



7th Biennial Conference

EDAC-ATAC 2024: Creativity and Connection Créativité et Liens

Oct. 23-24, 2024

University of British Columbia
Vancouver, BC



Eating Disorders
Association of Canada
Association des troubles
de l'alimentation du Canada

<https://edac-atac2024.com/>





October 23, 2024

Dear Colleagues,

It is my great pleasure to welcome you to the University of British Columbia for the 7th Biennial Conference of the Eating Disorders Association of Canada/*Association des Troubles Alimentaires du Canada* (EDAC-ATAC). We are honoured to host you here on the beautiful UBC Vancouver campus, which is situated on the ancestral and unceded territory of the Musqueam people.

Eating disorders continue to represent a significant public health concern, with the impact on individuals, families, and communities growing in both complexity and urgency. By bringing together diverse perspectives and fostering collaboration, we can create lasting solutions that address the complexities of eating disorders and improve the lives of those affected. This year's conference theme, *Creativity and Connection*, reflects the essence of what UBC values in its own vision—inspiring people, ideas and actions for a better world.

As a leader in health research and innovation, UBC is proud to be home to researchers and clinicians who are committed to improving our understanding of eating disorders and patient care in this important field. In partnership with research hospitals, including BC Children's Hospital and St Paul's Hospital, we recognize the need to build and mobilize research knowledge, strengthen service systems, develop multi-sectoral partnerships, and support those who are engaged in work in the field of eating disorders, whether as clinicians, decision makers, researchers, or patient partners.

UBC is committed to equity, diversity and inclusion in all areas of campus life – values that are aligned with the conference's emphasis on developing equitable systems and practices in eating disorders care. This conference provides a much-needed opportunity to address health inequities and explore innovations in the system of care for eating disorders.

All my thanks to the conference organizers, speakers, and attendees for your dedication to this important work. I hope your time together will lead to creative solutions and meaningful partnerships that drive progress in research and practice. I wish you a wonderful conference!

Sincerely,

Benoit-Antoine Bacon
President and Vice-Chancellor
Professor of Psychology



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Dear Colleagues,

On behalf of the EDAC-ATC Board of Directors and the Conference organizing committee, we are delighted to welcome you to the EDAC-ATAC conference in Vancouver!

The EDAC-ATAC Conference organizing committee, in collaboration with members of the UBC Department of Pediatrics and the EDAC-ATAC Board of Directors, has been diligently working over the past two years to create a highly enriching and educational program. The theme of the 2024 conference, 'Creativity and Connection', highlights our enthusiasm to come together since our last in-person gathering in 2018, reconnect, share new ideas, and explore developments in the eating-disorder field.

Our keynote and plenary sessions will provide you valuable opportunities to learn more about and discuss intersectionality and its relevance for eating disorders, nurturing resilience, and real-world eating-disorder recovery. Thanks to the high-quality submissions we received, the EDAC-ATAC conference will feature parallel sessions on a variety of topics, including the latest insights on risk and maintenance factors, phenotyping, assessment, neurobiological and cognitive mechanisms, interventions, integrating lived experiences into research and clinical practice, implementation practices, and systems of care. We also encourage you to attend the Private Practice and Nutrition section meetings, which provide a great way to connect with other Canadian health professionals.

We are also excited to collaborate with Fuselight Creative to create a "knowledge wall" for the conference—a large visual representation capturing the themes and ideas presented throughout the event. This unique initiative will allow all participants to reflect on and contribute to the wall, in keeping with the spirit of our conference theme, and support us in collaborating on new innovations for the field of eating disorders across Canada.

We hope you will have a chance to explore Vancouver and enjoy everything it has to offer. We are looking forward to the opportunity to connect at our social event on October 23, at the newly re-opened Museum of Anthropology.

EDAC-ATAC depends on engagement from individuals across the country. This conference is possible because of the collaboration between trainees and professionals who have contributed to the goals and mission of EDAC-ATAC. We would like to encourage individuals to consider getting more involved in EDAC-ATAC to support the organization's future. Please join us at the business meeting on October 24 to learn more about available opportunities.

We hope the EDAC-ATAC conference offers you a great opportunity to reconnect in-person and to learn.

Finally, a heartfelt thank-you to the EDAC-ATAC 2024 Conference co-chairs Jennifer Coelho, Josie Geller and Kim Williams, Audrey Tung, other members of the Conference organizing committee, the BC Eating Disorders Research Excellence cluster, patient and family advisory members, the University of British Columbia, the Scientific Planning and Review Committees, conference volunteers, EDAC-ATAC staff, presenters and all other conference participants for making the EDAC-ATAC 2024 conference happen. Enjoy the conference!

Warm wishes,
Linda Booij, Ph.D.
President of EDAC-ATAC



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Chers collègues,

Au nom du conseil d'administration de l'EDAC-ATAC et du comité organisateur de la conférence, nous sommes ravis de vous accueillir à la conférence EDAC-ATAC à Vancouver !

Le comité organisateur de la conférence EDAC-ATAC, en collaboration avec des membres du Département de pédiatrie de l'Université de la Colombie-Britannique et du conseil d'administration de l'EDAC-ATAC, a travaillé assidûment au cours des deux dernières années pour créer un programme hautement enrichissant et éducatif. Le thème de la conférence 2024, « Créativité et Liens », reflète notre enthousiasme à nous retrouver après notre dernière rencontre en présentiel en 2018. C'est une occasion de renforcer nos liens, de partager de nouvelles idées et de discuter des innovations en matière de soins et de recherche dans le domaine des troubles de l'alimentation.

Nos conférences principales et sessions plénières vous offriront des opportunités enrichissantes pour approfondir vos connaissances et discuter de l'intersectionnalité et de sa pertinence dans les troubles de l'alimentation, ainsi que de la résilience et du rétablissement des troubles de l'alimentation dans le monde réel. Grâce à la qualité des propositions reçues, la conférence EDAC-ATAC présentera des sessions parallèles sur divers sujets, y compris les dernières découvertes sur les facteurs de risque et de maintien, la phénotypage, l'évaluation, les mécanismes neurobiologiques et cognitifs, les interventions, l'intégration des expériences vécues dans la recherche et la pratique clinique, les pratiques de mise en œuvre et les systèmes de soins. Nous vous encourageons également à assister aux réunions des sections « Pratique privée » et « Nutrition », qui offrent d'excellentes occasions de réseautage avec d'autres professionnels de la santé canadiens.

Nous sommes également ravis de collaborer avec *Fuselight Creative* pour la création d'un « mur de connaissance » pour la conférence – une grande représentation visuelle capturant les thèmes et les idées présentés tout au long de l'événement. Cette initiative unique permettra à tous les participants et participantes de réfléchir et de contribuer à celui-ci, conformément à l'esprit du thème de notre conférence, tout en nous permettant de collaborer à de nouvelles innovations dans le domaine des troubles de l'alimentation au Canada.

Nous espérons que vous aurez l'occasion d'explorer Vancouver et de profiter de tout ce que cette magnifique ville a à offrir. Nous sommes impatients de vous retrouver lors de notre événement social, le 23 octobre, au Musée d'anthropologie récemment rouvert.



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L'EDAC-ATAC repose sur l'engagement de centaines de personnes à travers le pays. Cette conférence est rendue possible grâce à la collaboration entre les étudiants et les professionnels qui contribuent aux objectifs et à la mission de l'EDAC-ATAC. Nous encourageons chaque personne à s'impliquer davantage dans l'EDAC-ATAC pour soutenir l'avenir de l'organisation. Rejoignez-nous lors de notre assemblée générale le 24 octobre pour en savoir plus sur les opportunités disponibles.

Nous espérons que la conférence EDAC-ATAC sera une belle occasion de renouer des liens en personne et d'enrichir vos connaissances.

Enfin, nous adressons nos chaleureux remerciements aux coprésidentes de la conférence EDAC-ATAC 2024, Jennifer Coelho, Josie Geller et Kim Williams, à Audrey Tung, aux autres membres du comité organisateur de la conférence, au BC Eating Disorders Research Excellence Cluster, aux membres du comité consultatif des patients et des familles, à l'Université de la Colombie-Britannique, aux comités scientifiques de planification et de révision, aux bénévoles de la conférence, au personnel de l'EDAC-ATAC, aux présentateurs et présentatrices et à tous les autres participants et participantes de la conférence pour avoir rendu possible la conférence EDAC-ATAC 2024. Nous vous souhaitons une excellente conférence !

Avec nos salutations chaleureuses,

Linda Booij, Ph.D.
Présidente de l'EDAC-ATAC

7th Biennial Conference

EDAC-ATAC 2024:
Creativity and Connection
Créativité et Liens



Eating Disorders
Association of Canada
Association des Troubles
Alimentaires du Canada

Oct. 23 & 24, 2024

**University of British
Columbia**

Vancouver, BC





Office of the Mayor
CITY OF VANCOUVER
BRITISH COLUMBIA

Proclamation

"EATING DISORDERS WORKFORCE DAY"

- WHEREAS The health workforce is facing increased pressure due to a rise in eating disorders symptoms and new diagnoses, worsened by the COVID-19 pandemic;
- AND WHEREAS There is a need for professionals in the eating disorders community to connect after experiencing workforce stress;
- AND WHEREAS The Eating Disorders Association of Canada is hosting a conference in Vancouver on October 23 and 24, 2024 in partnership with the British Columbia Eating Disorders Research Excellence Cluster, to foster the opportunity to connect and discuss strategies to support well-being in the eating disorders workforce, and discuss innovations in care and research in the field of eating disorders:

NOW, THEREFORE, I, Ken Sim, Mayor of the City of Vancouver, on behalf of Vancouver City Council DO HEREBY PROCLAIM October 23rd, 2024 as

"EATING DISORDERS WORKFORCE DAY"

in the City of Vancouver.



Ken Sim
MAYOR

Creativity and Connection

7th Biennial Conference Schedule

Day 1 (October 23, 2024)

8:00-8:30	Registration	UBC Nest Building Foyer
8:30-9:00	Opening Remarks	Great Hall A
9:00-10:15	Keynote Speaker: Dr. Michael Ungar <i>Nurturing Resilience: Finding the Personal Qualities and Social Supports We Need to Thrive</i>	Great Hall A
10:15-10:40	Nutrition Break: Seasonal fruit and coffee/tea available	
10:40-12:10	Paper Session I	
	Theme: Living and Lived Experience Partnerships	Great Hall B
	Theme: Treatment Approaches	Great Hall A
	Theme: Clinical Presentations	Performance Theatre
	Theme: Assessment and Prevalence of Eating Disorder Symptoms and Related Concerns	2306/9
12:10-13:10	Lunch: Selection of sandwiches/wraps, salads, and juice/bottled water	Nutrition section lunch in 2306/9. Private Practice section lunch in Great Hall B.
13:10-14:40	Workshop Session I	
	Assessment and Treatment of Obsessive Compulsive Disorder in Youth with co-occurring Eating Disorders	Great Hall B
	Unlocking the Potential of Brief Cognitive Behavioural Therapy for Eating Disorders (CBT-T): A Treatment Overview, Literature Review, and Implementation Reflection	Great Hall A
	Lessons Learned from a Scoping Review on Transitions for Youth and Young Adults with Eating Disorders	Performance Theatre
	Research Priorities for the Treatment of Eating Disorders from the Perspectives of Youth and Caregivers	2306/9
14:40-15:10	Nutrition Break: Selection of sandwiches/wraps, salads, and juice/bottled water available	
15:10-16:40	Workshop Session II	
	COVID-19 and Eating Disorders: Clinical care, science and the way forward for young people with eating disorders	Great Hall B
	Integrated Care for Substance Use & Eating Disorders	Great Hall A
	Closing the Gap - Developing Innovative Alternatives to Inpatient Hospitalization for Children and Youth with Severe Eating Disorders	Performance Theatre
	A Weight-Inclusive, Trauma-Informed Approach to Reduce Binge Eating	2306/9
16:40-17:15	Wrap Up for Day 1	
18:00-20:30	Social Event	UBC Museum of Anthropology

Day 2 (October 24, 2024)

8:30-8:45	Welcome and Housekeeping	Great Hall A
8:45-10:00	Keynote Speaker: Dr. Natasha Burke <i>Intersectionality's Applicability in Eating Disorder Research, Clinical, and Advocacy Work: A Voice for the Multiply Marginalized</i>	Great Hall A
10:00-10:25	Nutrition Break: Seasonal fruit and coffee/tea available	
10:25-11:15	Plenary: The Unfiltered Realities of Recovery <i>Speakers:</i> <i>Amelia Austin, Sierra Turner, Wendy Preskow</i>	Great Hall A
11:25-11:55	Lightning Talks	
	Track I	Great Hall B
	Track II	Great Hall A
	Track III	Performance Theatre
	Track IV	2306/9
11:55-12:55	Lunch: Selection of sandwiches/wraps, salads, and juice/bottled water	BC Community of Practice optional meeting in Great Hall B
13:00-14:30	Paper Session II	
	Theme: Systems of Care	Great Hall B
	Theme: Service Delivery Approaches	Great Hall A
	Theme: Food- and Body-related Concerns	Performance Theatre
	Theme: Health Professional Perspectives/Considerations	2306/9
14:35-15:05	Nutrition Break: Chips + dip and coffee available	Optional Business Meeting in Great Hall B starting at 14:45
15:10-16:40	Workshop Session III	
	Self-compassion and the power of validation in recovery from an eating disorder: Perspectives of adult patients and parents*	Great Hall B
	Treating Multidiagnostic Youth in Day Treatment: Implementation of MED-DBT	Great Hall A
	Understanding Equity Issues in Eating Disorder Care and Service Provision Within Canada and Beyond: Considerations for Treatment Outcomes, Engagement, and Geographic Contexts	Performance Theatre
	Development and implementation of caregiver-focused skills groups: A model for supporting youth with restrictive eating disorders	2306/9
16:45-17:00	Closing	

Acknowledgements

Thank you to the names below for their contributions to the EDAC-ATAC conference. We are grateful for the expertise, support, and collaboration that made this event possible.

Conference Co-Chairs

Jennifer Coelho

Josie Geller

Kim Williams

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THE UNIVERSITY OF BRITISH COLUMBIA
BC Eating Disorders
Research Excellence Cluster

The Brain, Behaviour, & Development
Theme at BC Children's Hospital Research
Institute

The BC Eating Disorders Research
Excellence Cluster



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British Columbia
Eating Disorders
Community of Practice

Travel expense subsidies for individuals from Northern, Interior, and Vancouver Island Health Authorities in British Columbia were supported by the Provincial Eating Disorders Community of Practice and the Provincial Adult Tertiary and Specialized Eating Disorder Program at St. Paul's Hospital

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Conference Objectives

Keynotes

1. Nurturing Resilience: Finding the Personal Qualities and Social Supports We Need to Thrive

Dr. Michael Ungar – *Dalhousie University*

Summary and Objectives: Throughout this fast-paced, story-filled keynote, Dr. Ungar will show that resilience is much more than just personal *ruggedness* in the face of adversity. It is instead a reflection of how well individuals, families, and employers work together to create opportunities for us to access the *resources* we need for well-being while making those resources available in ways that we experience as meaningful. Based on Dr. Ungar’s research around the world and his clinical practice, this presentation explores how those who help others can avoid burnout and maintain their own career and life resilience when stressors pile up at home and on the job. Twelve factors that make us more resilient as adults will be discussed, along with practical tools participants can use to find the resources they need to cope successfully in culturally and contextually relevant ways. Dr. Ungar will also show how these same factors can help the people we work with achieve their life goals, emphasizing the value of clinical and community work as a resource for resilience. Finally, Dr. Ungar will talk about vicarious resilience, the positive impact we experience as helpers when we nurture resilience in others.

Specifically, this workshop/keynote will:

- Show that resilience involves being both rugged and resourced.
- Discuss 12 factors associated with resilience.
- Identify strategies individuals can use to make themselves more resilient, even during times of extreme stress.

2. Intersectionality’s Applicability in Eating Disorder Research, Clinical, and Advocacy Work: A Voice for the Multiply Marginalized

Dr. Natasha Burke – *Fordham University*

Summary and Objectives: A prerequisite to adequate mental health treatment inherently includes understanding the complexity of people, human nature, and the human experience. Intersectionality allows such contextualization as it recognizes that an individual’s interlocking aspects of identity operates within existing systems of power, privilege, and oppression that differentially influence and predict one’s experiences and outcomes. During Dr. Burke’s talk,

she will define intersectionality and its historical underpinnings, discuss intersectionality's applicability in eating disorder research, clinical, and advocacy work, and highlight practical steps individuals can take within their spheres of influence to help address the needs of their participants and patients. As part of this discussion, Dr. Burke will focus on areas of ongoing tension within the field, particularly related to historically – and currently – marginalized populations within the eating disorder field. Specifically, Dr. Burke will touch on bias and stigma related to weight, race/ethnicity, socioeconomic status, sexual orientation, and gender. Considering intersectionality in the field of eating disorders is critical as it has important implications for risk, assessment, diagnosis, treatment, and outcomes.

This keynote will:

- Define intersectionality and discuss its applicability in the eating disorder field
- Highlight practical steps to incorporate intersectionality in practice
- Examine intersectionality in the context of the multiply marginalized

Plenary

The Unfiltered Realities of Recovery

Speakers: Amelia Austin – *University of Calgary*, Sierra Turner – *Foundry BC, Saint Paul's Hospital*, Wendy Preskow – *National Initiative for Eating Disorders*

Summary: This presentation will examine, critique, and challenge traditional conceptualizations of recovery from an eating disorder. Its overarching aim is to expand historical views of recovery using real-world considerations from research and lived experience, while engaging the audience in meaningful conversation. The role of recovery alongside data from real world contexts will be shared by Dr. Amelia Austin, while Sierra Turner and Wendy Preskow will share realities and lessons learned from personal and caregiver lived experience perspectives, respectively. An interactive conversation between presenters and the audience will be led by Dr. Josie Geller, providing attendees the opportunity to reflect upon their own experiences and engage with presenters from both personal and professional perspectives. This session will provide a unique opportunity to discuss some of the challenges of real-world recovery that may not fit into traditional conceptualizations. It is hoped that attendees will leave feeling a new understanding of recovery and foster hope around how to better support patients and clients, with greater attention to patients' individual needs.

Day 1

Paper Session I

Theme: Living and Lived Experience Partnerships

10:40 - 12:10, Great Hall B

1. 'I would call it a helping hand': A qualitative exploration of peer support program user perspectives



Presenters: **Gina Dimitropoulos** - *Mathison Centre for Mental Health Research & Education, Hotchkiss Brain Institute, Cumming School of Medicine, University of Calgary*, **Shaleen Jones** - *Eating Disorders Nova Scotia*

Co-authors: *Sonia Kumar- Body Brave, Nicole Obeid- Children's Hospital of Eastern Ontario Research Institute, Andrea LaMarre- Children's Hospital of Eastern Ontario Research Institute, Jennifer Couturier- McMaster Children's Eating Disorders Program*

Background: Peer support is increasingly recognized as a promising modality for fostering hope and providing emotional and practical assistance to individuals dealing with mental health challenges. Within the eating disorder (ED) field, a growing body of literature supports the use of peer support as an adjunct to treatment. In this context, peer support delivered in group or one-on-one formats has shown promising results for improving motivation, quality of life, hope for recovery, and a sense of connection and belonging.

