe has been effective in reducing symptoms and behaviors of binge eating disorder.

Cognitive Behavior Therapy for Treatment. A few participants were able to identify CBT as a treatment used for eating disorders in general. Seven of the twelve participants were able to identify CBT as a therapeutic treatment that can be used for binge eating disorder. Below are direct quotes for Cognitive Behavior Therapy for Treatment of binge eating disorder

Table 8. Direct Quotes for Cognitive Behavior Therapy for Treatment for Binge Disorder

Participants #	Direct Quotes for Cognitive Behavior Therapy for Treatment for Binge Eating Disorder
1	"I know that from what I read that CBT that that's shown to be most effective way of helping" (February, 2017).
2	"I am not quite sure. I would think CBT would help" (February, 2017).
4	"...would say CBT, because I know that it targets those thought patterns" (February, 2017).
5	"I would say something like CBT" (February, 2017).
6	"Cognitive behavioral therapy is used so that there is no binge disorder to help clarify some kind of misconceptions they should might have about their body" (February, 2017).
8	"CBT and are effective and work on individuals with binge eating disorder" (February, 2017).

10	“...that CBT would be pretty effective, just because of the ... you know. You can change the way think, you can change the way you behave kind of concept” (February, 2017).
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Data Interpretation

The purpose of this study was to explore the perspectives of MSW students and their knowledge or attitudes in regards to effective treatments used for binge eating disorder among adult females. The study revealed various themes in relation to the general knowledge and perspectives of binge eating disorder and the treatments used for adult female clients.

Most participants were able to identify three types of eating disorders and their basic facts. This finding showed that most individuals have some knowledge in regards to anorexia nervosa, bulimia nervosa, and binge eating disorder.

Researchers such as Ortega and colleagues (2014) identified three types of eating disorders that are considered the most common psychiatric problems for adult females. Adult females struggle with such eating disorders, where they have maladaptive behaviors and thoughts in regards to their appetite, weight, and body image. All or most students were able to identify anorexia, bulimia, and binge eating disorder as mental illnesses that affect a person's body image, food consumption, and overall well-being. Below is a figure that defines these three types of eating disorders.

Table 9. Types of Eating Disorders

	Anorexia Nervosa	Bulimia Nervosa	Binge Eating Disorder
What it is?	People with the condition restrict calories and do not sustain a healthy body weight	People with the condition binge, then purge	People with the condition binge but do not purge
Commonality	9 in 1,000 women and 3 in 1,000 men	15 in 1,000 women and 5 in 1,000 men	35 in 1,000 women and 20 in 1,000 men
Onset	Early, mid, or late adolescence	Adolescence, young adulthood	Adulthood
Common Treatment Approaches	Medical, nutritional, Cognitive Analytic Therapy, CBT, DBT, medication	Cognitive Behavioral Therapy, Interpersonal Therapy, medication, nutritional	CBT, IPT, DBT, SFBT, medication, nutritional, equine, family therapy, group therapy

Note: Information about anorexia, bulimia, and binge eating disorder is provided. Source: The National Eating Disorder Association

This study also found that social work students have a very limited amount of knowledge when it comes to binge eating disorder among adult females. Even though Brewton (1999) identify binge eating disorder as a very common eating disorder among adult females, MSW students had a very limited amount of information about this population and the disorder. According to this researcher there is a large number of adult females struggling with binge eating disorder, then there is for anorexia and bulimia. According to Rodriguez et al. (2008) there

is approximately three percent of females who have or are currently struggling with binge eating disorder. Even with this percentage, MSW students were unable to provide enough information about binge eating among adult females.

Not only were MSW students unable to provide enough information about the disorder among adult females, but mostly all students had limited or no knowledge about treatments used for binge eating disorder on adult females.

Most students either failed to identify a treatment used for the disorder, or they failed to provide concrete information in regards to an effective treatment used for adult females who are struggling with binge eating. Most students did however, expressed that treatments should focus on the individual's psychological problems that cause the condition. This coincides with the American Psychological Association (www.apa.org, retrieved July 14, 2016), that the best type of treatment for an eating disorder, is one that addresses the underlining psychological problem that causes the maladaptive eating habit. For instance, students identified issues such as body distortions, depression, anxiety, etc., as psychological problems that should be addressed with females struggling with binge eating.

Due to the limited or lack of knowledge in regards to binge eating disorder and treatments used on adult female client's, MSW students expressed that there is a need for knowledge or awareness. This lack of knowledge and awareness can be due to the stigma behind eating disorders. According to Oltmanns and Emery (2012) there is a debate whether binge eating should be

consider an eating disorder of its own, or part of the criteria for a diagnosis of bulimia nervosa. Many students were unable to define binge eating without confusing it with bulimia. However, there is enough evidence that supports binge eating disorder as a reliable diagnosis distinct from other eating disorders. This according to Oltmanns and Emery (2012) is determined by the difference in demographics, correlations, and treatments. It is necessary to incorporate binge eating disorder in training facilities, schools, and social media. As well, it is important to start viewing this disorder and its treatments as distinct from those used for bulimia and anorexia.

Eating disorders in general are viewed negatively in our society. MSW students disclosed that eating disorders are viewed as shameful or embarrassing, and are not taken as a serious mental health conditions by those who are struggling with the disorder. Mostly all participants in this study described those with the disorder, as people who are either ashamed about their condition, or embarrassed due to their body distortions. MSW students stated that adults with the disorder are most likely not willing to seek treatment or view their issue as normal because they want to meet a certain weight or body shape. This is true according to Oltmanns and Emery (2012), females struggling with the disorder struggle to view their eating problems as psychological illness, but focus more on the physical aspect of the disorder, such as body shape and weight. This view of the disorder can be due to our standards of beauty in the United States.

In relation to school or personal experiences. Some participants expressed having limited experience and gaining little knowledge from school regarding the disorder. Others gain information from people they know who are battling with the disease or from their own struggles. Most of the information had come from their own perception or from courses they took in their undergraduate studies.

Lastly, most all participants were able to identify Cognitive Behavioral Therapy as a treatment used for binge eating disorder. Agüera et al. (2013) study reported that indeed CBT has demonstrated to be an effective approach in the reduction of symptoms and behaviors for binge eating disorder. Participants reported that CBT helps to address the underlining negative thoughts that lead to the development of the eating disorder. Corey (2013) identified CBT as the ideal treatment to help address an individual's irrational thoughts, and challenge the negative thinking that enables the individual to continue to perform the dysfunctional eating habit. CBT continues to be the ideal approach for the treatment of numerous mental health issues. This approach can help to address the depression and the anxiety that leads an individual to feel the need to excessively eat to the point of physically harming themselves. As well this approach has been approved as evidence based treatment that combats negative behaviors and thoughts that trigger an individuals need to over consume large amounts of foods. Other researchers such as Oltmanns and Emery (2012) also identify this approach as the go to treatment in dealing with

eating disorders symptoms and behaviors, and body or weight distortion issues.

Implications of Findings for Micro and Macro Practice

This study will help provide awareness to the social work field regarding the need to educate and train future social workers about working with individuals who are affected by an eating disorder especially binge eating disorder. Being aware of the themes discovered, and how binge eating disorder is viewed by social work students, can have implications for both micro and macro work practices. Themes like basic knowledge of eating disorders, limited knowledge or awareness, no knowledge about effective treatments, need for knowledge and awareness, negative perceptions of binge eating disorder and treatments, personal and school experiences, cognitive behavior therapy for treatment will help aid social workers in a micro practice setting when planning for treatment of this population. This information can also be utilized when planning to train future social workers in the mental health community, and improve the policies and services that are provided by organizations that work with this population.

The findings of this study could also help to improve treatment approaches and interventions used with clients suffering from binge eating disorders. CBT has been the universal treatment for many mental health disorders, however it is time to begin using treatments that meet the client's needs. This study can help bring awareness about other treatments that need to be taught in schools or training facilities for eating disorders. It is important to begin advocating for

client's needs, and provide them with a more integrated care approach service.

Binge eating disorder clients are not only dealing with mental health issues, such as depressions or anxiety, but are also struggling with health issues related to their weight or maladaptive eating habits. All this information can also be utilized by social workers to advocate for more resources, programs and policies on behalf of the eating disorder community.

The researcher of this study recommends that future research consist of interviewing other MSW students or programs across the nation. This will help evaluate the training and education that is provided across the United States for binge eating disorder and effective treatments. The researcher also recommends that individuals, both male and females, who are currently or have received treatment for their eating disorder or binge eating disorder, to be interviewed and be part of a similar study. Such interviews will help provide a more concrete understanding about how clients view their treatments and their effectiveness.