Rationale/Purpose: While peer support for EDs has been delivered in Canada for over 20 years, research on the role of peer support within the Canadian ED treatment and support landscape is scarce. Gathering qualitative data on the experiences of people who have accessed peer support is an important first step toward understanding if, how, and in what circumstances peer support is a helpful modality. In this presentation, we share the results of a qualitative study aiming to answer the research questions: 1. How do those who have received peer support (one-on-one, group, or chat) for an ED describe their experiences? And 2. What role(s) does peer support serve in the ED support continuum in Canada?

Design/Method: We received ethical approval from the University of Calgary Conjoint Faculties Research Ethics Board. We conducted semi-structured interviews with 20 individuals aged 14-28 who had received peer support for an ED, asking about their experiences. Interviews focused on what participants found helpful and less helpful about peer support, challenges they encountered throughout their experiences, and recommendations. We conducted a reflexive thematic analysis of interview data through a critical realist lens.

Results/Discussion: Four themes were developed in relation to our research questions. The first, Feeling connected to others with lived experience through peer support, focuses on participants descriptions of feeling a sense of connection and belonging through peer support. The second, Building the container for peer support: The importance of process and relationships, emphasizes the importance of self-determination in peer support, as well as the ways in which effective co-development of agreements and guidelines for peer support can enable safety. The third, Peer support helped me develop the skills, knowledge, and motivation to help myself, highlights how peer support was helpful for building knowledge and coping skills to move through life, including selfcompassion, communication skills, problem-solving skills, and more. The last theme, Peer support occupies a specific role in the treatment and support continuum, identifies the ways in which peer support can fill geographic and financial gaps in the treatment system and align with other treatment and support approaches to provide something different than ED treatment for those seeking support. Together, these findings suggest that participants found peer support a helpful modality for specifically connecting with others who could deeply understand their struggles and help them along their recovery journeys. These findings set the stage for additional quantitative and mixed-methods research into the implementation of peer support within the ED treatment and support continuum of care in Canada

Conflict of interest: Funding for this project was provided by the Public Health Agency of Canada (PHAC) through the Mental Health Promotion Innovation Fund (MHP-IF) under the Supporting the Mental Health of Those Most Affected by COVID-19 (MH COVID) program. Author Shaleen Jones is executive director of Eating Disorders Nova Scotia and author Sonia Kumar is CEO of Body Brave. While we explore peer support provided through these organizations, the work is not intended as a testimonial or endorsement of the organizations.

Learning Objectives: 1. Identify the potential roles of peer support within the Canadian ED treatment and support continuum from the perspectives of people with lived experience. 2. Evaluate the boundaries and supports that program users identify as essential for the effective delivery of peer support for EDs. 3. Articulate future directions for research to triangulate program user perspectives and support implementation efforts for ED peer support programming.



2. “Partnering with Patients with Living and Lived Experience of Eating Disorders to Improve Inpatient Care on an Acute Pediatric Medicine Unit”

Presenter: *Rabiah Dhaliwal - The University of British Columbia, Faculty of Medicine; BC Children's Hospital Research Institute*

Co-authors: Sara Jassemi- BC Children's Hospital, Aidan Scott- Patient Experience Office, BC Children's Hospital, Sabrina Gill- BC Children's Hospital, Department of Pediatrics, Division of Adolescent Health and Medicine, Meghan Kennedy- BC Children's Hospital, Department of Pediatrics, Division of Adolescent Health and Medicine, Brittany Calibaba- University of British Columbia, Faculty of Medicine, Karolina Piotrowska- Patient Experience Office, BC Children's Hospital, Rebecca Euverman- Quality Improvement, Provincial Health Services Authority, Shakira Fulton Mclean,- BC Children's Hospital, Department of Pediatrics, Division of Adolescent Health and Medicine, Stephanie Kemp- BC Children's Hospital, Department of Pediatrics Division of Adolescent Health and Medicine, Abby McCluskey- BC Children's Hospital Research Institute

Background: Since the COVID-19 pandemic, hospitals nationwide are experiencing a surge in adolescent patients with eating disorders requiring acute medical stabilization, a critical phase in managing the trajectory of this ego-syntonic disorder. The complexity of these admissions often results in safety events for patients and moral distress for clinicians. Patient partners are a pillar in healthcare quality improvement, but historically we have not engaged adolescent patients in improving acute eating disorder treatment. We gathered insights from patients and families with living and lived experience of eating disorder treatment to improve quality of care in an acute pediatric medicine unit.

Rationale/Purpose: We aimed to describe the experience of patients and families with living and lived experience of undergoing acute medical stabilization for eating disorder treatment through a quality improvement project.

Design/Method: We employed a mixed-methods design in successive summers (2022 and 2023) at an acute medical unit within a tertiary pediatric hospital in British Columbia. In 2022, we conducted semi-structured interviews and focus groups with adolescents with eating disorders and caregivers. Using opportunity sampling, we distributed flyers through patient councils, outpatient clinics, non-acute units, and to all patients admitted with medically unstable eating disorders. Interviews included open-ended, yes/no questions, and Likert scales covering four areas: admission, inpatient experience, team communication, and discharge. Two reviewers conducted thematic analysis on qualitative data, and quantitative data was analyzed

descriptively. In 2023, we focused on family-centered rounds, using the same interview structure, along with healthcare team focus groups. Thematic analysis was employed for qualitative data examination. Quality improvement projects are exempt from Research Ethics Board approval at our institution. However, we presented our proposal to the hospital's quality improvement and research oversight committees.

Results/Discussion: In 2022, we completed 8 interviews with patients with living experience admitted to our acute medical unit, 1 interview with a patient with past experience, and 1 focus group involving patients and caregivers. Primary themes included uncertainty about treatment journeys and stress due to new expectations (e.g., activity restriction & hospital meal plans). Patients identified the importance of relational care, inclusion in treatment planning, and acknowledgment of the demanding nature of eating disorders. However, patient satisfaction with information received averaged 3.7 on a 1 to 5 Likert scale. Five out of eight adolescents perceived consistency in team communication. In 2023, we completed 5 interviews with current patients and their caregivers, with our primary analysis revealing stress regarding the unpredictability of rounds, knowledge gaps around rounding practices, and the need for consistent messaging. Variability in training, resource allocation, and communication gaps impedes the meeting of these patient-identified priorities. Findings from our 2022 and 2023 phases shed light on the complex needs of adolescent patients with eating disorders who require acute medical stabilization. Targeted knowledge mobilization initiatives through admission orientation documents and family-centered rounds could better meet those needs. We are currently developing an admission pamphlet and journal for newly admitted eating disorder patients to our medical unit, with future phases focusing on implementing family-centered rounds to enhance patient experience.

Conflict of Interest: Dr. Sara Jassemi, the principal investigator of this study, holds multiple roles in relation to study participants. She serves as both the principal investigator and as a staff physician in the Division of Adolescent Health and Medicine at BC Children's Hospital, for the individuals who participated in this study. There are no overt conflicts of interest to disclose. This project was supported with funding from the BC Patient Safety and Quality Council Summer Student Internship in 2022 as well the UBC Faculty of Medicine Summer Student Research Program in 2023.

Learning Objectives: Identify the needs of adolescent patients with eating disorders who require medical stabilization. Understand the importance of meaningful patient partner engagement in healthcare quality improvement. Recognize the necessity for innovative and targeted knowledge mobilization initiatives to address patient needs.



3. Improving Adult Inpatient Eating Disorder Treatment: Perspectives of Canadians with Lived Experience

Presenter: Catherine Armour - Dalhousie University

Background: Eating disorders (EDs) affect over one million Canadians and have the highest mortality rate of all mental illnesses, yet inpatient eating disorder (ED) treatment for adults lacks structure, accessibility, and adequacy in treating those who require care.

Rationale: Several documents have acknowledged the need for changes to Canada's approach to ED prevention and treatment; each one urging for the perspectives of those with lived ED experience to be at the forefront when determining solutions and areas for improvement (Canadian Eating Disorders Strategy, The Canadian Eating Disorder Priority Setting Partnership, Eating Disorders Among Girls and Women in Canada). This study was unique in that it focused solely on lived experiences of Canadian adult inpatient ED treatment, with no restrictions on participants' gender or specific ED diagnosis. Canadians of all ages (18+), genders, races, cultures, and ED diagnoses were invited to participate.

Purpose: The purpose of this study was to explore the programs and processes associated with adult inpatient ED treatment in Canada and consider how they may be improved to better serve Canadians from the perspectives of those with lived experience in such care.

Design/Methods: A transformative philosophical worldview and feminist standpoint theory guided this hermeneutic phenomenological research. His study was approved by the Dalhousie Research Ethics Board. Eleven participants from across the country engaged in one-on-one, open-ended, virtual interviews, led by the researcher who has lived ED treatment experience herself. During the interviews, participants shared their experiences, opinions, and perspectives on referral processes, transitions in and out of treatment, and treatment itself. Additionally, they identified recommendations for the improvement of each category of processes (i.e., referral, transitions, treatment). A recommendations document was then drafted and brought back to the participants for feedback before the final recommendations document was developed.

Results/Discussion: A total of ten categories of recommendations were identified with each category including several detailed recommendations. While each recommendation was deemed necessary for the well-being of Canadians with EDs, three recommendations were identified as top priority items due to their urgency and feasibility of implementation. Dignified treatment that is patient-centred, individualized, and trauma-and-violence-informed is necessary to ameliorate patients' experiences of treatment and to improve individual treatment outcomes. Interim support (i.e., publicly-funded ED support between referral and

admission) is essential in order for Canadians to cope with long inpatient ED treatment wait times of up to 15 months. Finally, increased resources (e.g., funding, staff, programming, patient beds) are needed to improve the general structure, accessibility, and effectiveness of adult inpatient ED treatment in Canada.

Conclusion: Canadians with lived ED experience have valuable insight into the changes necessary to better support the growing number of Canadians impacted by EDs and their perspectives must be included to render positive health outcomes. Collective action from Canadians with lived ED experience, healthcare professionals, and policymakers to implement the top-priority recommendations identified in this study is imperative to improving our approach to EDs in the Canadian context; it could even be a matter of life or death.

Conflict of Interest: Funding for this project was provided through the Canadian Institute of Health Research's (CIHR) Canadian Graduate Scholarship-Master's (CGS-M) program.

Learning Objectives: From this presentation, attendees will learn the necessity of including the perspectives of those with lived eating disorder experiences when identifying improvements to be made to Canada's approach. Additionally, my presentation will focus on exploring tangible actions to be made regarding the three top-priority recommendations identified by the study's participants: 1) Dignified treatment 2) Interim support 3) Increased resources



[4. Experts by Experience: Tapping into Lived/Living Experience for Systems Innovation and Design](#)

Presenters: [Ary Maharaj](#) - National Eating Disorder Information Centre, [Patricia Silva-Roy](#) – CHEO Research Institute, [Shaleen Jones](#) - Eating Disorders Nova Scotia

Background: People with lived and living experience of eating disorders play a crucial role in amplifying and responding to the unique needs of people affected by eating disorders. Organizations that work with eating disorders represent important venues for engagement with individuals with lived/living experience, but building equitable partnerships with these individuals requires an understanding of complexities and power dynamics inherent to working this population.

This panel discussion features 3 individuals who work with people with lived and living experience with eating disorders, who will address equity considerations, the rewards of building partnerships, and strategies for minimizing the risk of harm when engaging with people with lived/living experience of eating disorders..

Design: This will be a 20-30 discussion, followed by a question and answer period with audience members.

Discussion: Panelists will address the following questions:

- how does your organization/program engage with individuals with lived/living experience
 - What is a learning from living and lived experience partnerships that you would share with programs who are newly developing engagement/partnerships?
- What is an example of a change in direction that your program took based on engagement with lived/living experience partners
- What does (or has) meaningful partnership looked like? What strategies do each of you utilize to minimize tokenistic engagement?
- Fear of causing harm can often make people shy away from partnering with people with lived/living experience. How have your orgs/programs navigated that? What processes help?

Learning Objectives: 1) Understand the rewards, risks, and equity considerations for building partnerships with people with lived/living experience. 2) Understand how partnerships with lived/living experience can shape program objectives and activities. 3) Learn strategies for minimizing tokenistic engagement and navigating risks of harm.

Theme: Clinical Presentations 10:40 - 12:10, Performance Theatre



1. Exploring clinical characteristics of children and adolescents presenting with avoidant/restrictive food intake disorder and/or somatic symptom and related disorders

Presenter: Larissa Celiberto - *University of British Columbia*

Co-Authors: Tanya Pardiwala - *Provincial Health Services Authority*,
Katelynn Boerner – *University of British Columbia*, Amrit Dhariwal-
University of British Columbia, Jennifer Coelho - *BC Children's Hospital*

Background: Avoidant/Restrictive Food Intake Disorder (ARFID) is associated with clinically significant disturbance in eating without body image concerns. ARFID prevalence ranges from 5-22% in eating disorder settings, and 3-4% in other clinical and community settings, including neurogastroenterology services. One presentation of ARFID is related to the aversive physical consequences of eating, often associated with gastrointestinal (GI) symptoms (e.g., stomach pain, nausea). These concerns may overlap with GI-related somatic symptom or related disorders (SSRD); a mental health diagnosis where individuals experience GI symptoms that are distressing and/or significantly impact daily functioning. GI symptoms are commonly reported in those with ARFID, with a subset of pediatric patients diagnosed with both ARFID and SSRD. Currently, there is a gap in understanding the interplay between ARFID and GI-SSRDs, and how eating behaviors and physical symptoms in this clinical group differ from those of generally healthy youth. Moreover, families often report challenges with diagnosis and connecting with appropriate services for ARFID and/or GI-SSRDs. This may contribute to challenges in inviting families into research on this topic, outside of specialized settings.

Rationale/Purpose: This study explored the feasibility of recruiting families of children and adolescents diagnosed with ARFID and/or GI-SSRD into research from diverse clinics in a pediatric hospital setting. Further, we set out to explore eating behaviours, emotional distress and quality of life in children and adolescents with ARFID and/or GI-related SSRD in comparison with a generally healthy sample.

Design/Method: Children/adolescents, referred to herein as “youth”, who were diagnosed with ARFID and/or GI-SSRD were invited to participate, together with a parent/caregiver. A comparison group of generally healthy youth and their parent/caregiver was also invited to participate. Participants included families with a clinical diagnosis (ARFID and/or SSRD; 12 youth, 11 caregivers), and a generally healthy comparison group (18 youth, 27 caregivers). Participants completed self-reported measures of restrictive eating and somatic symptoms, emotional distress, quality of life, and demographic information.

Results/Discussion: The mean age for the clinical group was 13.75 years (SD = 3.26) and 13.39 years (SD = 3.11) for the healthy control group, with a range of 8 to 18 years for both groups. Parents of 11 patients (mean age 12.72; SD = 3.69) participated along with parents of 27 healthy youth (mean age 6.81; SD = 3.03). Descriptive analyses demonstrated that more than half of the generally healthy youth reported eating-related concerns (55.6%) and bothersome physical symptoms (66.7%). The most bothersome physical symptom in the clinical group was GI-related (e.g. stomach pain, irritable bowel syndrome; 50%), whereas youth participants in the generally healthy group reported cognitive problems (22.2%) and headache/migraine (22.2%) and GI concerns (27.8%). Analysis is underway on measures of eating behaviour, emotional distress and quality of life. We will discuss some unique challenges in the recruitment of children and adolescents with ARFID and/or GI-SSRD, and highlight reflections on the large proportion of individuals in the comparison group who reported concerns about eating and physical symptoms. We will highlight strategies for future research relating to ARFID and SSRDs.

Conflict of Interest: Not applicable.

Learning Objectives: Identify barriers in recruiting youth diagnosed with ARFID and/or GI-SSRD. Describe clinical characteristics of children and adolescents with ARFID and/or GI-SSRD and a healthy comparison group



2. Research on eating and adolescent lifestyles REAL 2.0: Description of a 15-year follow up cohort study

Presenter: Nicole Obeid - *Children's Hospital of Eastern Ontario*

Co-Authors: Annick Buchholz- *Children's Hospital of Eastern Ontario Research Institute*, Gary Goldfield - *Children's Hospital of Eastern Ontario Research Institute*, Ian Colman- *University of Ottawa*, Kim Corace- *The Ottawa Hospital*, Giorgio Tasca- *University of Ottawa*, Tracy Vaillancourt- *University of Ottawa*, Abigail Bradley- *Children's Hospital of Eastern Ontario Research Institute*

Background: Body image dissatisfaction, disordered eating and weight related concerns affect approximately 50% of females and 30% of males during their adolescent years^{1–6}, with many reporting accompanying difficulties in self-esteem, mental health, substance use health, and eating disorders (EDs) that can last well into adulthood. While over 50 risk factors for EDs have been identified, less is understood of how ED related risk factors contribute to other mental health symptoms or substance use and what maintains these etiological pathways over time. The Research on Eating and Adolescent Lifestyles (REAL) study was a large school-based study launched in 2004, initially as a cross-sectional study (n=3043) and then as a longitudinal study (1197) that was the first in Canada to examine a wide range of risk and protective factors for

EDs, mental health and obesity in a combined study. Findings of the REAL study consistently pointed to the interrelatedness of eating, weight, mental health and lifestyle factors and how these relationships remain connected over time.

Rationale/Purpose: The REAL study also served as a rich venue for continued data collection of developmental trajectories well into adulthood. In December 2023, REAL 2.0, a 15-year follow up study, was completed with 242 of the original participants to examine how ED and other risk factors experienced in adolescence influence EDs, mental health and substance use in early adulthood.

Design/Method: This electronic survey cohort study administered 22 short, validated questionnaires concerning mental health symptoms, lifestyle factors, ED thoughts, attitudes and behaviours, problematic substance use, trauma, resilience, connection, and personality factors, retaining where possible common measurement from the original study.

Results/Discussion: The REAL 2.0 sample consisted of 69% females (n=169), 29% males (n=71) and 1.6% other (n=4; e.g., nonbinary). Mean age was 28.5 years (range 26-32). Review of self report symptoms that met clinical thresholds in the REAL 2.0 sample indicated that 24.5% (n=59) met criteria for generalized anxiety disorder, 21.6% (n=52) reported moderate to severe depressive symptoms and 23% (n=54) engage in hazardous or harmful alcohol consumption. Of those who met criteria for one or more of these diagnoses in adulthood, 20.9% (n=18) reported elevated levels of restrictive eating, 33.7% (n=29) emotional eating, 54.7% (n=47) poor body esteem, 61.6% (n=53) weight-based teasing, and 46.5% (n=40) high levels of internalization of body ideals in adolescence, suggestive that these ED related symptoms act as putative risk factors for depression, anxiety, and substance use. The REAL 2.0 study offers a first-in-Canada platform in which to study the developmental aspects of a host of different mental health conditions and symptoms, placing unique emphasis on better understanding how ED related risk factors in adolescence may better provide an understanding of the etiology of ongoing ED and other mental health struggles well into adulthood. Findings have policy, prevention and research implications being uniquely positioned to optimally inform the development of evidenced-based prevention and health promotion strategies across these challenging life stages.

Conflict of Interest: Not Applicable

Learning Objectives:

- 1) To share details of a 15-year follow-up study examining eating disorder related risk factors in adolescence and their impact on mental health and substance use health in early adulthood.
- 2) To provide descriptive results of the follow-up sample and early evidence of eating disorder risk factors identified during adolescence.



3. Saccadic eye movements in youth with an eating disorder: Findings from a multi-site study using an interleaving pro- saccade/anti-saccade task

Presenter: Ryan Kirkpatrick

Co-Authors: Linda Booij- *McGill University*, Heidi Riek- *Queen's University*, Jeff Huang- *Queen's University*, Isabell Pitigoi- *Queen's University*, Donald Brien- *Queen's University*, Brian Coe - *Queen's University*, Jennifer Couturier– *McMaster University*, Sarosh Khalid-Khan- *Queen's University*, Doug Munoz- *Queen's University*

Introduction: Recent studies suggest that early access to treatment for eating disorders might increase the likelihood of recovery. However, who is most at risk of developing an enduring or treatment-resistant eating disorder is mostly unknown. The development and use of non invasive biomarkers may help to improve our understanding of eating disorders and could guide early detection and treatment planning. The present study combined clinical assessment with video-based eye tracking to study possible behavioural biomarkers in youth with eating disorders.

Methods: Female participants (N=130) completed an interleaved pro-saccade (automated eye movement towards a stimulus) and anti-saccade (voluntary eye movement away from a stimulus) task. They also completed questionnaires assessing behaviour, cognitions and personality traits. Individuals with an eating disorder (ED; n=65, Mage=17.16 years, SDage=3.5) recruited from Kingston Health Sciences Centre and McMaster Children's Hospital completed the study and were compared to a healthy control group (n=65, Mage=17.88 years, SDage=4.3) from the Kingston community. The ED group consisted of individuals diagnosed with anorexia nervosa restrictive type (n=38), anorexia nervosa binge-purge type (n=11), bulimia nervosa (n=7) and other specified feeding or eating disorder (OSFED; n=9). For secondary analyses, the ED group was divided into two groups based on two common phenotypes: individuals with a restrictive spectrum ED (restrictive ED group, n=43) and individuals with a bulimic spectrum ED (n=22). Group differences were examined with General Linear Models.

Results: When controlling for the presence of psychotropic medications, individuals with an ED had a significantly lower percentage of correct prosaccades (M=75.54%, SD=13.21) compared to controls (M=82.40%, SD=12.00; $F(2)=1.63$, $p=0.005$, $\eta^2=0.08$). Individuals with an ED also made significantly more anticipatory saccades (eye movements prior to the stimulus onset) in pro-saccade trials than controls ($F(2)=3.58$, $p=0.03$, $\eta^2=0.05$). The ED and control groups did not differ significantly on fixation breaks (making a saccade during the fixation epoch), proportion of anticipatory saccades, express saccades or error rate on anti-saccade trials. When analyzed by ED phenotype, the percentage of correct pro-saccades was similar for individuals with a bulimic- and a restrictive spectrum ED (M=75.64, SD=12.37 vs. M=75.00, SD=15.02,

respectively). However, on the anti-saccade trials, individuals with a bulimic-spectrum ED had a significantly higher saccade reaction time (i.e., delay in voluntary response) compared to both individuals with a restrictive spectrum ED and controls ($F(3)=3.23$, $p=0.025$, $\eta^2=0.07$). The restrictive group had the highest percentage of anti-saccade errors corrected ($M=95.26\%$, $SD=6.10$) followed by the control group ($M=90.79\%$, $SD=11.54$) whereas individuals with a bulimic spectrum ED had the lowest percentage of errors corrected ($M=87.45\%$, $SD=13.47$; $F(3)=3.01$, $p=0.03$, $\eta^2=0.07$).

Conclusion: These results point towards the potential use of eye tracking to identify objective biomarkers of eating disorders in youth. Identifying non-invasive behavioural biomarkers, such as specific eye movements characteristics, may assist clinicians in more quickly establishing an eating disorder diagnosis and in treatment planning.

Conflict of Interest: Not applicable

Learning Objectives:

1. Identify the utility of video-based eye tracking as a method of identifying behavioural biomarkers
2. Identify differences in oculomotor variables between youth with an eating disorder and controls during a cognitive task
3. Examine if differences in saccadic behaviours during the task vary based on diagnostic Characteristics



4. Why “food addiction” matters: Characteristics of a community sample seeking food addiction treatment

Presenter: Stephanie Cassin – Toronto Metropolitan University

Background: Food Addiction (FA) is the controversial concept that individuals can feel “addicted” to ultra-processed foods and is based on the DSM-5-TR substance use disorder criteria. Despite high prevalence estimates in the community (8-15%) using the self-reported Yale Food Addiction Scale (YFAS), there are currently no empirically supported treatments for food addiction. However, many health professionals are asked by their patients about food addiction (Burrows et al., 2020), suggesting public interest. Pilot studies have since drawn upon evidence-based treatments for addictions and eating disorders (EDs), including motivational interviewing (MI) and cognitive behavioural therapy (CBT), to specifically target food addiction.

Purpose: This study investigated the demographic and disordered eating characteristics of a community sample seeking a novel treatment for FA (four hours of individual therapy

combining MI and CBT, delivered virtually) to better understand how FA presents in the community.

Method: Participants were recruited across Ontario, Canada from February 2021 to July 2022 and assessed at baseline (prior to assignment to a therapy or waitlist condition). Participants were also assessed for an eating disorder using the DART v4.0 if they completed the first session of therapy.

Results: Of 131 participants who were screened, 92 consented and completed baseline questionnaires. Average age was 34.9 years (SD = 12.0); 77% were women, 22% were men, 1% was non-binary; 51% were People of Colour; and 29% were LGB+. Average self-reported BMI was 31.6 kg/m² (SD = 7.9). Using imputed data with outliers removed (n=88-92), 98% perceived themselves as a “food addict”; 100% perceived themselves as being “addicted to some foods”; and the average number of FA symptoms was 8.8 of a possible 11 (SD = 2.2). Average self-reported number of objective binge eating episodes in the past month was 11.1 (SD = 8.1) using the EDE-Q. Average Binge Eating Scale score was 30.3 (SD = 8.0), where “severe” binge eating problems ≥ 27 . Average Loss of Control over Eating Scale (Brief) score was 3.8 (SD = 0.6; possible range = 1-5); average Emotional Eating Scale score was 82.7 (SD = 17.2, possible range = 25- 125); average Weight Bias Internalization Scale (Modified) score was 5.0 (SD = 1.4; possible range = 1-7). Greater scores mean greater severity in problems. Of 60 participants who started the therapy, 40% met the criteria for Binge Eating Disorder (BED), 25% for Bulimia Nervosa (BN), 7% for Other Specified Feeding or Eating Disorder (OSFED), and 28% did not meet criteria for a current ED. Baseline number of YFAS symptoms were greatest for those with BN (M = 8.93, SD = 1.91) then BED (M = 8.86, SD = 1.89), OSFED (M = 8.75, SD = 2.06), and no ED (M = 7.47, SD = 2.23).

Conclusion: These results indicate that community members in Ontario seeking treatment for FA are highly heterogeneous in terms of demographic and disordered eating characteristics. Implications for tailored treatments for those presenting with ultra-processed food addiction will be discussed.

Conflict of Interest: Research project funding from the Jackman Foundation Psychology Research Excellence Grant (\$1,000), and the BMS Scholarship: Student Research and Leadership Development (\$2,500) to presenting author during graduate studies.

Learning Objectives: Objective 1: To learn more about ultra-processed food addiction and why it is relevant to eating disorders. Objective 2: To learn about the diversity in demographic and disordered eating characteristics of those presenting with “food addiction” in the community. Objective 3: To learn about tailored treatment procedures for varying “food addiction” presentations.



5. Neurocognitive and Executive Functioning in Bulimia Nervosa: A Meta-Analysis

Presenter: Tia McNeil - *Mount Royal University*

Co-Authors: Daneil Devoe- *Mount Royal University*, Conor Campbell- *Mount Royal University*, Danill Stolear- *Mount Royal University*, Melissa Lloyd- *Mount Royal University*, Gina Dimitropoulos- *Mathison Centre for Mental Health Research & Education, Hotchkiss Brain Institute, Cumming School of Medicine, University of Calgary*, Alecander Greig- *Mount Royal University*, Khadija Abbas- *Mount Royal University*, Morgan Gillies- *Mount Royal University*

Background: An increasing amount of evidence suggests that individuals with bulimia nervosa (BN) experience cognitive impairments. Deficits in the domains of central coherence, decision making, and set shifting may play a particularly important role in the development and maintenance of BN. To date, no meta-analyses have been conducted examining these cognitive deficits in individuals with BN.

Rationale/Purpose: This meta-analysis aimed to collect and synthesize data from primary research to understand the average performance of individuals with BN on cognitive domains (i.e., central coherence, decision making, and set shifting) in comparison to healthy controls (HCs).

Design/Method: Comprehensive electronic database searches were conducted in the following electronic databases: Health Source, CINAHL, Cochrane Library, MEDLINE, and PsycINFO. This review included peer-reviewed publications that examined central coherence, decision making, and set-shifting in individuals with BN compared to healthy controls (HCs). Data were evaluated using several random effects pairwise meta-analyses, stratified by cognitive tasks, and reported as the mean difference (MD) between individuals with BN and HCs.

Results: Thirty studies met the inclusion criteria for this systematic review, including a total of 964 individuals with BN and 1,567 HCs. There was no difference between BN patients versus HC for set-shifting on the Brixton Task (MD = 1.76; 95% CI = -0.24, 3.76), WCST Category Score (MD = -0.64; 95% CI = -1.35, 0.06), WCST Preservative Errors (MD = 0.68; 95% CI = -0.43, 1.79), or the WCST Non-Preservative Errors (MD = 8.01; 95% CI = -7.39, 23.41). There was no difference between groups on TMT-A (MD = 8.87; 95% CI = -6.06, 23.80), however there was a significance between BN versus HC on TMT-B (MD = 7.83; 95% CI = 3.50, 12.15). There was a significant difference between BN patients versus HC for decision making on the Iowa Gambling Task (MD = -10.02; 95% CI = -15.25, -4.78). Finally, there was a significant difference between BN patients versus HC for decision making on the Rey–Osterrieth Complex Figure Order (ROCF) Index Task (MD = -0.30; 95% CI = -0.45, -0.16).

Discussion: This meta-analysis produced mixed results when examining central coherence, decision making, and set-shifting on cognitive tasks. The TMT-B results indicate that BN individuals demonstrate significant impairment in cognitive flexibility and executive functions compared to HCs. The Iowa Gambling Task results demonstrate that patients with BN had significantly worse decision making abilities, taking much higher risk than HCs. Finally, the ROCF scores suggested that BN patients employed significantly poorer planning and organization compared to HCs. Future research is needed on interventions designed to address these cognitive deficits, which may affect engagement and retention in treatment.

Conflict of Interest: Not applicable

Learning Objectives:

1. Understand how central coherence, decision making, and set-shifting may be compromised in individuals with bulimia nervosa.
2. Discuss strategies to help individuals with bulimia nervosa to increase cognitive flexibility, decrease risk taking, and improve planning and organization.

Theme: Treatment Approaches

10:40 - 12:10, Great Hall A



1. Exploring IOP Patient Characteristics, wait times and psychopathology

Presenters: Gisele Marcoux-Louie - *Calgary Eating Disorder Program*
Amelia Austin - *University of Calgary*

Co-Authors: Jeremiah Odagwe - *Calgary Eating Disorder Program, Alberta Health Services*, Prema Gandy- *Calgary Eating Disorder Program, Alberta Health Services*, Gina Dimitropoulos- *Mathison Centre for Mental Health Research & Education, Hotchkiss Brain Institute, Cumming School of Medicine, University of Calgary*, Mark Lagimodiere- *Calgary Eating Disorder Program, Alberta Health Services*, Monique Jericho- *Calgary Eating Disorder Program, Alberta Health Services, Department of Psychiatry, Cumming School of Medicine, University of Calgary*, Angela Coker- *Calgary Eating Disorder Program Alberta Health Services*

Background: Intensive Outpatient Programs (IOP) have emerged as a pivotal treatment modality within mental health care, offering a structured and comprehensive therapeutic approach for individuals requiring more support than standard outpatient services. The IOP program launched in April 2018 when a gap for adult patients could not be met with the existing day treatment program. IOP is designed for medically stable, motivated adults capable of fully engaging in programming and completing all meals. Regular medical monitoring is expected as part of the program requirements. The program spans 8 weeks and consists of a meal and group 3 days per week. Key treatment goals include increasing normalized eating, identifying dynamics that perpetuate the eating disorder and learning distress tolerance, emotion regulation, self compassion, and communication skills.

Rationale/Purpose: The purpose of the service evaluation was to characterize the patients being served by the IOP and quantify symptom level changes, with an aim to explore whether any program modifications are warranted.

Design/Method: A pre/post design was used, whereby data was collected at admission and discharge from IOP across a six-year period (2018-2023). The Eating Disorder Examination Questionnaire (EDE-Q) was used to assess severity of ED cognitions and frequency of ED behaviours. Demographic data including gender, age, and diagnosis, and service use data including wait time, length of stay, and reason for discharge. Patient characteristics and program evaluation data were analyzed descriptively. Pairedsamples t-test was used to

compare pre/post continuous variables and Wilcoxon signed-rank test was used to for count data. Wait times were evaluated by year using one-way ANOVA and Tukey's post-hoc test. Treatment dropout by diagnosis was examined using Fisher's Exact test.

Results/Discussion: A total of 126 individuals entered the program. The mean age was 34.59 and all but one patient identified as female. The mean wait time before starting IOP was 3.95 weeks and the mean length of stay 7.54 weeks. Wait times varied significantly by year ($F(5, 120) = [4.27], p = 0.01$). Post hoc testing revealed that this difference was specifically due to a significantly shorter wait in 2018 and 2019 in comparison to 2020, which was about 4 weeks longer in both cases (2018 $p=.006$, 2019 $p=.002$). Current wait times have improved but have not yet returned to pre-pandemic levels. EDE-Q scores significantly improved across treatment, although there was a relatively large amount of missing data ($n=51, r=.91, p<.001$). The frequency of binge eating, vomiting, and excessive exercise decreased over treatment, but were not statistically significant. While few patients reported laxative use, the behaviour did significantly increase by discharge ($n=16$, pre mean rank=10.33, post mean rank=14.50, $z=-2.20, p<.028$), suggesting that this behaviour may need to be specifically targeted in IOP. Fisher's exact test with post hoc testing demonstrated that patients diagnosed with AN-B/P were less likely to complete treatment when compared to completion rates of other diagnoses ($p<.05$). The clinical implications of this data prompt us to consider who benefits most and whether specific behaviors require attention in the intervention.

Conflict of Interest: not applicable

Learning Objectives: After participating in this session, attendees will be able to: Understand the program structure and components of the Calgary Eating Disorder Program's IOP. Recognize the role of the COVID-19 pandemic on IOP wait times. Identify patient characteristics which may relate to IOP treatment outcomes (e.g., laxative use, AN-B/P diagnosis).



[2. Family-Based Treatment for Adolescents with Bulimia Nervosa: A Systematic Review and Meta-Analysis](#)

Presenters: Manya Singh – *University of Calgary*

Co-author: Daniel Devoe – *Mount Royal University*

Background: Bulimia nervosa (BN) is a serious psychiatric disorder characterized by the over-evaluation of shape and weight, recurring episodes of binge eating combined with compensatory behaviours such as purging, excessive exercise, or laxative misuse. The medical consequences of BN can be severe and have been shown to impact the cardiovascular, dental, gastrointestinal, renal, and hematological systems. While approximately half of patients with BN recover from the disorder, up to a quarter of patients remain chronically ill despite seeking treatment. One suggested treatment course for adolescents with BN is Family Based Treatment

(FBT), which emphasizes parental involvement in addressing disordered eating by supporting the child in eating and refeeding in order to achieve weight gain and independent eating. FBT has also been shown to reduce hospitalization rates for adolescents with BN and promote rapid abstinence of BN symptomology during the treatment course.

Rationale/Purpose: Systematic reviews examining FBT treatment outcomes and moderators and mediators of treatment response for adolescents with BN are scarce. Existing systematic reviews on FBT focus on BN as a subset of the broader eating disorder population, or in evaluation with multiple other evidence-based treatments, making conclusions on the efficacy of FBT for this population challenging. This systematic review and meta-analysis aimed to assess the efficacy of FBT in adolescents with BN.

Design/Method: A comprehensive electronic database search of the peer-reviewed literature was conducted in the following online databases: MEDLINE, PsycINFO, Embase, and CINAHL. A series of fixed-effects meta-analyses were performed on eligible studies to estimate effect sizes and 95% confidence intervals (CIs).

Results/Discussion: Fifteen peer-reviewed articles met the inclusion criteria, representing only a total of five randomized control trials, including 338 individuals with BN with a mean age of 18.95 (SD: 2.6). FBT was effective at achieving higher abstinence rates of bingeing and purging in adolescents at the end of treatment and 6-month follow-up compared to controls. However, FBT was not effective at reducing depressive symptoms or increasing self-esteem at end of treatment in adolescents, 6, and 12-month follow-up compared to controls. For attrition, there was no significant differences between FBT and controls during treatment and at follow-up. This is the first meta-analysis examining FBT for BN in adolescents. We found sustained and significant evidence supporting higher abstinence rates of bingeing and purging for FBT among adolescents with BN. However, there was a limited number of trials (n=5) and considerable heterogeneity when reporting treatment outcomes. Despite FBT being widely recommended for adolescents with BN, more randomized trials are needed to further examine the impact of FBT in individuals with BN.

Conflict of Interest: Not Applicable

Learning Objectives: Paper Presentation Objectives: 1. Overview current treatment models for bulimia nervosa (BN), including Family Based Treatment (FBT), along with existing evidence on its efficacy for the adolescent population; 2. Highlight the methodological limitations of existing systematic reviews for adolescents with BN, including the objectives of the current systematic review and meta-analysis; 3. Provide a comprehensive overview of the Methods and Results of the current systematic review and meta-analysis, including a discussion on FBT treatment outcomes and efficacy for this population.



3. Understanding Parents' Implementation of Eating Disorder Care in the Home Setting

Presenter: Juliet Tan – *KK Women's and Children's Hospital*

Co-Authors: Courtney Davis – *KK Women's and Children's Hospital*,
Elaine Chu Shan Chew – *KK Women's and Children's Hospital*,
Khairunisa Bite Khaider – *KK Women's and Children's Hospital*, Nurul
Syukrina Binte Mohamed – *KK Women's and Children's Hospital*, Hui
Ying Teh - *KK Women's and Children's Hospital*

Background: Adolescent eating disorders are complex and serious illnesses with risk of significant morbidity and poor outcomes. In a family-based therapy model, caregivers of youth with eating disorders play a significant role in their recovery supporting the nutritional rehabilitation process at home as well as providing emotional support. While evidence-based programs have been developed to help support and equip caregivers for these roles, little is known about how caregivers implement care advice at home and factors that lead to successful implementation.