Interviewing people from multiple treatment facilities or agencies can help provide a wealth of information that will continue to be beneficial for both micro and macro social work practice in relation to binge eating disorder and treatments. Lastly, the researcher believes that social media should be utilized to provide a more positive outlook of eating disorders in general, and incorporate the importance of awareness and education on this topic.

Summary

Chapter four explored the findings of this study. First, the findings were presented based on the audio recorded interviews that were transcribed to allow the researcher to analyze the data, and develop themes and categories in regards to the findings. Next data, interpretation was provided. Lastly, implications of the findings for micro and macro social work practice were discussed.

CHAPTER FIVE

TERMINATION AND FOLLOW UP

Introduction

This study found that there is a lack of knowledge and awareness about binge eating disorders and effective treatments used for it. In this chapter, limitations of the study are address. Next, termination of the study and communicating findings to the study site and participants are discussed. Then, the ongoing relationships with participants are addressed. Finally, a dissemination plan is provided and a chapter summary.

Limitations

In this study there was some limitations. The researcher was unable to interview other MSW students from other Universities due to limited resources and confidentiality parameters. The researcher was unable to get approval from other Universities to conduct the study, and had very limited resources to contact a larger number of participants. Another limitation of this study, was that the researcher only had two male participants within the study. This could have been due to the lack of males in the social work field, and MSW program at CSUSB. Lastly, this study needed a larger number of participants overall, in order to further analyze the knowledge, perceptions, and experiences of MSW students in regards to effective treatments used on adult females with binge eating disorder.

Termination of Study

A debriefing statement was provided to all participants after each interview, thanking them for their participation and providing contact information if they have further questions (See Appendix E). To assist with termination, the researcher provided contact information to all participants. The researcher ended all interviews with a brief discussion about binge eating and explored participants' feelings regarding their limited knowledge.

Communicating of Findings to Study Site and Study Participants

All participants were invited to approach the researcher's poster board presentation that will be presented at California State University, San Bernardino, so that all MSW students can obtain a complete understanding of the research outcome. This will take place during poster board presentations where all MSW students are invited to attend. All participants are aware of this presentation and are welcomed to approach the poster board presentation of this study.

Ongoing Relationships with Study Participants

Contact information of the researcher was made available to all participants via student emails and cohort Facebook page. This allowed for any further questions or concerns regarding the study. The researcher will also reach out via student emails, or at poster board presentation day to see if the participants have any other inquiries about the study.

Dissemination Plan

The findings of this study were provided to California State University, San Bernardino in the form of a poster presentation at the School of Social Work's annual poster day, so that it can contribute to current social work literature. Disseminating this information to the university and MSW students will increase the likelihood of it being used in the future as evidence for social worker practice.

Summary

This study provided an understanding of the need for knowledge and awareness about binge eating disorder and treatments used for adult females. In this chapter, termination of the study and communication of the findings to the study site and participants were discussed. Next, the ongoing relationship with participants was addressed. Finally, a dissemination plan was provided.

APPENDIX A
INSTITUTIONAL REVIEW BOARD APPROVAL LETTER

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s) Esmeralda Martinez
Proposal Title Attitudes and perspectives about Binge Eating
Disorder Treatments for Adult Females
SW1684

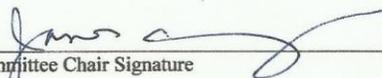
Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

Proposal is:

- approved
- to be resubmitted with revisions listed below
- to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

- faculty signature missing
- missing informed consent debriefing statement
- revisions needed in informed consent debriefing
- data collection instruments missing
- agency approval letter missing
- CITI missing
- revisions in design needed (specified below)

 10/12/16
Committee Chair Signature Date

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

College of Social and Behavioral Sciences
School of Social Work

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the attitudes and perspectives of MSW students in regards to treatments used for adult females with binge eating disorder. The study is being conducted by MSW student Esmeralda Martinez, School of Social Work, California State University, San Bernardino under the supervision of Dr. Zoila Gordon. The study has been approved by the Institutional Review Board Social Work Sub-committee, California State University, San Bernardino.

Purpose: The purpose of the study is to examine the attitudes and perspectives of 12 to 15 MSW students in regards to effective treatments used for adult females with binge eating disorder.

Description: Study Participants will be interviewed and asked a few questions on their knowledge and attitudes towards binge eating disorder and their perspectives in regards to effective treatments utilized for binge eating in adult clients.

Participation: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

Confidentiality or anonymity: Your responses will remain anonymous and data will be reported in aggregated form and in coding

Duration: it will take 15 to 20 minutes to complete the interview process.