Rationale/Purpose: In order to adapt a US based eating disorder intervention for use in Singapore, we conducted qualitative interviews as part of an ADAPTT-ITT implementation science framework: 1) To understand how parents interpret health care professionals' communication regarding caring for youth with eating disorders 2) To understand components of successful health care professional communication 3) to understand parental factors and strategies that lead to successful home-based recovery

Design/Methods: In-depth qualitative interviews and focus groups (n=19) were conducted with parental caregivers of youth with eating disorders (n=8) and healthcare providers (n=11) to understand the caregiving experience. Interviews were transcribed and analysed using standard qualitative methods. These interviews will inform the development of parental interventions.

Results/Discussion: Multiple key themes emerged from the interviews. First, parents felt that a strong trust with the health care providers was essential for home recovery. Second, parents identified as understanding the severity of the illness as an important step to be prepared for future challenges and a balance between theoretical and practical advice. Parents viewed the communication with providers as a "journey" over time- highlighting the need for ongoing communication and engagement. Parents also identified parental emotional status at the time of communication as well as the time of implementation at home as a factor which impacts their effectiveness. Parents also described a need to have autonomy and creativity in how guidance was implemented. Finally, parents identified the reliance on pre-morbid family strengths and relationships as tools for recovery. Parents also identified important child factors in their child's response including the child's current emotional state, environmental factors,

and illness severity. Understanding factors which influence how parents interpret and implement health care providers' recommendations for home management and care of adolescents with eating disorders is an essential first step to improving health care provider communication with parents of youth with ED as well as designing programs to improve outcomes for youth with ED. Parents highlighted multiple factors that were necessary for successful home care including parent and child emotional regulation, an ongoing positive relationship with the health care team, flexibility to allow for creativity and growing confidence in home management, strategies to minimize meal time environmental triggers, and an understanding of the severity of the illness. These identified factors will be used to inform the adaptation of a US-based eating disorder intervention for use in Singapore- underlining the strength of an implementation science approach (ADAPT-ITT in this case) to guide program adaptation.

Conflict of Interest: Nil

Learning Objectives:

1. Identify key factors in health care provider communication that can impact parental implementation of psychoeducation and care advice in the home setting.
2. Identify how an implementation science framework can be used to adapt eating disorder interventions for use in different settings.



4. Collaborative care in eating disorder treatment: Exploring the role of clinician distress, self-compassion, and compassion for others

Presenter: Josie Geller - *Provincial Adult Tertiary Specialized Eating Disorders Program*

Co-Authors: Avarna Fernandes - *St. Paul's Hospital Eating Disorder Program*, Sheila Marshall - *University of British Columbia, Dept. of Social Work*, Suja Srikameswaran - *St. Paul's Hospital Eating Disorder Program*,

Background: Collaborative care is described as showing curiosity and concern for patients' wellbeing regardless of their adherence to treatment, providing choices, and supporting autonomy. In contrast, directive care involves clinician authority and an expectation for the patient to adhere to a treatment plan over which they have limited influence. In the treatment of eating disorders, collaborative care has been shown to be more acceptable and produce better outcomes than directive care. Despite widespread patient and clinician preferences for collaborative care, it is common for clinicians to be directive in practice, resulting in negative patient attitudes toward treatment and poor adherence. This study aims to understand the factors contributing to this discrepancy.

Purpose: This study examined the contribution of clinicians' experience of distress and how they relate to themselves and others in times of difficulty (self-compassion and compassion for others), to their use of collaborative and directive support behaviours.

Method: A diverse sample of clinicians working with individuals with eating disorders (N = 123) completed an online survey.

Results: While clinician distress was not associated with support behaviours, both self-compassion and compassion for others played a role. Regression analyses indicated that compassion for others was the primary determinant of collaborative care. **Discussion:** This study emphasizes the pivotal role of compassion, particularly compassion for others, in influencing clinicians' use of collaborative support. Cultivating conditions that foster compassion in clinical environments could enhance the delivery of collaborative care for eating disorders. This research contributes valuable insights for clinicians and researchers seeking to enhance patient outcomes.

Conflict of Interest: not applicable

Learning Objectives: 1. Examine the Role of Clinician Compassion and Distress in Collaborative Care: Present findings on how clinicians' personal distress, compassion for themselves and others influences their tendency to engage in collaborative care practices when treating individuals with eating disorders. 2. Discuss Practical Strategies for Cultivating Compassion in Clinical Environments: Explore the practical implications of the study's findings and discuss specific strategies to foster compassionate clinical environments. This includes interventions and training programs designed to promote collaborative care practices in the treatment of eating disorders, emphasizing the cultivation of self-compassion and compassion among clinicians.



5. Special considerations for ceremonial ayahuasca use among individuals with EDs: Ceremony leaders' Perspectives

Presenter: Meris Williams – *Independent Researcher*

Co-Author: Adele Lafrance - *Emotion Science*

Background: Psychedelic therapies for eating disorders (EDs) are being investigated including ketamine, psilocybin, and MDMA. Ayahuasca, a psychedelic tea employed for multiple purposes by Indigenous Amazonian and Mestizo communities, is also being explored (Lafrance et al., 2017; Renelli et al., 2020; Spriggs et al., 2021; Williams et al., 2022b).

Research suggests that some individuals with EDs have benefitted from drinking ayahuasca ceremonially, including improvements related to ED symptoms, body perception, emotion processing, interpersonal relationships, spiritual connectedness, and self-love and self-care (Lafrance et al., 2017; Renelli et al., 2020). Also reported have been improvements in depression and wellbeing scores for individuals with EDs two weeks after a psychedelic experience (including ayahuasca) (Spriggs et al., 2021). These preliminary findings suggest that ayahuasca may facilitate salutary, holistic changes for some people with EDs.

Rationale/Purpose: Certain ceremonial ayahuasca practices and phenomena appear similar to ED behaviours. Pre- and post-ceremony dietary restrictions and in-ceremony purging through diarrhea or vomiting (not typically self-induced) invite questions about ayahuasca's appropriateness as an intervention for EDs. This presentation will report the results of original qualitative research (Williams et al., 2023) regarding these and other special considerations for ceremonial ayahuasca drinking among individuals with EDs from the perspectives of mainly Indigenous-trained Western ayahuasca ceremony leaders. These are key informants given their experiences of conducting ayahuasca ceremonies with people who have EDs and their potential to bridge Western and Indigenous paradigms of healing.

Design/Method: A qualitative content analysis (QCA) (Elo & Kyng.s, 2008; Graneheim et al., 2017) of 90-minute interviews with 15 ayahuasca ceremony leaders was undertaken, producing a phenomenological description with low levels of abstraction and interpretation. Criteria for trustworthiness were drawn from QCA literature (Elo et al., 2014).

Results/Discussion: Four main categories emerged: screening for EDs, purging and dietary restrictions, potential risks and dangers, and complementarity with conventional ED treatment. Leaders' screening practices for EDs varied widely. A few reported that ceremony-goers with EDs had been circumspect in the screening process regarding ED presence and/or history. There was consensus that the purposes and intentions of purging and dietary restrictions were healing-promoting and therefore distinct from ED-related engagement. However, some leaders reported witnessing ceremony-goers using ayahuasca retreats to engage in ED behaviours. Leaders reported contraindications for ayahuasca use among individuals with EDs that align with the scientific literature regarding the potential risks of drinking ayahuasca among the general population (e.g., Bouso et al., 2022). One-half of the leaders endorsed that ayahuasca and established ED treatments could be complementary. The findings offer ideas for helping to establish safe and beneficial ayahuasca ceremony experiences for participants with EDs and identify a need for more clarity regarding the actual risks of ayahuasca for individuals with EDs. Conventional models of ED treatment could potentially be evolved through a decolonizing, bidirectional bridging process between Western and Indigenous paradigms of healing.

Conflict of Interest: We declare no conflicts of interest and received no financial support for this research. Laurentian University provided ethics approval for this study (# 20141109).

Learning Objectives:

1. Convey recent efforts in researching ayahuasca as a potential intervention for eating disorders

2. Report study results regarding ayahuasca ceremony leaders' perspectives on special considerations for ceremonial ayahuasca participation among individuals with EDs
3. Identify avenues for future research on this topic, and suggest that established models of ED treatment could potentially be evolved through a decolonizing, bidirectional bridging process between Western and Indigenous paradigms of healing.

Theme: Assessment and Prevalence of Eating Disorder Symptoms and Related Concerns

10:40 - 12:10, 2306/9



1. The Prevalence of Orthorexia in Eating Disorder Patients: A Systematic Review and Meta-Analysis

Presenter: Kaitlin Essex – *Mount Royal University*

Co-Authors: Zakari Mulrooney- *Mount Royal University*, Mimi Tran- *Mount Royal University*, Conor Campbell- *Mount Royal University*, Gina Dimitropoulos– *Mathison Centre for Mental Health Research & Education, Hotchkiss Brain Institute, Cumming School of Medicine, University of Calgary*, Daniel Devoe- *Mount Royal University*

Background: Orthorexia Nervosa (ON) is characterized by a relentless pursuit of optimal nutritional quality of food often resulting in restrictive eating patterns and a narrow range of foods permitted for consumption. Although there is literature illustrating the prevalence of ON in various at-risk populations (e.g., diabetes), currently there have been no systematic reviews assessing the prevalence of ON in ED populations.

Rationale/Purpose: This systematic review and meta-analysis aimed to: (1) analyze the overall prevalence of ON in individuals diagnosed with an ED, and (2) investigate the differences in reported prevalence between scales used to assess ON.

Design/Method: This review was pre-registered with the PROSPERO review registry and a protocol was made available on Open Science Framework. A thorough electronic database search of peer-reviewed literature was conducted from inception to November 2023 in the following databases: CINAHL, ERIC, MEDLINE, EMBASE, and PsycINFO. Eligibility for this review was restricted to research studies providing prevalence data for ON in individuals diagnosed with EDs. Study screening, including both abstract and full texts, was conducted independently, and in duplicate, by blind reviewers. A series of random-effects meta-analyses were conducted on eligible studies to estimate pooled proportions and corresponding 95% confidence intervals (CIs) on prevalence data.

Results: Search results produced 316 titles and abstracts for screening, of which 18 full-text articles were screened for eligibility. In total, 9 studies met the inclusion criteria for this systematic review, including 683 individuals with EDs (mean age: 25.92 years; 96.68% female) and 365 individuals with ON. Random effects pooled estimates demonstrated that the overall prevalence of ON in all EDs was 59% (k=9; CIs: 0.45-0.73). There was no significant difference between ON scales for assessing prevalence of ON in EDs. The ORTO-15 (k=5; CIs: 0.47-0.83) demonstrated a 66% prevalence of ON in EDs, followed by a 55% prevalence on the Dusseldorf

orthorexia scale ($k=3$; CIs: 0.29-0.79), and finally a 42% prevalence on the French Orthorexia scale ($k=1$; CIs: 0.32- 0.53).

Discussion: Three out of five individuals diagnosed with ED will also meet the criteria for a diagnosis of ON. More studies are required to understand if there are any differences in the prevalence of ON in ED types and subtypes (e.g., AN vs BN). In terms of ON scales, there appears to be no difference in their ability to detect ON in EDs. Future studies are required to understand the impact of ON and the obsession with the nutritional quality of food to help inform treatment in individuals with EDs.

Conflict of Interest: Not applicable

Learning Objectives: Understand the overall prevalence of Orthorexia Nervosa in Eating Disorders. Learn about the different scales used to assess the prevalence of Orthorexia Nervosa in Eating Disorders



2. The Prevalence of Psychiatric Comorbidities Among People with Anorexia Nervosa: A Systematic Review and Meta-analysis

Presenter: Chantal Savard - *Mount Royal University*

Co-Authors: Conor Campbell- *Mount Royal University*, Gina Dimitropoulos- *Mathison Centre for Mental Health Research & Education, Hotchkiss Brain Institute, Cumming School of Medicine, University of Calgary*, Xena Al-Hejji- *Mount Royal University*, Micaela Ribeiro- *Mount Royal University*, Sambrela Ang- *Mount Royal University*, Paige Torry- *Mount Royal University*, Daniel Devoe- *Mount Royal University*

Background: Individuals with anorexia nervosa (AN) frequently exhibit psychiatric comorbidities. However, currently, there is no meta-analysis of the prevalence of psychiatric comorbidities in AN, particularly the variations in prevalence among AN types [e.g., AN-R (restrictive type) and AN-BP (binge-eating/purge type)]. Therefore, this systematic review and meta-analysis aimed to evaluate the prevalence of psychiatric comorbidities in AN.

Rationale/Purpose: This systematic review and meta-analysis aimed to (1) assess the current and lifetime prevalence of psychiatric comorbidities in those diagnosed with AN, and (2) assess the prevalence of psychiatric comorbidity by AN subtype (i.e., AN-R, ANBP).

Design/Method: This systematic review and meta-analysis was registered a priori with the PROSPERO review registry, and a review protocol was made available on Open Science Framework. A comprehensive electronic database search of the peerreviewed literature was conducted in the following online databases: MEDLINE, PsycINFO, Embase, CINAHL, ERIC, and

SCOPUS from inception to November 2023. Review eligibility was restricted to research studies reporting prevalence data for psychiatric comorbidities (e.g., depression, anxiety) in individuals diagnosed with AN (i.e., ICD and DSM) and AN subtypes. Both study screening (i.e., abstract and full text) and data extraction were completed in duplication by blinded reviewers. A series of random-effects meta-analyses were performed on eligible studies to estimate pooled proportions and 95% confidence intervals (CIs) on both current prevalence (e.g., assessed during intake) and lifetime prevalence data.

Results: Two hundred and three studies, encompassing 380,884 individuals with AN, met the inclusion criteria for this systematic review. Random-effects pooled estimates revealed that major depressive disorder (MDD) had the highest current prevalence in AN at 38% (k=26; CIs: 0.29-0.47). Furthermore, the current prevalence was elevated in AN in all comorbid mood disorders at 33% (k=27; CIs: 0.26-0.41), and anxiety disorders at 26% (k=27; CIs: 0.17-0.35). AN-BP exhibited a higher prevalence in comorbid MDD (55%), mood disorders (70%), and anxiety disorders (51%) compared to AN-R (45%; 52%; 40%). The lifetime prevalence of MDD was also notably the highest comorbid diagnosis in AN at 49% (k=39; CIs: 0.43-0.56), followed by all mood disorders at 34% (k=14; CIs: 0.22-0.46), with AN-BP showing a higher prevalence of MDD (66%) compared to AN-R (54%). Additionally, individuals diagnosed with AN had significantly elevated lifetime comorbidities with anxiety disorders at 18% (k=17; CIs: 0.12-0.25), including generalized anxiety disorder (GAD) at 23% [(k=22; CIs: 0.15-0.31; AN-BP (26%)), obsessive compulsive disorder (OCD) at 19% [(k=47; CIs: 0.15-0.24; AN-BP (30%); AN-R (24%)), and social anxiety at 18% [(k=32; CIs: 0.11-0.27; AN-BP (23%); AN-R (21%)).

Discussion: Both current and lifetime prevalence data in this meta-analysis demonstrate an alarming clinical picture for individuals with AN who, more often than not, have several psychiatric comorbidities adding to their disease burden. This data strongly suggests that clinical screening and longitudinal monitoring of psychiatric comorbidities in those with AN is required. Identification of psychiatric comorbidities should be integrated into screening practices and treatment in ED clinics. Moreover, future studies are required to untangle and understand the burden these psychiatric comorbidities have on patients with AN.

Conflict of Interest: Not applicable

Learning Objectives: Attendees will gain a comprehensive understanding of the prevalence and types of psychiatric comorbidities in individuals with AN and its subtypes through a systematic review and metaanalysis, providing a foundation for informed clinical practice. Promote discussions on the practical implications of the systematic review and meta-analysis findings for clinicians, researchers, and healthcare providers, facilitating a discussion on how this knowledge can inform treatment strategies, improve patient care, and guide future research endeavours in the field of eating disorders.



3. Assessing Item Relevance and Factor Structure of the Eating Disorder Examination Questionnaire in a Trans-Diagnostic Sample

Presenter: *Rachel Dufour - Douglas University Insitute*

Co-Authors: *Howard Steiger- Douglas University Insitute, Juliana Meyerfreund- Douglas University Insitute, Viveca Lee- Douglas University Insitute, Amy Cote-Croteau- Douglas University Insitute, Lea Thaler- Douglas University Insitute, Annie St-Hilaire- Douglas University Insitute, Linda Booij- McGill University*

Background: The Eating Disorder Examination-Questionnaire (EDE-Q) is the most widely used measure for assessing eating disorder symptoms. However, there has been concern over the validity and replicability of its subscales, with several studies suggesting diverse alternative subscale structures. Additionally, to date, there has been little to no evaluation of differential factor structure across different eating-disorder diagnoses. Most psychometric studies are based on classical test theory, which focuses on total test scores, rather than on individual item characteristics (i.e., modern test theory).

Rationale/Purpose: Considering the impact of assessment measures' quality on clinical research, this study addresses a need to assess the psychometric properties of the EDE-Q using modern test theory in a clinical sample. Three objectives were identified: (1) evaluate the overall factor structure of the scale; (2) using Item Response Theory, assess difficulty and discrimination qualities at the item level, and (3) examine differential factor structure by specific eating-disorder diagnosis.

Design/Method: We analyzed EDE-Q data from 1 207 patients (Mage = 27.9 years, SD = 10.08, 95% female) with various eating disorder diagnoses (i.e., AN-R, AN-BP, BN, OSFED, ARFID, BED, EDNOS) and who were at the beginning of their treatment at the Eating Disorders Continuum of the Douglas Mental Health University Institute in Montreal. Exploratory and Confirmatory Factor analyses and 2-parameter Item Response Theory (IRT) analyses were conducted with Mplus. Multi-group Structural Equation Modeling (MSEM) was used to assess exploratory factor structure for up to 4 factors by diagnostic group.

Results/Discussion: Parallel analysis suggested the best fit for 1- to 3- factor solutions, with a strong preference for 1-factor. Factor analyses were inconclusive, with decent fit for a 3-factor solution (Comparative Fit Index = .84) but several items loading unclearly onto factors. IRT analyses indicated variability in discrimination (a) and difficulty (b) as a function of eating disorder severity. Seven items (e.g., eating in secret, fear of losing control over eating) stood out as weaker ($M_a = 1.49$, $M_b = -.30$) while six (e.g., feeling fat, strong desire to lose weight) appeared stronger ($M_a = 2.77$, $M_b = -.97$) at discriminating between patients of different symptom severities. Similarly, item information curves showed substantial variability in the amount of precision of each item. MSEM findings showed differences in factors and loadings across diagnoses. Notably, similar factors were found in BN and OSFED-BP, and between AN-BP and OSFED-R. Two groups of items were found to cluster together across all diagnoses (i.e.,

items 1 to 5, items 28 to 33), while variability was found in the other items. Our inability to confirm the original subscales of the EDE-Q suggests that eating-disorder symptoms may be better described along a one-factor continuum. Results can potentially affect future use of EDE-Q subscales in different diagnostic groups and, more globally, our understanding of key symptoms that could be better indicative of severity.