Risks: There are no foreseeable for the participation of this study

Benefits: There will not be any direct benefits to the participants.

Contact: If you have any questions about this study, please feel free to contact Dr. Gordon at zgordon@csusb.edu (Office phone: (909) 537-7222)

Results: Please contact the scholarworks database (<http://scholarworks.lib.csusb.edu/>) at Pfau Library, California State University of San Bernardino.

909.537.5501 - 909.537.7029

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College of Social and Behavioral Sciences
School of Social Work

This is to certify that I read the above and I am 18 years or older

Place an X mark here

Date

I agree to be audio recorded

_____ Yes

_____ No

909.537.5501 · 909.537.7029

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APPENDIX B
GATEKEEPERS LETTER OF APPROVAL

August 18, 2016

To Whom it may Concern,

My understanding of the procedure that Esmeralda Martinez will follow in her data collection is as follows:

After IRB approval, she will send out an invitation to contact her to be interviewed through Coyote emails and through other means such as "cohort private pages."

When the students respond to the interview invitation, she will schedule the interview and will "utilize blackboard" for her interviews.

The only involvement of the School of Social Work will be to send out the invitation one time.

Data collection will end by the end of December 2016.

Given this description of the protocol, I approve of the distribution of the survey beginning Fall Quarter 2016.


Director, School of Social Work

909.537.5501 • fax: 909.537.7029 • <http://socialwork.csusb.edu/>

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APPENDIX C
INFORMED CONSENT



College of Social and Behavioral Sciences
School of Social Work

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the attitudes and perspectives of MSW students in regards to treatments used for adult females with binge eating disorder. The study is being conducted by MSW student Esmeralda Martinez, School of Social Work, California State University, San Bernardino under the supervision of Dr. Zoila Gordon. The study has been approved by the Institutional Review Board Social Work Sub-committee, California State University, San Bernardino.

Purpose: The purpose of the study is to examine the attitudes and perspectives of 12 to 15 MSW students in regards to effective treatments used for adult females with binge eating disorder.

Description: Study Participants will be interviewed and audio recorded. They will be questioned on their knowledge and attitudes towards binge eating disorder and their perspectives in regards to effective treatments utilized for binge eating in adult female clients.

Participation: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

Confidentiality or anonymity: Your responses will remain anonymous and data will be reported in aggregated form and in coding

Duration: It will take 15 to 20 minutes to complete the interview process.

Risks: There are no foreseeable risks for the participation of this study

Benefits: There will not be any direct benefits to the participants.

Contact: If you have any questions about this study, please feel free to contact Dr. Gordona at zgordon@csusb.edu (Office phone: (909) 537-7222)

Results: Please contact the Scholarworks database at Pfau Library, California State University of San Bernardino.

This is to certify that I read the above and I am 18 years or older

Place an X mark here

Date

I agree to be audio recorded

_____ Yes

_____ No

909.537.5501 · 909.537.7029

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

APPENDIX D
INTERVIEW QUESTIONS

MSW Student's Interview Guide

1. What do you know about eating disorders?
2. What do you know about binge eating disorder among adult females?
3. Where does your binge eating disorder knowledge come from (school, personal, experience, ETC.)?
4. Do you have any professional or personal experience dealing with binge eating disorder with adult females?
5. What do you know about treatments used for binge eating disorder?
6. Do you believe that the treatments used for binge eating are effective?
7. What do you know about CBT, DBT, and SFBT for binge eating disorder?
8. If you can, please identify a treatment approach you believe or know to be effective in treating adult females with binge eating problems?
9. How do you believe adult females with binge eating perceive their disorder and treatments?
10. What do you think is important for clinicians to learn/understand about treatments used for binge eating disorder?
11. Is there anything else that you would feel is important to say on this topic?

Developed by Esmeralda Martinez

APPENDIX E
DEBRIEFING STATEMENT



College of Social and Behavioral Sciences

School of Social Work

Debriefing Statement

This study you have just participated in was designed to investigate attitudes and perspectives of MSW students in regards to effective treatments used for adult females with binge eating disorder. I am interested in assessing the knowledge, attitudes and perspectives of current treatment approaches used for the treatment of binge eating disorder in adult clients. This is to inform you that no deception is involved in this study.

Thank you for your participation. If you have any questions about the study please feel free to contact Dr. Gordon at zgordon@csusb.edu (Office phone: (909) 537-7222).

If you would like to obtain a copy of the results of this study, please contact scholar works.

909.537.5501 · 909.537.7029

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

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