Conflict of Interest: There are no conflicts of interest to declare. RD is supported by doctoral research awards from the Canadian Institute of Health Research (CIHR) and from the Fonds de Recherche du Qu. bec en Sant. (FRQS).

Learning Objectives: 1) To learn more about psychometric properties of the Eating Disorder Examination Questionnaire using modern test theory approaches. 2) To critically evaluate the use of subscales of the Eating Disorder Examination Questionnaire. 3) To learn how to apply complex psychometric analyses to other scales for eating disorder symptoms.



4. Ketogenic diets for children and youth with epilepsy: Exploring long-term impacts on eating behavior

Presenters: *Tanya Pardiwala – Provincial Health Services Authority, Nicole Tyminski - University of British Columbia*

Co-Authors: *Anita Datta- Provincial Health Services Authority, Katelyn Boerner- Provincial Health Services Authority, Sheila Marshall- University of British Columbia, Dept of Social Work, Jennifer Coelho– BC Children's Hospital*

Background: The ketogenic diet (KD) is a high-fat, low-carb, and adequate-protein diet that has been used as an evidence-based intervention for the treatment of drug-resistant epilepsy (DRE) for several decades. For effective seizure control, the diet must be adhered to strictly. Children who respond to the KD with significant seizure reduction usually remain on it for 2 to 4 years. While the KD is beneficial to many patients, it has long-term physiologic effects even after discontinuation, including poor growth, dyslipidemia, and kidney stones. Additionally, it is well established that restrictive diets can increase the risk of eating pathology/ disordered eating (Polivy & Herman, 2002).

Purpose/ Rationale: This study aims to understand the impact of the KD prescribed for seizure control on children's eating behaviors and quality of life.

Methods/Design: Families of children with DRE who previously used KD were invited to participate, together with a comparison group of those with DRE who were not prescribed the KD. A total of 15 families with experience with the KD and 12 comparison group families participated. Youth and/or their caregivers completed self-report measures of eating pathology

and quality of life, as well as shared experiences with the KD intervention on an open-ended questionnaire.

Results/ Discussion: No significant differences emerged between KD and comparison groups in eating disorder symptoms or the presence of subjective binge-eating episodes. Restrictive eating behaviors, as measured by the eating disturbance in youth questionnaire (P-EDYQ) indicated that ARFID symptoms were present in 18.2% of the clinical comparison group and 33.3% of the KD Group (no significant group differences emerged). Content analysis was performed to explore caregiver experiences with KD interventions for DRE. Four themes identified from parent narratives were – 1) the child's quality of life, (2) the child's emotional and social well being, (3) the family's quality of life, and (4) the child's health outcomes. Many families experienced challenges with the social impacts of the diet. Despite these challenges, 66.67% of families stated that the advantages of KD outweighed the disadvantages. Although group differences in eating disorder symptoms were not observed, we noted a high proportion of youth with ARFID symptoms in this population. The current study is comprised of a small sample, yet provides important insights into the experiences of families following discontinuation of a prescribed dietary intervention for seizure control. Clinical implications for healthcare providers and families who are considering dietary interventions for epilepsy will be discussed.

Conflict of Interest: Health Professional-Investigator Award from Michael Smith Health Research BC (awarded to Dr. Jennifer Coelho) Clinical and Translational Research Seed Grant from the Brain, Behaviour & Development theme (awarded to Dr. Katelynn Boerner & Dr. Karen Mabilangan)

Learning Objectives: Evaluate the experiences of children and their families prescribed the Ketogenic diet for seizure management. Discuss clinical implications for education for families who are considering dietary interventions.



[5. The Prevalence of Suicide Attempts in Eating Disorders: A Systematic Review and Meta-Analysis](#)

Presenter: *Katilin Berlinguette – Mount Royal University*

Background: Individuals diagnosed with eating disorders (EDs) are at a heightened risk of suicide attempts (SA). The current literature suggests that individuals with bulimia nervosa (BN) and binge-eating disorder (BED) report the highest prevalence of SA. However, there is no systematic review and meta-analysis of the existing literature examining SA in EDs.

Rationale/Purpose: This systematic review and meta-analysis aims to: (1) Identify the lifetime and current prevalence of SA in EDs, and (2) assess the prevalence of SA by ED subtypes (e.g., AN versus BN).

Design/Method: A protocol of this systematic review and meta-analysis was made available on Open Science Framework and registered through the PROSPERO review registry. Without restricting location, date, or language, a thorough search of the literature was conducted in the following online databases: PsycINFO, MEDLINE, Embase, and CINAHL from inception to November 2023. Study eligibility was restricted to research studies reporting prevalence for SA in individuals diagnosed with EDs (i.e., ICD and DSM). Abstract and full text screening, and data extraction was blindly conducted in duplicate by multiple reviewers. A series of random-effects meta-analyses were performed on eligible studies to estimate pooled proportions and 95% confidence intervals (CIs) on both current prevalence and lifetime prevalence data.

Results: A total of 117 studies were included in this meta-analysis, including 78,821 patients diagnosed with EDs (mean age: 25.38 years; 94% female). Random-effects pooled estimates demonstrated that the overall lifetime prevalence of SA in all EDs was 22% (k=105; CIs: 0.17-0.28). Lifetime prevalence of SA was highest in BN [(BN=26%: BN-P (24%) versus BN-NP (7%)], followed by AN[(AN=20%, AN-R (8%), AN-BP (25%)], OSFED (18%), and BED (15%). There was a statistically significant difference in SA between AN-R with AN-BP and BN versus BED over their lifetime. The overall current prevalence of SA in those with EDs was 14% (k=12; CIs: 0.05-0.26). Current prevalence was highest in OSFED (23%), followed by BN (13%), AN (11%), and BED (5%).

Discussion: This meta-analysis revealed that more than 20% of individuals with EDs will report at least one episode of a SA. There is an urgent need to implement comprehensive screening and assessment protocols to identify individuals at risk for or who have engaged in a SA. Clinical interventions are required to intervene to support clinicians to provide evidence based treatments such as Dialectical Behaviour Therapy to support individuals to reduce SA. Future research is needed to better understand the risk and protective factors of SAs in individuals with EDs.

Conflict of Interest: Not applicable

Learning Objectives: Attendees will learn about the lifetime and current prevalence of SA in ED patients. Attendees will make interpretations on how suicide prevention can be implemented in community and health care ED support.

Workshop Session I

13:10 – 14:40



1. Assessment and Treatment of Obsessive Compulsive Disorder in Youth with Co-occurring Eating Disorders

Great Hall B

Presenters:

Seena Grewal- *BC Children's Hospital*

Katherine McKenney- *BC Children's Hospital*

Janine Slavec- *BC Children's Hospital*

Zuzana Dankova- *BC Children's Hospital*

Co-Author: **Ainsley Boudreau**- *BC Children's Hospital*

Background: Eating disorders (ED) and obsessive compulsive disorder (OCD) co-occur at a higher rate than chance. It has been reported that individuals with comorbid ED and OCD tend to develop an ED at a younger age and experience a more chronic course of illness compared to those without OCD. Although they are classified as separate diagnostic conditions there are common characteristics such as compulsive behaviours and perfectionistic tendencies seen in both disorders. Additionally, treatment of an ED can become complicated when OCD symptoms are present. It may be challenging at times to understand what are ritualistic behaviours associated with an ED, such as compulsive exercising, and what are symptoms specific to OCD. Clinicians and families may experience uncertainty around how to approach the overlapping symptoms. Exposure-response prevention treatment (ERP-CBT) is the evidence-based approach for treating OCD and in pediatric eating disorders family based treatment (FBT) is considered the primary intervention. While there are commonalities in the treatment approaches, such as the externalization of the illness and providing parents with strategies to support youth, there are key differences in the messaging around parental involvement in the treatment and cognitive and exposure strategies that require adaptations to ERP-CBT when being employed with youth with EDs.

Purpose: The purpose of this workshop is to explain the guiding principles of treatment for moderate to severe OCD and what modifications are required when working with youth with co-occurring EDs.

Design/Method: In this workshop, subspecialists from pediatric ED and OCD programs will share both the literature and clinical expertise on working with youth with these co-occurring conditions. Strategies for assessment and formulating a treatment plan for symptoms that may overlap between the ED and OCD will be shared. The core assumptions and approaches to ERP-CBT in OCD will be reviewed as well as modifications often required youth with OCD with co-

occurring EDs and their families. We will discuss modifications to OCD treatment for youth depending on the ED treatment they are participating in such as FBT or inpatient vs outpatient treatment. Using case based learning, we will address medication options for targeting OCD symptoms in EDs and how this differs for youth with severe OCD without ED symptoms. Participants will be encouraged to bring clinical examples for group discussion and feedback.

Conflict of Interest: Not applicable

Learning Objectives: To summarize the literature on OCD with co-occurring Eating Disorders To explain which elements of OCD treatment complement and conflict with eating disorder treatment. To conceptualize a treatment approach for OCD when managing a co-occurring eating disorder



2. Unlocking the Potential of Brief Cognitive Behavioural Therapy for Eating Disorders (CBT-T): A Treatment Overview, Literature Review, and Implementation Reflection

Great Hall A

Presenters: Aaron Keshen- *Nova Scotia Health*
Jessica Wournell- *Nova Scotia Health*

Background: Eating disorders pose a significant public health challenge, necessitating effective and efficient therapeutic interventions. Brief Cognitive Behavioural Therapy for non underweight patients (CBT-T), introduced by Glenn Waller and colleagues in 2019, emerges as a promising alternative to traditional approaches. This workshop aims to provide participants with an introductory understanding of CBT-T, offering insights into its theoretical foundations, empirical support, and practical applications. Over the last three years, our team in Nova Scotia has successfully implemented a training and supervision clinic, resulting in the training of over 25 clinicians across diverse urban and rural settings.

Objectives: Basic Overview of CBT-T: The workshop will commence with an introductory exploration of the core principles and techniques of CBT-T. Attendees will gain insights into the theoretical underpinnings of this therapy and its tailored application for non-underweight individuals struggling with eating disorders. Emphasis will be placed on key strategies employed within the 10-session framework, facilitating a basic understanding of the therapeutic process.

Review of Current Literature on CBT-T: Drawing on the latest research findings, the workshop will offer a review of the current literature surrounding CBT-T. Attendees will be guided through evidence supporting the efficacy of CBT-T, particularly in comparison to traditional approaches like CBT-E. The goal is to provide a solid foundation for participants to critically assess the therapeutic landscape and make informed decisions about integrating CBT-T into their clinical practice.

Experience in Nova Scotia: The workshop will showcase our team's experience in Nova Scotia over the past three years, highlighting the establishment and successful operation of a comprehensive training and supervision clinic. Through this initiative, we have equipped over 25 clinicians with the skills to deliver CBT-T across diverse settings. This workshop section will include an interactive component that engages the audience in electronic polling about incorporating evidence-based therapies in their own provinces and discussions informed by the polling results.

Facilitation of CBT-T via Zoom and Group Format: As technology continues to reshape the landscape of mental health services, our workshop will delve into the experiences of facilitating CBT-T through online platforms, with a specific focus on individual and group formats. We will share practical insights, lessons learned, and best practices for effective remote delivery, acknowledging the unique considerations and challenges associated with virtual therapy.

Conclusion: Participants will leave this workshop with a basic understanding of the CBT-T, informed by both theoretical foundations and empirical evidence. The insights gleaned from our Nova Scotia experience will enrich discussions on the practical implementation of CBT-T, ensuring that attendees are well-equipped to make decisions about whether to integrate this approach into their own clinical practice, be it in urban or rural settings, and adapt to the evolving landscape of remote therapy.

Conflict of Interest: Not applicable

Learning Objectives: 1. To learn about the basic theoretical foundations and empirical evidence for CBT-T. 2. Our Nova Scotia experience will provide insights and practical guidance on the implementation of CBT-T in individual, group and/or virtual formats. This will inform the implementation of CBT-T at a system level or for the individual therapist who wants to learn the treatment. 3. Through an interactive Q & A with the audience, attendees will learn from other participants about barriers and successes with the implementation of CBT-T (and other evidence-based therapies) across Canada.



3. Lessons Learned from a Scoping Review on Transitions for Youth and Young Adults with Eating Disorders

Performance Theatre

Presenter: *Andrea Krishnapillai – McMaster University*

Co-Authors: Maria Nicula – McMaster University, Amelia Austin-University of Calgary, Manya Singh - University of Calgary, Clara Bergmann- University of Calgary, Cheryl Webb- McMaster University, Gina Dimitropoulos – Mathison Centre for Mental Health Research & Education, Hotchkiss Brain Institute, Cumming School of Medicine,

University of Calgary, Jennifer Couturier– McMaster University, Jayden Lee- University of Calgary

Background: Eating disorders (ED) constitute severe mental illness associated with substantial mortality, elevated morbidity, and reduced quality of life. Peak onset occurs during adolescence and early adulthood, coinciding with an important phase of care transitioning from pediatric to adult services. Consequently, delayed or disrupted care results in youth and young adults (YYA) to endure ED and poor mental health (MH) symptoms, necessitating urgent, intensive, and costly interventions.

Rationale/Purpose: Due to the absence of current guidelines regarding transition between pediatric to adult services among individuals with EDs, this scoping review will identify, include, and synthesize relevant quantitative, mixed methods, and qualitative evidence.

Design/Methods: Systematic searches across five databases (MEDLINE, PubMed, PsycINFO, CINAHL, Embase) were completed to retrieve literature involving children and adolescents (up to 25 years old) with EDs and/or MH conditions undergoing transitions in care. Abstract screening followed by full-text review were completed by at least two reviewers. After identifying and selecting pertinent studies, data extraction was completed, and results were summarized.

Results/Discussion: A total of 14,237 records underwent title and abstract screening following the removal of 334 duplicates. Fulltext screening took place for 1735 articles, resulting the exclusion of 1671 records, while 64 records met the full scoping review criteria. Explored themes included transition interventions (n = 8), measurement tools (n = 3), and important indicators of successful transitions (n = 53). Among the included studies, participants exhibited either ED symptoms (n = 11), MH symptoms (n = 19), a combination of both (n = 2), or the study did not specify (n = 32). Quantitative findings revealed challenges in child-to-adult MH services transitions, including low transfer rates and suboptimal experiences. Predictors of service use, perceptions of peer support, and facilitators/barriers in service work relationship were also identified. Tailored transition strategies for EDs emphasized positive MH outcomes with personalized support, therapeutic groups, and educational/vocational services, while facing challenges linked to logistical and cultural issues. Mixed-method and qualitative findings revealed the lack of family support, individual patient differences, sudden transitions at age 18, shared stress experiences, and the prevalent lack of understanding about the transition process among YYA. Overall, the review underscored the absence of a cohesive approach to transitions for YYA experiencing Eds and MH conditions, highlighting evidence variability and the need for a unified approach.

Workshop Delivery (90 min): Maria (20 min): Conduct a poll to gauge attendees' familiarity with transition care for YYA with EDs. Share background on current literature on recommendations, barriers, and gaps in transitioning between pediatric to adult services. Manya (20 min): Define review's objectives and summarize the methods, including the eligibility criteria, screening, and data extraction. Andrea and Amelia (35 min): Present results

on transition interventions, measurement tools, and key indicators for successful transition. Break attendees into groups for discussions on the practical implications of the review's findings.

All (15 min): Outline next steps in the scoping review and detail subsequent phases of the Transition ED study. Encourage a Q&A session for attendees.

Conflict of Interest: Canada Institutes of Health Research (CIHR) grant was utilized to fund the project "TransitionED: Co-Designing and Implementing Canadian Practice Guidelines for Transitions for Youth with Eating Disorders," which includes this scoping review.

Learning Objectives: a) To comprehensively examine the existing literature on the transition from pediatric to adult services for individuals with EDs. b) Identify gaps in current guidelines and explore the consequences of delayed or disrupted care.



4. Research Priorities for the Treatment of Eating Disorders from the Perspectives of Youth and Caregivers

2306/9

Presenters:

Jennifer Couturier – *McMaster University*

Gina Dimitropoulos – *Mathison Centre for Mental Health Research & Education, Hotchkiss Brain Institute, Cumming School of Medicine, University of Calgary*

Wendy Preskow – *National Initiative for Eating Disorders*

Co-Authors: Maria Nicula – McMaster University, Manya Singh - University of Calgary, Jayden Lee- University of Calgary

Background: Research is only valuable if it is applicable and relevant to those with lived experience.

Rationale/Purpose: This workshop will describe top 10 research priorities from the perspectives of youth with lived experience with an eating disorder and from the perspectives of caregivers of such youth.

Design/Method: Researchers invited participation from youth and caregivers using a national online educational website that supports research (National Initiative for Eating Disorders: NIED). Once screened, participants were invited to attend a 3-hour panel meeting. Separate panel meetings were held with 9 young adults and 10 caregivers. A Nominal Group Technique (NGT), a consensus building approach, was used to generate the research priorities. The NGT panels consisted of three rounds of generation of recommendations, starting first with silent

generation of participants' recommendations to a research question ("what are the main priorities for research on eating disorders/disordered eating from the perspective of young adults with lived experience and their parents/caregivers?"), followed by sharing of the recommendations in a round robin format, and ending with a group discussion on the generated ideas. After each NGT panel, the research team collated the generated recommendations and sent participants a survey where they were asked to rate their 10 most important priorities and rank them in ascending order. The workshop will be organized as follows: Presentation of NGT methodology by Gina Dimitropoulos (10 min). Gina is an Associate Professor with the Faculty of Social Work at the University of Calgary in Calgary, Alberta, Canada. She will describe the step by step process of using the NGT approach. Presentation of top 10 research priorities from youth perspectives by Jennifer Couturier (10 min). Jennifer is a Child and Adolescent Psychiatrist and Associate Professor at McMaster University in Hamilton, Ontario, Canada. Presentation of top 10 research priorities from caregiver perspectives by Wendy Preskow (10 min). Wendy is the President and Founder of the National Initiative for Eating Disorders (NIED). Wendy has lived experience as the parent of an adult daughter with an eating disorder. Interactive discussion with audience on their ideas of research priorities (60 min). Jennifer, Gina and Wendy will facilitate a discussion with the workshop attendees on their views on the research priorities generated by youth and caregivers, as well as soliciting any other research ideas they might have. The audience will be encouraged to reflect on their top 10 research priorities.

Results/Discussion: Among youth, the top three priorities involved: (1) how existing treatment can prioritize underlying psychological issues rather than the ED behaviours, (2) how to improve research methods to emphasize diverse of underrepresented groups, and (3) ways to improve education and training for ED and other care providers. For parents, the top three priorities involved: (1) ways to improve ED education and training among healthcare providers, (2) the development of standardized protocols for ED treatment, and (3) exploring the best practices in ED treatment. A discussion with workshop attendees will ensue with an opportunity for polling on their top research priorities.

Sources of Funding/Support: Mental Health Research Canada National Initiative for Eating Disorders

Learning Objectives: To review the Nominal Group Technique (NGT) for generating research priorities. To discuss the research priorities generated by youth with lived experience with an eating disorder. To review research priorities generated by caregivers of youth with eating disorders.

Workshop Session II

15:10 - 16:40



1. COVID-19 and Eating Disorders: Clinical care, science and the way forward for young people with eating disorders

Great Hall B

Presenters:

Gina Dimitropoulos— *Mathison Centre for Mental Health Research & Education, Hotchkiss Brain Institute, Cumming School of Medicine, University of Calgary*

Nicole Obeid - *Children's Hospital of Eastern Ontario*

Ellie Vyer- *Alberta Children's Hospital*

Debra Katzman - *University of Toronto*

Co-Authors: Dan Devoe- *University of Calgary* Gisele Marcoux,- *University of Calgary*, Amelia Austin - *University of Calgary*, Manya Singh - *University of Calgary*, Scott Patten - *University of Calgary*, Patricia Silva-Roy - *CHEO Research Institute*, Linda Booij - *McGill University*, Jennifer Coelho - *BC Children's Hospital*

Background: The COVID-19 pandemic has had a severe impact on youth with eating disorders. Health care providers from across the globe observed a substantial increase in incidence and severity of new and pre-existing young people with eating disorders compared to prior years. The COVID-19 pandemic unmasked a global eating disorder public health crisis. The COVID-19 pandemic has resulted in considerable health, economic, financial, and social consequences, all possibly contributing to the unprecedented increases in the number of reported adolescents and young adults with eating disorders. The important lessons we have learned from the COVID-19 pandemic about eating disorders and its impact on youth, could inform our approach to future pandemics and public health in general. In addition, moving forward questions remain on how the pandemic will influence the health and well-being of young people with eating disorders, and the clinicians who provide care for this group.

Rationale/Purpose: This multidisciplinary, interactive workshop will review the impact of the COVID-19 pandemic on various aspects of eating disorders for patients, healthcare providers and the public. The goals of the workshop will include the impact (health, economic, financial, and social) of the COVID-19 pandemic on eating disorders in youth in Canada, how prepared we were, how we responded to the crisis, and the lessons learned.

Design/Method: This 90-minute workshop will be facilitated by a multidisciplinary group of clinicians and researchers from across Canada with the goal to address three main objectives: 1) Review the epidemiology and impact (health, economic, financial, and social) of the COVID-19 pandemic on eating disorder in youth in Canada; 2) Provide an overview of preparedness and response; and 3) Identify and share important insights and lessons learnt from the COVID-19 pandemic on eating disorders in youth. The first hour will be devoted to short didactic presentations on each of these topics and the remaining time will be dedicated to an interactive and lively discussion to generate further insights into the lessons learned from the COVID-19 pandemic and eating disorders in youth.

Results/Discussion: We expect this workshop to have relevance for clinicians, researchers, administrators, trainees, and policymakers wishing to explore EDs in youth during the COVID-19 pandemic and beyond. We anticipate a lively discussion and synthesis of the lessons learnt from the COVID-19 pandemic on youth with eating disorders and ways forward to prepare us for future challenges.

Conflict of Interest: No potential conflicts of interest within the presentation.

Learning Objectives: 1. At the end of the workshop, the participants will be able to Review the epidemiology and understand the impact (health, economic, financial, and social) of the COVID-19 pandemic on eating disorders in youth in Canada. 2. Evaluate how prepared the Canadian system was and how we responded to the COVID-19 pandemic. 3. Identify and share important insights and lessons learnt from the COVID-19 pandemic on eating disorders in youth that can support future crises and increase resilience.



2. [Integrated Care for Substance Use and Eating Disorders](#)

Great Hall A

Presenters:

Elspeth Humphreys – Fraser Health

James Wang – BC Children's Hospital

Background and Rationale: This 90-minute interactive presentation delves into the critical intersection of eating disorders and substance use, offering insights and strategies for integrated care while reducing stigma. Co-occurring disorders present unique challenges in eating disorder treatment, requiring a holistic approach that addresses both conditions simultaneously.

Design: Through this session, participants will gain an understanding of the complex interplay between eating disorders and substance use through case study and discussion.

Interactive components:

- Use of polls
- Audience survey
- Case study discussion
- Question and answer period

Discussion: Workshop participants will explore and discuss evidence-based treatment modalities, address harm reduction, and learn practical approaches to providing integrated care.

Learning Objectives

- To demonstrate the overlap between eating disorders and substance use and the need for concurrent treatment
- To share clinical pearls & research highlighted by the BC Provincial Eating Disorders & Substance Use working group
- To create dialogue on how to move towards a more integrated system of care in Canada



3. Closing the Gap - Developing Innovative Alternatives to Inpatient Hospitalization for Children and Youth with Severe Eating Disorders

Performance Theatre

Presenters:

Leanna Isserlin- *Children's Hospital of Eastern Ontario*

Elizabeth Quon- *Children's Hospital of Eastern Ontario*

Nuray Kanbur- *Children's Hospital of Eastern Ontario*

Co-Author: Mark Norris- Children's Hospital of Eastern Ontario

Background: Paediatric eating disorder (ED) programs in Canada have experienced a significant increase in patients presenting in need of intensive treatment, with high degrees of medical and psychiatric complexity noted among patients. As a result, many programs have faced high inpatient volumes and extended lengths of stay, which in turn has impacted admission and discharge criteria, leading to patients being discharged with increased medical and psychiatric fragility.

Rationale: Inpatient treatment is the most resource intensive and costly level of care. Lengthy periods of inpatient treatment, while often necessary to stabilize medical and psychiatric symptoms, can lead to increased isolation and disconnection from home, peers, and community. Group based day treatment programs are often not able to accommodate patients

at a stage of treatment where they remain medically and psychiatrically fragile. As a result, there is a need to consider alternate models of intensive treatment to support young people with severe eating disorders in a cost-effective manner while limiting the risks inherent in intensive treatment.

Method: This multi-disciplinary workshop will begin with a 30-minute presentation, including case examples, outlining the development of an innovative new level of intensive outpatient care at the Children's Hospital for Eastern Ontario (CHEO) which was designed to better facilitate timely discharge from the inpatient eating disorder service. A synopsis of the development and operationalization of the program will be presented, as well as its impact of reducing inpatient census, lengths of stay and readmission rates. The second 1/3 of the workshop will consist of 20 minutes of small group discussions for the attendees to share their own experiences and solutions found within their clinical settings to support young people at this critical stage of recovery, followed by a 10-minute full group report back of the highlights from each breakout group. In last 30-minutes, will lessons learned from the reorganization of CHEO's eating disorder services to meet the full spectrum of patients presenting for EDs care will be shared alongside a Q&A for attendees.

Discussion: The surge in volume and complexity of young people presenting for ED treatment requires new and innovative approaches to meeting their individual treatment needs while limiting the impact on their psychosocial development. This workshop will provide an example of how our treatment program has evolved to address the current landscape of paediatric eating disorder treatment needs and will invite a rich discussion of other potential models or interventions developed elsewhere with the aim of providing a seamless treatment experience for young people and their families.

Conflict of Interest: Not applicable.

Learning Objectives: To review common bottle necks and gaps in traditional treatment options for paediatric eating disorder care in Canada. To present quality improvement initiatives that led to a reorganization of ED treatment options and development of a new level of care for eating disorders at the Children's Hospital of Eastern Ontario. To generate a discussion of how other treatment programs have evolved to address the new landscape of eating disorder treatment needs and how further optimization could be found to ensure seamless treatment for children and youth with eating disorders in Canada.



4. A Weight-Inclusive, Trauma-Informed Approach to Reduce Binge Eating

2306/9

Presenter: Sydney Wright – *BridgePoint Center for Eating Disorder Recovery*

Background: Binge eating is a behavior that exists across eating disorders as well as in non-clinical populations. People who experience binge eating often report experiencing a lack of control, eating more at once than is typical, eating very quickly, and eating past comfortable fullness—all of which can result in feelings of guilt, shame, and disgust with oneself. The formal diagnosis of Binge Eating Disorder (BED) is estimated to affect 0.9% of people worldwide, but the behavior of binge eating can create physical and psychological distress for people of all shapes, sizes, genders, and backgrounds. Several drivers of binge eating have been identified in the literature, including emotional dysregulation, stress, food deprivation, availability of palatable food, and neurobiological dependence. However, many common interventions, such as Cognitive Behavioral Therapy (CBT), Behavioral Weight Loss therapy (BWL), or pharmacotherapy are provided by different specialists with competing or contradicting priorities. Additionally, because BED is associated with people in larger bodies, weight loss is often made to be a goal of recovery, which can perpetuate anti-fat bias and weight stigma while further creating food deprivation and stress.

Rationale/Purpose: Clinicians require an adaptive, client-centered approach in order to effectively help their clients with binge eating. The purpose of this workshop is to provide eating disorder professionals with a streamlined guide to address binge eating in a variety of clients. Combining dietetic and social work experience, I will outline six drivers of binge eating, the different mechanisms through which they directly or indirectly influence the behavior, and will provide attendees with effective strategies to avoid perpetuating weight stigma/bias.

Delivery of the Workshop: This workshop will consist of a 60-minute interactive presentation on six drivers of binge eating: physical deprivation, mental restriction, food scarcity, emotional distress, trauma history, and habit/routine. Within this portion of the workshop, attendees will be asked to provide situational examples from their own practice, learn to identify which drivers are present for their clients, and will be given a streamlined model for which factors to address first. One to two interventions will be provided for each driver, including therapeutic tools for the provider (ie. structured eating plans, food neutrality framework, etc.) and psychoeducational content for the client (ie. window of tolerance diagram, myth-busting nutrition handouts, etc.). The remaining thirty minutes will be used as a discussion period where attendees can ask questions and share their own experiences working with clients who struggle with binge eating.

Discussion: Because this approach to practice has been shaped through literature review and clinical experience in both dietetic and social work settings, this presentation will provide clinicians with a deeper understanding of their clients experiences and equip them with strategies to apply in practice, no matter their professional background. By acknowledging the interplay between the different drivers of binge eating, eating disorder professionals of all backgrounds will be better equipped to help clients interrupt these causal factors and empower their clients and patients to reduce the occurrence of binge eating and the shame that accompanies it.

Conflict of Interest: Not applicable.

Learning Objectives: 1. Attendees will learn to identify the main drivers of binge eating in clinical and non-clinical populations. 2. Attendees will learn practical interventions for binge eating in a streamlined model. 3. Attendees will develop a better understanding of the role of weight bias and trauma in the development and maintenance of binge eating.

Day 2

Lightning Talks

Track I

11:25 - 11:55, Great Hall B

Missing: "suicide in eating disorders"



2. The Prevalence of Suicidal Ideation in Eating Disorders: A Systematic Review and Meta-Analysis

Presenter: Zakari Mulrooney - *Mount Royal University*

Co-authors: Katilin Berlinguette - *Mount Royal University*, Tia McNeil - *Mount Royal University*, Aliya Jomha - *Mount Royal University*, Connor Campbell - *Mount Royal University*, Daniel Devoe - *Mount Royal University*, Gina Dimitropoulos – *Mathison Centre for Mental Health Research & Education, Hotchkiss Brain Institute, Cumming School of Medicine, University of Calgary*

Background: Individuals experiencing suicidal ideation (SI) are often in a state of distress that may increase their risk of suicidal behaviors. Individuals diagnosed with eating disorders (EDs) have been associated with a heightened risk of SI. The current literature suggests an increased prevalence of SI increases risk of death by suicide. Although an association between EDs and SI has been highlighted, there is no comprehensive systematic review and meta-analysis of the existing literature examining SI in EDs.

Rationale/Purpose: This systematic review and meta-analysis aims to: (1) Identify the current and lifetime prevalence of SI in Eds and (2) assess the prevalence of SI by ED subtypes (e.g., AN-R versus AN-BP).

Design/Method: A protocol of this systematic review and meta-analysis was made available on Open Science Framework and registered through PROSPERO review registry. Without restricting location, date, or language, a thorough search of the literature was conducted in the following online databases: PsycINFO, MEDLINE, Embase, and CINAHL from inception to November 2023. Study eligibility was restricted to research studies reporting prevalence for SI in individuals diagnosed with EDs (i.e., ICD and DSM). Abstract and full text screening along with

data extraction was blindly conducted in duplicate by multiple reviewers. A series of random-effects meta-analyses were performed on eligible studies to estimate pooled proportions and 95% confidence intervals (CIs) on both current prevalence and lifetime prevalence data.

Results: Forty-eight studies, including 16,871 ED patients met the inclusion criteria for this systematic review and meta-analysis (mean age: 24.54 years, 90% female). Random-effects pooled estimates demonstrated that the overall lifetime prevalence of SI in all EDs was 35% (k=25; CIs: 0.27-0.44). Lifetime prevalence of SI was highest in BN (45%), followed by BED (38%), and AN (37%). Individuals with AN-BP (60%) revealed significantly higher SI prevalence than AN R (24%) over their lifetime. The overall current prevalence of SI in those with EDs was 32% (k=23; CIs: 0.24-0.41). Current prevalence was highest in BN (35%), then AN (29%), and BED (22%).

Discussion: A significant portion of individuals with EDs are experiencing SI. The lifetime and current prevalence indicate the need for the incorporation of SI screening tools across the continuum of care. The integration of Dialectical Behaviour Therapy and Cognitive Behaviour Therapy tailored to treat suicidal ideation should be embedded in various eating disorder treatments.

Conflict of Interest: Not applicable

Learning Objectives: Understand the current and lifetime prevalence of suicidal ideation in individuals with eating disorders. Understand how community and health care settings can support and treat eating disorder patients with suicidal ideation at intake and follow-up.



3. Seasonal Patterns in Youth Unsafe Behaviours In Inpatient Units: Pre and During COVID-19

Presenter: Jaafar Aghajanian – *BC Children's Hospital*

Co-authors: Seena Grewal - *BC Children's Hospital*, JoAnne Fernando - *BC Children's Hospital*, Aidan Scott - *Patient Experience Office, BC Children's Hospital*

Background: In youth psychiatry, seasonal trends have been reported with respect to presentations of mental health symptoms. As part of a quality improvement initiative at BC Children's Hospital (BCCH), we analyzed patient safety events categorized as 'Unsafe Behaviour' on the psychiatry inpatient units, which included incidents related to patient aggression, absconding, and self-harm.

Rationale/Purpose: We reviewed these safety incidents to determine whether they followed a seasonal trend and/or influenced by the school year.

Design/Method: A review of 1451 patient safety events were reported during 13 years pre COVID (2006 to 2020) and the initial year of COVID, for 948 unique patients. In addition to the descriptive analyses and control charts already performed, we plan to conduct multiple linear regression, and segmented regression to test the following two hypotheses: A) Patient safety events categorized as “Unsafe Behaviour” followed a seasonal trend B) The seasonal trend would be impacted by the COVID-19 pandemic due to school closures

Results/Discussion: Our initial findings suggest that such patient safety events follow seasonal trends influenced by the school year. We found a significant downward trend in patient safety events over the summer months when school was not in session, from a weekly high of 28 ($\alpha > 0.001$) in early June to a low of 9 ($\alpha > 0.05$) in early September. In reviewing the patient safety events in 2020 during the COVID-19 pandemic, we found a shift in the types of safety events, with higher rates of self-harm.

Conflict of Interest: Not applicable

Learning Objectives: Categorize the type of patient safety events related to unsafe behavior Understand the impact of seasonal changes influenced by the school year on patient safety events in psychiatry inpatient units. Explain how Covid-19 affected the types of patient safety events in psychiatry inpatient units

Track II

11:25 – 11:55, Great Hall A



1. Eating Disorders and Dating: The effects of Intimate Partner Violence on Romantic Relationships

Presenters: Jaimie Lepp – *Collaborative Eating Disorder Awareness Association*

Co-author: Joshua Bell - *MacEwan University*

Background: Sexual and physical intimate partner violence (IPV) is estimated to affect 27% of women worldwide (Sardinha et al., 2022). Literature on emotional or psychological IPV, and other populations, such as men or 2SLGBTQ+ populations, is scarcely available. Eating disorders (EDs) are serious psychological health conditions involving distorted cognitions and behaviours in relation to food intake. Several gaps in the knowledge of EDs and dating have led to little known pertaining to global ED prevalence and that figure's relation to those who are in a relationship, including those exposed to IPV. As well as, how individuals with EDs use mobile dating applications (apps), such as Tinder or Grindr, which provide users with image-based means of meeting romantic partners. The unprecedented ways of experiencing, and coping with, IPV of individuals with EDs on these platforms should be further examined due to the alternative motivations for using dating apps (Tran et al., 2019).

Rationale: Given the limited literature on this topic, we sought to analyze if IPV may moderate the relationship between EDs and dating. The paper proposes a framework for EDs and dating, in which IPV may moderate the relationship between dating to EDs and also independently affect the development and continuation of EDs.

Methodology: The article extracted literature from the EBSCOHost database. The initial search for EDs and partner, resulted in 256 hits, and was too broad of a search. This led to two other searches, which were EDs and intimate partner violence - 63 hits, as well as, eating disorders and dating - 52 hits. Out of the original 115 articles, only 21 studies were included in this review as they established the directional link between IPV, dating, and/or EDs within an adult sample.

Findings and Future Direction: The limited articles discovered substantiated our lack of knowledge regarding IPV, dating, and EDs. Our model posits IPV moderates dating to EDs, as being in a relationship with an ED is associated with increased partner violence (Gon.alves., 2022). Furthermore, factors such as desires to stay with a violent partner due to fear of loneliness (Mome.e et al., 2022) or emotional dysregulation (Blake et al., 2022; Kimber et al., 2017) associated with EDs may result in heightened IPV exposure. This led to a bidirectional association (Mome.e et al., 2022) between ED and IPV suggesting that either may precede, and

maintain, the other's occurrence. Given this, the following questions arose: How does dating impact EDs? How does IPV moderate the relationship between dating to EDs? How strong is the impact between IPV and EDs? The literature further highlighted those who use dating apps are more likely to engage in unhealthy weight control behaviours (Tran et al., 2019; Blake et al., 2022). However, this still does not bode our understanding of EDs and IPV in the context of today's dating culture well. All this may justify how dating app use can worsen or maintain an ED based on modulated negative affect and behaviours both preceding or following an experience of IPV.

Conflict of Interest: Not applicable

This article is meant to analyze the correlation (if such is present) between dating apps to EDs with regard to IPV. We provided an updated model for the directional link between IPV, dating, and/or EDs. We sought to determine whether our model was feasible in adult populations besides women, including men and 2SLGBTQ+ populations. For references please contact the contributing author.



2. Using the COPM to assess progress towards "a life worth living" in an ED Day Treatment Program

Presenter: Rachel Johnson - *BC Children's Hospital Eating Disorders Program*

Co-authors: Julia Pearce - *BC Children's Hospital Eating Disorders Day Treatment Program*

Background: It is well understood that eating disorders impact participation in a variety of roles and activities, or occupations. Recovery requires more than normalizing nutritional intake; it also requires rebuilding one's life, often repairing and/or rebuilding relationships, and resuming engagement in valued productive and leisure activities.

Rationale: The Eating Disorders Day Treatment Program (DTP) at BC Children's Hospital launched in April 2023, and is a DBT-based program with a mission to teach youth skills to support them in building "a life worth living." Youth who attend the DTP commit to between 6 to 12 weeks in program, during which they learn DBT skills related to mindfulness, distress tolerance, emotion regulation, interpersonal effectiveness, and "walking the middle path," as well as receiving support with nutritional completion and engaging in leisure activities. The purpose of this research is to assess youth's perceived progress towards their identified occupational goals, and satisfaction with their functional participation through attending the DTP, as an indicator of how well DTP is supporting youth to build "a life worth living."

Design/Method: The Canadian Occupational Performance Measure (COPM) is an evidence based outcome measure designed to capture a person's self-perceived performance across their occupations, and satisfaction with their performance, over time. We are using the COPM to assess the DTP's effectiveness in supporting youth's engagement in their identified occupational goals. All youth who attend DTP are invited to participate. The COPM is administered upon starting DTP, and again before completion of youth's time in program to assess progress towards occupational goals.

Results/Discussion: As of January 2024, we have admission and discharge data for 8/10 youth recruited between 2023-24. Results gathered will be shared at the time of presentation. We continue to recruit participants as youth enter the DTP. Significant improvements are noted in ratings of performance and satisfaction with youth-identified functional goals on the COPM. Results indicate that a DBT-based day program for eating disorders is effective in supporting adolescents' return to meaningful life activities, supporting their pursuit of a life worth living. This presentation will provide a brief overview of the BC Children's ED DTP, the purpose of the COPM within the DTP, and changes observed in COPM scores across DTP participation.

Conflict of Interest: The authors both work in the DTP in which the COPM is administered. No current funding to declare; will update at time of presentation if applicable.

Learning Objectives: Explore effectiveness of ED DTP in supporting adolescents' occupational participation. Explore themes noted in functional goals identified by youth attending ED DTP.



3. Caregiver Grief and Loss During Eating Disorder Treatment

Presenters: *Jadine Cairns- BC Children's Hospital Eating Disorder Program, Tamara Ukwu- BC Children's Hospital*

Background: This paper explores the grief experience of parents of children with eating disorders during the treatment phase as it relates to parental health, well-being, parent-child relationship, and emotional connection between parents and children. Eating disorders has a broader effect beyond the child affected, impacting families, particularly parents who serve as the principal caregivers. Families often bear the burden of providing emotional, psycho-social, financial, and mental health challenges that arise from their family member's condition. Some of the factors reported through case studies and in literature[1] that impact caregiver burden include parental emotional distress, age of the patient, age of onset of eating disorder, its complexity, and duration. Eating disorders are associated with a significant degree of impairments in terms of psychological distress and hardship, as well as disruptions in

occupational and social functioning. Eating culture in the family usually gets decimated when dealing with an eating disorder. Families are often “stuck” in isolation, unable to attend social events and family gatherings, have community meals, eat in restaurants, or eat on vacations. The joy of eating together is severely compromised. Eating-disordered youth often reject traditional cuisine and home cooking. Lastly, relapse and chronicity are often seen in eating disorders, carrying a risk of persistent long-term illness, recovery, and, sometimes, death.

Rationale: There has been very little written specifically about the grief and loss of caregivers during eating disorder treatment. Signs of grief appears in the form of persistent thoughts and emotions, avoidance of caring and self-caring behaviors, and difficulties in adjusting to and experiencing grief from reminders of the disease. Increased parental grief was correlated with reduced psychological wellbeing and health status, parental support system, and parent-child interaction.

Design/ Method: A case series of three families is reviewed and presented to highlight the grief and loss experienced by parents.

Results/ Discussion: Major evidence-based therapeutic programs for eating disorders, such as Family-Based Therapy, Multi-Family Therapy, and even Emotion-Focused Therapy, do not precisely deal with the loss and grief framework[2]. The burden and sacrifice for caregivers are extreme, especially for families doing research-based standardized eating disorder therapies utilize parents as a key conduit of recovery. Parents need a specific grief-oriented component to resolve parental grief [3][4]. Options for identifying and mitigating grief and loss, as well as supporting and validating caregivers, are highlighted. Concrete strategies which may help decrease the suffering of caregivers such as radical acceptance, reframing, and dialectic thinking are discussed in this paper.

Conflict of Interest: None

Learning Objectives: 1. To identify key components of grief and loss for caregivers as they support an eating disordered individual. 2. To be able to list at least 2 goals of treatment to minimize caregiver grief and loss.

Track III

11:25 - 11:55, Performance Theatre



1. Examining Personality Dimensions in Individuals with anorexia Nervosa: Role of clinical status and eating disorder phenotype

Presenter: Meagan Harvison- *McGill University*

Co-authors: Linda Booij- *McGill University*, Howard Steigher- *Douglas University Institute*

Background: Anorexia Nervosa (AN) has often been associated with personality dimensions such as anxiousness and impulsivity. However, less is known about the extent to which certain characteristics are persistent traits or illness sequelae seen only in the actively ill state. Furthermore, it is not known to what extent personality dimensions in AN are diagnosis-specific.

Rationale/Purpose: In order to better understand trait vs. state features, we compared DAPP scores across three groups: Women who were actively ill with AN, those who had been in remission from AN for at least one year, and healthy women who never had an eating disorder (NED). To better understand the extent to which personality dimensions in AN are eating disorder (ED) diagnosis-specific, we compared DAPP scores across people with AN-restrictive subtype (AN-R), AN binge/purge subtype (AN-BP) or Bulimia Nervosa (BN).

Design/method: Data on personality dimensions, as assessed with the Dimensional Assessment of Personality Pathology – Basic Questionnaire (DAPP-BQ) were available in 733 women, including 432 (190 AN, 242 BN) receiving treatment at the Eating Disorders Continuum of the Douglas Mental Health University Institute, 55 women who had been remitted from AN and weight-restored for at least one year, and in 246 women who had never had an ED. Multivariate General Linear Models were used to compare group differences on the DAPP-BQ subscales, followed by post-hoc group comparisons with Bonferroni corrections.

Results/discussion: Groups (AN active, AN remitted, BN, NED) were similar in age (overall mean: 25.51 years, SD=7.0). All DAPP-BQ subscales showed excellent psychometric properties (Cronbach's alpha > .89). Results indicated that women with active AN had higher scores on affective instability, compulsivity, restricted expression, anxiousness, social avoidance, self harm, and insecure attachment, compared to women who never had an eating disorder ($p < .001$). Scores from the AN-remitted group were in an intermediate position ($p < .03$), except for compulsivity, where scores for the AN-remitted and NED groups were similar ($p = .15$). Furthermore, patients with the AN-R subtype scored lower on affective instability ($p < .01$), stimulus seeking ($p < .03$) and self-harm ($p < .01$), and higher on compulsivity ($p < .03$), relative to actively ill women with AN-BP and to those with BN. Notably, patients with AN-BP differed

from patients with BN only on compulsivity ($p=.02$). Our findings suggest that women with active AN differ along some personality dimensions from women remitted from AN and from those who never had an eating disorder. Whereas the intensity of certain personality characteristics observed in women with AN might change upon remission, some personality dimensions seem to be traits persisting during remission. Our findings are also consistent with greater emotional dysregulation in ED bulimic variants and greater compulsivity in the restrictive ones. Additionally, our analyses, contrasting active and remitted patients, as well as those comparing AN-BP with BN, suggest that heightened compulsivity typically seen in AN might be linked to malnutrition. Conversely, personality dimensions typically associated with bulimic variants might be independent of nutritional status. Overall, our findings suggest that personality dimensions might underlie some of the heterogeneity in the clinical presentation of AN.

Conflict of Interest: Not applicable

Learning Objectives: Understand the association between personality dimensions and eating disorders. Learn about the relation between personality traits, such as anxiousness, compulsivity, or self-harm, and eating-disorder diagnoses. Differentiate between trait and state features in individuals with anorexia nervosa. Learn how to distinguish between traits and features that are persistent over time (remission state) and those that are specific to the actively ill state. Examine the diagnostic specificity of personality dimensions in eating disorders. Learn about whether personality dimensions are specific to the eating disorder diagnosis/subtype or if they share similarities with other eating disorders.



2. Social Media Interventions for Diet-Related Content: Nutrition Education and Self-Compassion TikTok Videos

Presenter: *Bethany Nightingale - Toronto Metropolitan University*

Co-authors: *Stephanie Cassin - Toronto Metropolitan University*

Background: Negative body image is so prevalent among women in Western culture that it has been termed “normative discontent.” Negative body image has a detrimental impact on women’s mental health. Specifically, it is associated with anxiety, eating disorders, and reduced self-esteem. Western media, including television, magazines, and social media have been found to impact women’s body dissatisfaction via comparison of one’s own body size to the ideal portrayed in the media images. As social media has risen in popularity, so has food- and diet related online content. Platforms such as Youtube, Instagram, and TikTok feature content creators who record themselves dieting by posting ‘what I eat in a day’ videos. Research into the effects of these types of eating- and diet-related media content is sparse, though our recent research found “what I eat in a day” TikTok videos to have adverse effects on undergraduate women’s body satisfaction (Nightingale & Cassin, unpublished data).

Rationale/Purpose: The present study aims to replicate our previous finding of the deleterious effects of diet-related social media exposure on women’s body dissatisfaction, and to extend this research by examining whether nutritional information and selfcompassion may help to mitigate the detrimental effects of dieting videos.

Design/Method: The study has received approval from the institutional Research Ethics Board. Undergraduate women (anticipated N = 250) are shown a series of “what I eat in a day” videos. Participants are then randomized to watch: 1) a dietician’s “nutrition education” reaction to several “what I eat in a day” TikTok videos, 2) TikTok videos encouraging self-compassion, or 3) interior design control TikTok videos. Data analysis will examine differences in body image, intent to diet, self-compassion, and thin- and fitideal internalization between video types and changes over time to determine whether nutrition education or self-compassionate social media may be helpful in mitigating the harmful effects of diet-related videos on women’s body satisfaction. We hypothesize that all participants will experience a decrease in body dissatisfaction after watching the “what I eat in a day” TikTok video. Further, we hypothesize that individuals in the nutrition education and self-compassion video groups will experience an increase in body satisfaction by the end of the study.

Results/Discussion: This study is currently in the data collection phase. The results have broad implications for Canadian women who use social media and are therefore regularly presented with food- and diet-related social media content. If hypotheses are supported, women can be equipped to combat body dissatisfaction from such videos by having greater exposure to nutrition education and self-compassion media content. The results may also have implications for future research in eating disorder treatment, as individuals with eating disorders may have unique reactions to diet-related social media.

Conflict of Interests: The authors declare no conflicts of interest. The first author has received a CGS-D scholarship.

Learning Objectives: Increase awareness of the effects of diet-related messaging on social media apps. Provide knowledge about possible ways in which social media itself can be used to mitigate body dissatisfaction in the face of diet messaging. Use this study to spark contemplation of nutrition education and self-compassion as body image interventions more generally.



[3. The Prevalence of Exercise in Eating Disorders: A Systematic Review and Meta-Analysis](#)

Presenter: Connor Campbell - *Mount Royal University*

Co-authors: Alexander Greig - *Mount Royal University*, Jessica Griffiths - *Mount Royal University*, Devon Hashman - *Mount Royal University*,

Thomas Sottile - Mount Royal University, Gina Dimitropoulos – Mathison Centre for Mental Health Research & Education, Hotchkiss Brain Institute, Cumming School of Medicine, University of Calgary, Daniel Devoe - Mount Royal University

Background: Individuals with eating disorders (EDs) may present with maladaptive behaviours such as excessive exercise (EE). The dangers of EE include physical injuries, increased risk of anxiety and depression, impaired social functioning, and decreased BMI. However, despite a growing body of evidence, no systematic reviews have been conducted on the prevalence of EE in individuals with EDs.

Rationale/Purpose: This systematic review and meta-analysis aimed to: (1) assess the current and lifetime prevalence of EE in those diagnosed with an ED, and (2) assess the prevalence of EE by ED type (i.e., AN, BN, BED).

Design/Method: This systematic review and meta-analysis was registered a priori with the PROSPERO review registry and a review protocol was made available on Open Science Framework. A comprehensive electronic database search of the peer-reviewed literature was conducted in the following online databases: MEDLINE, PsycINFO, Embase, CINAHL, ERIC, and SCOPUS from inception to November 2023. Review eligibility was restricted to research studies reporting prevalence data for EE in individuals diagnosed with EDs (i.e., ICD and DSM). Both study screening (i.e., abstract and full text) and data extraction was completed in duplication by blinded reviewers. A series of random-effects meta-analyses were performed on eligible studies to estimate pooled proportions and 95% confidence intervals (CIs) on both current prevalence (e.g., assessed during intake) and lifetime prevalence data.

Results: Fifty-six studies met the inclusion criteria for this systematic review, including 21,489 individuals with EDs (mean age: 22.34 years; 95% female). Random-effects pooled estimates demonstrated that the overall current prevalence of EE in all EDs was 48% (k=50; CIs: 0.44-0.51). Current prevalence of EE was highest in AN [(AN=48%: AN-R (40%) versus AN-BP (38%)], followed by BN (45%), EDNOS (38%), and BED (11%). AN, BN, and EDNOS individuals had significantly higher EE than BED patients at intake. The overall lifetime prevalence of EE in those with EDs was 63% (k=9; CIs: 0.52-0.73). Lifetime prevalence was highest in AN (72%), followed by BN (57%), and EDNOS (21%). Individuals with a diagnosis of AN and BN had significantly higher EE over their lifetime than EDNOS.

Discussion: Nearly half of individuals with an ED engage in EE. Both current and lifetime prevalence data strongly suggests that clinical screening and longitudinal monitoring of EE in those with EDs is warranted. Identification of EE should be integrated into screening practices and treatment in ED clinics. Future research into early intervention and treatment for EE in those with EDs is recommended.

Conflict of Interest: Not applicable.

Learning Objectives: 1) Obtain up-to-date knowledge on the prevalence of excessive exercise in eating disorders. 2) Understand the difference of excessive exercise prevalence in eating disorder types and subtypes.

Track IV

11:25 – 11:55, 2306/9



1. An Eating Disorder Toolkit: Supporting Management in the Primary Care Setting

Presenter: Jen Mooney - *BC Children's Hospital*

Co-authors: Mary Lamoureux - *Kelowna Eating Disorders Program, Interior Health*, Pei-Yoong Lam - *Provincial Specialized Eating Disorders Program, BC Children's Hospital*

Background: Throughout the COVID 19 pandemic, physicians across Canada began to see a 'shadow pandemic' unfold as new diagnoses of eating disorders (ED) and hospitalization for medically unstable EDs increased exponentially. As rates remain high, primary care providers (PCP) play a more crucial role in improving prognosis through early recognition, assessment, diagnosis, and facilitating connection to specialized care. Resource limitations have also meant that more patients need to be managed by PCP or in a shared-care model with specialty ED services. Unfortunately, most PCPs do not receive significant training in EDs and may not feel comfortable providing evidence-based care to these complex patients.

Purpose: This project was created as a knowledge mobilization resource to provide evidence informed standards of practice, education, and support for PCPs caring for adult or pediatric patients with EDs. Create Standards of Practice for PCPs that is easily readable, evidence-informed, and includes education on EDs. Clarify the role of PCPs in working with, monitoring, and managing EDs in a shared care model, while emphasize the importance of early recognition and connection to care for improved prognosis and decreased morbidity Highlight unique considerations for specific populations

Design/Method: The first edition of the ED Toolkit was reviewed and based on feedback sought and provided by key partners including PCPs already using the Toolkit, areas of improvement were identified. These included formatting to improve accessibility in the primary care setting, updating the guidelines, and including unique considerations for specific populations. A literature review of current guidelines and practices internationally was completed. Experienced pediatric and adult ED specialists reviewed the material to ensure it was appropriate for clinical practice. Key partners contacted for feedback and collaboration included the Provincial ED Steering Committee, Provincial ED Pathway Project Committee, UBC Continuing Professional Development, and Primary Care physicians. This ensured the resource was meeting PCPs identified needs and was usable in the primary care setting. Edits were made to reflect the feedback received. Finally, the resource was reviewed to ensure alignment with the upcoming Provincial ED Pathway Project.

Results/Discussion: The Eating Disorder Toolkit 2023: Standards of Practice in the Primary Care Setting is now available and has been distributed widely across British Columbia. In addition, Kelty Mental Health and Compass, leading resource hubs in the province, host the live

document on their sites. Finally, the toolkit is also provided to any health providers upon request to their regional ED clinic.

While we have not formally studied the outcome of this resources, anecdotal reports via email and verbal feedback from nurse practitioners, pediatricians, and ED specialists across the province has been positive. EDs are complex illnesses associated with significant medical and psychiatric complications. It is hoped that this resource will support PCPs in managing ED patients in British Columbia and there may be a potential scope for use across Canada with adaptations to local guidelines and resources.

Conflict of Interest: When a hard copy is requested, the printing is completed through Royal Printers.

Learning Objectives: 1. Identify reasons why primary care providers may benefit from increased support in managing eating disorders. 2. Highlight important aspects of care to include in an eating disorder support tool for primary care providers



2. Development of the BC Eating Disorders Research Excellence Cluster: Lessons about Knowledge Translation and Research Collaborations

Presenter: Audrey Tung - BC Children's Hospital

Co-authors: Sharon Hou – University of British Columbia, Josie Geller – Provincial Adult Tertiary Specialized Eating Disorders Program, Jennifer Coelho – BC Children's Hospital

Background: Eating disorders require coordinated and multidisciplinary responses that transcend existing knowledge siloes, both between disciplines and between researchers and knowledge users. In order to mobilize research knowledge to diverse practitioners across BC, and catalyze opportunities for new collaborations, we have developed an Eating Disorders Research Cluster funded by the UBC Office of the Vice-President, Research and Innovation (VPRI).

Rationale/Purpose: In this lightning talk, I will describe initiatives and steps we have taken to develop a research cluster with diverse representatives, and will discuss lessons learned about strategies for facilitating knowledge exchange among researchers and practitioners working in the field of eating disorders.

Design: The UBC VPRI cluster funds have been used to support in-person and online knowledge exchange opportunities, such as a hybrid Community of Practice event; responding to national and international funding opportunities; and knowledge translation resources including the development of infographics and a cluster website.

This presentation will cover the following:

Strategies we have utilized to grow the cluster

The reach of the cluster

Tools and avenues we have used for knowledge translation activities

Challenges, considerations, and further opportunities in knowledge translation work

Discussion: This presentation will highlight the significance of partnerships, dialogue, and knowledge exchange across disciplines, institutions, and geography in the field of eating disorders.

Conflict of Interest: None

Funding: UBC Office of the Vice-President Research + Innovation (Research Excellence Cluster)

Learning Objectives:

- Understand the process and benefits of developing a research cluster
- Be introduced to knowledge translation tools, platforms, and strategies
- Describe strategies for engaging in knowledge translation in the field of eating disorders



[3. The Prevalence of Non Suicidal Self-Injury in Eating Disorders: A Systematic Review and Meta-Analysis](#)

Presenter: *Katilin Berlinguette - Mount Royal University*

Co-authors: *Tia McNeil - Mount Royal University, Aliya Jomha - Mount Royal University, Conor Campbell - Mount Royal University, Zakari Mulrooney - Mount Royal University, Gina Dimitropoulos – Mathison Centre for Mental Health Research & Education, Hotchkiss Brain Institute, Cumming School of Medicine, University of Calgary, Daniel Devoe - Mount Royal University*

Background: Individuals diagnosed with eating disorders (EDs) are at a heightened risk of non-suicidal self-injury (NSSI). The current literature suggests that individuals with bulimia nervosa (BN) and binge-eating disorder (BED) report the highest prevalence of NSSI. However, there is no systematic review and meta-analysis of the existing literature examining NSSI in EDs.

Rationale/Purpose: This systematic review and meta-analysis aims to: (1) Identify the current and lifetime prevalence of NSSI in EDs and (2) assess the prevalence of NSSI by ED subtypes (e.g., AN-R versus AN-BP).

Design/Method: A protocol of this systematic review and meta-analysis was made available on Open Science Framework and registered through the PROSPERO review registry. Without restricting location, date, or language, a thorough search of the literature was conducted in the following online databases: PsycINFO, MEDLINE, Embase, and CINAHL from inception to November 2023. Study eligibility was restricted to research studies reporting prevalence for

NSSI in individuals diagnosed with Eds (i.e., ICD and DSM). Abstract and full text screening along with data extraction was blindly conducted in duplicate by multiple reviewers. A series of random-effects meta-analyses were performed on eligible studies to estimate pooled proportions and 95% confidence intervals (CIs) on both current prevalence (e.g., assessed at intake) and lifetime prevalence data.

Results: A total of 103 studies were included in this systematic review and meta-analysis, including 84,436 individuals diagnosed with EDs (mean age: 22.76 years; 95% female). A random-effects pooled estimate demonstrated that the overall lifetime prevalence of NSSI in all EDs was 34% (k=68; CIs: 0.17-0.28). Lifetime prevalence of NSSI was highest in BN [(BN=39%, BN-NP (25%) versus BN-P (41%)], followed by OSFED (34%), AN (23%), and BED (19%). Statistically significant comparisons on lifetime prevalence were found between AN versus BN, and AN and BN subtypes (AN-R versus AN-BP and BN-P versus BN-NP). The overall current prevalence of NSSI in those with EDs was 33% (k=35; CIs: 0.05-0.26). Current prevalence was highest in AN [(AN=47%, AN-R (45%) and AN-BP (53%)], BED (33%), and BN (28%).

Discussion: Seven out of thirty people with EDs will engage in NSSI behaviors. NSSI is considerably worse in AN and BN binge/purge subtypes with nearly half of these individuals engaging in these behaviors. This meta-analysis highlights the importance of clinical screening for NSSI and the integration of tailored treatments to reduce and ameliorate self-injurious behaviours of those affected by eating disorders.

Conflict of Interest: Not applicable

Learning Objectives: Participants will learn the current and lifetime prevalence for non suicidal self-injury in eating disorders. Participants will learn about NSSI behaviours in different types of eating disorders.

Paper Session II

Theme: Systems of Care 13:00-14:30, Great Hall B



1. Mixed Methods Evaluation of a Novel Community-Hospital Partnership for Eating Disorder Care

Presenter: Juliet Tan – *KK Women's and Children's Hospital*

Co-authors: Courtney Davis – *KK Women's and Children's Hospital*, Elaine Chu Shan Chew – *KK Women's and Children's Hospital*, Jamie Yong Qi Lim - *Lee Kong Chian School of Medicine*, Hui Xin Oh - *Lee Kong Chian School of Medicine*, Khairunisa Bite Khaider – *KK Women's and Children's Hospital* - Binte Mohamed, Nurul Syukrina – *KK Women's and Children's Hospital*

Background: Given the high level of illness complexity as well as the need for multidisciplinary treatment, eating disorder (ED) treatment has been traditionally centralized in tertiary hospitals. In the context of rising youth with ED post-COVID-19, we trialed a new model of hospital-community partnership to establish a support program for caregivers of youth with ED. Caregivers of youth with ED experience high levels of caregiver burden and decreased quality of life. Higher levels of caregiving stress may be associated with certain caregiver characteristics including a role as a primary caregiver, caregiver anxiety and a history of adolescent mental health issues for the affected child. Furthermore, some evidence suggests that caregiver characteristics and stress may influence patient outcomes. Thus, it is essential to develop effective programs to support the caregivers of youth with ED.

Rationale/Purpose: The mixed method study aims to demonstrate the acceptability and efficacy of the support program for caregivers of adolescents with ED receiving care at KKH. Moreover, the caregivers' experience of both caring for their child as well as the program was explored using qualitative interviews.

Design/Methods:

Adaptation: The support group materials were based on an existing caregiver support mental health curriculum. Thirty percent of the materials were adapted for EDs with input from the KKH multidisciplinary ED team and the community organizations. Qualitative interviews were completed with stakeholders including parents to inform program design. ED specific training was provided by KKH for the community organization's staff facilitators.

Intervention: The support group consisted of thirteen online sessions with didactic lessons, facilitated support, and sharing from recovered patients. The program was facilitated by community organization staff with experience these support groups. A retired ED specialist nurse from KKH helped facilitate the first runs of the program.

Evaluation: Survey data was collected at baseline and three to six months post completion. Surveys included baseline demographics, the Parents versus Anorexia scale, and the Warwick Edinburg Mental well-being scale (MWBS) and analysed using standard methods. Qualitative interviews were conducted with participants and stakeholders and explored the potential impact of program participation and were analysed using thematic analysis.

Results/Discussion: Seventeen caregivers were recruited into the study. Acceptability ratings (n=13) were high with 92% rating the quality of the program as good or excellent and 100% who would definitely or probably refer a friend. There were no significant changes in the PVA or MWBS post-participation. Thematic analysis revealed emotional regulation, communication skills, and self-efficacy as key themes related to increased caregiver capacity. Improved social support, self-care, and decreased isolation were identified as key themes related to caregiver well-being.

Conclusions: This project has shown that community-hospital partnerships are an effective strategy to provide support for caregivers of adolescents with ED. The program showed good acceptability and qualitative results demonstrated a deep impact of the program on participants. Successful partnerships require appropriate training, support, and ongoing communication. To date, this program has become an established offering of the community organization and has served 134 caregivers over 3 years.

Conflict of Interest: Nil

Learning Objective: 1. Learners will be able to identify factors that enable successful hospital-community partnerships. 2. Learners will be able to describe how qualitative interviews with stakeholders can be used to inform program adaptation.



[2. Development & Implementation of a BC Child and Youth Eating Disorders Clinical Care Pathway](#)

Presenters: [Tara Tandan MD FRCP](#) – BC Children’s Hospital, [Katie Mitchell MD, FRCP, MPA Adolescent Medicine](#) – Sea to Sky Community Services Society

Objectives: Review the co-design process of the creation of a Clinical Care Pathway for Child and Youth Eating Disorders, including benefits and challenges. Demonstrate how the Care

Pathway is built to improve shared care provision, systems navigation, and to better facilitate an EDI informed care experience

Background: Since the onset of the COVID-19 pandemic, a shadow pandemic of new onset eating disorders in children and youth has emerged. Worldwide statistics are showing that eating disorders incidence in both children and adults have increased, and many individuals have experienced deterioration. This has resulted in significant pressure upon what was an already strained care provision system.

Rationale/Purpose: Within the context of children & youth in BC, Primary Care Providers (PCPs) and Pediatricians are increasingly being called upon to co-manage this influx of patients, yet within both disciplines there is significant variability in training experience and comfort in treating patients with eating disorders.

Design/Method: To address this gap, this project engaged PCPs, Pediatricians/Specialist Physicians, Allied Health providers, community stakeholders, and patients/families with lived experience to co-design the pathway. This included quarterly Advisory Group Meetings – one with clinicians and the other with patients and families, to regularly discuss the development of the pathway. Efforts were also made to connect with stakeholders across the province (including Ministry representatives) as well as EDI experts, to ensure the pathway was designed with principles of equity at the forefront. This pathway was designed to function as a clinical decision-making tool with embedded, locally tailored resources, links, tools and referral information, empowering providers to more confidently navigate the care of children and youth with eating disorders. This pathway will be hosted on two platforms: “Pathways BC” and “Compass BC”. Pathways BC is an online resource that provides physicians quick access to current and accurate referral information, as well as access to hundreds of patient and clinician resources, community service and allied health information that is categorized and searchable. “Compass BC” is a province-wide service inclusive of both web-based resources and options for specific case conferencing support, available to providers, with the goal of supporting evidence-based care for all BC children and youth (up to age 25) living with mental health and substance use concerns.

Results/Discussion: The goal of this initiative is to increase care provider (PCPs, Specialists and Allied Health) familiarity and confidence in caring for this patient population, leading to improved health provider coordination and communication, as well as improved patient flow and transitions between PCPs and Specialists in various clinical settings. Enhanced systems and easy access to up-to-date tools and resources will ultimately support providers in feeling more connected, knowledgeable, confident and skilled in navigating pediatric eating disorders care. Conflict of Interest: This project is jointly funded through Doctors of BC Shared Care Funding, JCC HSR Funding, and MASES.

Learning Objective: Review the co-design process of the creation of a Clinical Care Pathway for Child and Youth Eating Disorders, including benefits and challenges Demonstrate how the Care

Pathway is built to improve shared care provision, systems navigation, and to better facilitate an EDI informed care experience.



3. Integration of Registered Dietitian Services within a Lead Child and Youth Mental Health Organization

Presenters: Kate Ronnebeck – *FIREFLY*, Zoé Campbell – *FIREFLY*

Background: Quality eating disorder care for children, youth, and families has been historically difficult to access locally in the Kenora and Rainy River Districts of Northwestern Ontario. Specialized client services, as well as clinician training and consultation, have been supported by partnerships outside of the region. FIREFLY, the lead child and youth mental health agency for the district, is well-suited for providing eating disorder-related services.

Rationale: During the pandemic, disordered eating and eating disorder concerns significantly increased both locally and provincially. FIREFLY recognized the need to integrate a Registered Dietitian (RD) within its team to offer specialized eating disorder services closer to home. FIREFLY has set out to provide access to quality eating disorder care for children, youth, and families within their home region. We would like to share how we established the need for RD services and our approach for integrating RD services within the Child and Youth Mental Health team. We also plan to discuss our successes, the gaps addressed, and ongoing needs related to the RD position and eating disorder services within the agency.

Design / Method: The RD works on both the Child and Youth Developmental Services (CYDS) team as well as the Child and Youth Mental Health (CYMH) team to provide a continuum of specialized care, from complex feeding and swallowing to eating disorder services. RD services have been integrated through a stepped care model. We have used observations, critical self-reflection, and document reviews to evaluate the integration of RD services within our services.

Discussion: RDs do much more than recommend or develop diets. RDs are highly skilled regulated health professionals, knowledgeable about nutrition, food and eating.¹ RDs are specifically trained to work as part of a multidisciplinary team and can be an integral part of taking a holistic approach. RDs can be a unique bridge. By having the RD work with both the CYDS team and the CYMH team, previous gaps in service can be filled as disorders that typically require both fields can be served in an integrated manner. Many RDs are also well-versed at working in medical settings and can be a valuable bridge between the medical and mental health settings. If you plan to integrate RD services, consider these following points: RDs should be well-versed in neurodiversity affirming practices, gender affirming approaches, food-neutral

approaches, and familybased care approaches. Incorporate shadowing opportunities for an RD who is joining your team; it is helpful to have a robust understanding of the roles of the other team members. Encourage the RD to reach out to other RDs in similar roles. Encourage and support continuing education and professional development opportunities. Support the RD in learning about varying documentation styles and requirements. Include a mental health clinician who is eating disorder-informed in your team. The Centre for Addiction and Mental Health (CAMH) (2023). The Role of Dietitians at CAMH. Retrieved from: <https://www.camh.ca/en/camh-news-and-stories/the-role-of-dietitians-at-camh>

Conflict of Interest: Not applicable

Learning Objectives: 1. To share how we established the need for RD services and our approach for integrating RD services within the Child and Youth Mental Health team. 2. To discuss our successes, the gaps addressed, and ongoing needs related to the RD position and eating disorder services within the agency.



4. Improving Interprofessional Collaboration During Admissions for Patients with Eating Disorders to an Acute Pediatric Medicine Unit

Presenter: Sara Jassemi- *BC Children's Hospital*

Co-authors: Mark Ramsey- *BC Children's Hospital*, Flavia Mandic- *BC Children's Hospital*, Rebecca Euverman- *Quality Improvement, Provincial Health Services Authority*, Shakira Fulton Mclean – *BC Children's Hospital, Department of Pediatrics, Division of Adolescent Health and Medicine*, Darci Rosalie- *BC Children's Hospital*, Aidan Scott- *Patient Experience Office, BC Children's Hospital*

Background: Canadian hospitals saw an over 50% increase in hospitalizations for adolescents with eating disorders, who have both complex mental health and acute medical needs. However, systemic divisions between medical and psychiatric disciplines (such as the physical environment and silos in training) create gaps in communication that can lead to safety events for patients and moral distress for clinicians.

Rationale/Purpose: Our quality improvement project aimed to improve our interprofessional collaboration during admissions for patients with eating disorders in our acute pediatric medicine unit, as measured by the Collaboration and Satisfaction About Case Decision Scale (CSACD), by 25% over a 2-year study period.

Design/Method: A multidisciplinary team undertook an environmental scan of our unit. We audited admission data; reviewed patient safety reports; held focus groups of key stakeholders, including patient partners; and conducted an in-depth chart review of long admissions (>21

days). We identified that communication, decision-making processes, and culture were the three main drivers to improvement in collaboration. For example, if we improve communication amongst our large interdisciplinary group, we could develop a shared mental model of our goals for admission and work towards this more collaboratively. As a result, we developed several interventions including: mental health quality huddles, family-centered rounds, updated guidelines, mentorship for nurses, new nursing and family resources, and admission packages for patients. We measured the impact of our changes through several Plan Do-Study-Act cycles. We collected pre- and post-intervention measures of collaboration satisfaction, psychological self-efficacy, burnout, and moral distress using validated screening tools from attending physicians, resident physicians, bedside nurses, nursing leadership, operations, and other interdisciplinary staff on our unit. We employed several sampling methods including: convenience sampling (ex: flyers on the unit; shift coverage of nurses working with patients admitted with eating disorders), and purposive sampling (ex: sending email reminders at the end of an onservice week for physicians). Quality improvement projects are exempt from Research Ethics Board approval.

Results/Discussion: Our pre-intervention average CSACD scale score was 32.5/49. Bedside nurses rated their satisfaction with collaborative decision making as lower (30.2/49) compared with attending physicians (35.8/49). At the end of our study period, our post-intervention average CSACD increased by 10% to 35.6/49. A potential contributing factor is that our sample population changes over time with new hires and turnovers in many disciplines, including nursing and resident physicians. Despite this, the gap between nursing and physician scores decreased by nearly 40% in our post-intervention data. Improvement in interprofessional collaboration takes time and is a multi-pronged approach. Patients with eating disorders exhibit both medical and psychiatric complexity, and they benefit from a shared mental model amongst a diverse set of team members with different schedules, perspectives, and backgrounds. Our interventions address this problem through empowerment of our staff and patient partners, such as mentorship and the co-creation of new resources.

Conflict of Interest: Not applicable

Learning Objectives: 1) Discuss key contributors to interdisciplinary collaboration and communication 2) Define and discuss workplace culture 3) Apply a quality improvement approach to improving interdisciplinary collaboration

Theme: Service Delivery Approaches 13:00 – 14:30, Great Hall A



1. Dialectal Behaviour Therapy Skills and Strategies for Non-Therapists: Lessons Learned from Launching a Provincial Day Treatment Program for Youth

Presenters: *Jadine Cairns - BC Children's Hospital Eating Disorders Program, Emilia Henriques - BC Children's Hospital Eating Disorders Program, Rachel Johnson - BC Children's Hospital Eating Disorders Program*

Co-authors: Andrea Wallace - BC Children's Hospital

Day treatment programs have been advocated as an effective level of care for those who would benefit from an intermediary step between outpatients and inpatient care of eating disordered youth[1][2]. Dancyger et. al. described two main types of day treatment programs. One being for younger, restrictive, underweight patients and primarily informed by the family-based treatment model. The other, for patients who are mixed with respect to age and eating disorder presentation. As a provincial tertiary program, our newly launched day treatment program falls into the latter category. It is a DBT-focused program for youth and their caregivers who have not been able to progress with standard outpatient model for ED treatment. The patients are not only restrictive and weight restoration may not be the primary goal. The patient population often include youth with co-morbidities such as suicidality, self harm, Autism, ADHD, OCD among others. The lessons learned from launching this program has shown that non-therapists can also apply the DBT stance, skills and strategies to support the youth improve their trajectory towards a life more worth living for. Members of the multi-disciplinary team (Pediatrician, Nurse, Dietitian and Social Worker) will present on their learning and application of DBT strategies and tools in their everyday work with clients and caregivers. Within the team, we are cognizant and cautious that how we teach, discuss DBT skills are within the scope of practice for the profession. This workshop will describe the program, preliminary outcomes and the effect the DBT stance has on commitment, admission, discharge, medical assessment, nutrition support, meal support, groups and consultation support for the team. Team members will describe what happened when there was a drift from DBT principles and its sequelae. Participants will also practice common DBT skills used during meal support, dysregulation events and challenging family situations.

[1] Baudinet, J. Simic, M. Adolescent eating disorder day programmed treatment models and outcomes: A systematic scoping review. *Frontiers in Psychiatry*. Vol 12: April 29, 2021.

[2] Dancyger, I. et. al. Adolescent eating disorders: An examination of a day treatment program. *Eating and Weight disorders*. Vol 8: July 26, 2013.

Conflict of Interest: None

Learning Objectives: 1. Participants will be able to reflect whether DBT skills can be incorporated into their clinical practice. 2. Participants will describe an practice at least 2 different DBT skills.



2. A randomized controlled trial comparing a novel, virtual, group-based, guided self-help treatment for binge-eating disorder to a standard self-help approach

Presenter: Aaron Keshen - *Nova Scotia Health*

Co-authors: Abraham Nunes - *Nova Scotia Health*, Joel Town - *Nova Scotia Health*, Anatasia Harris - *Nova Scotia Health*

Background: Binge Focused Therapy (BFT) is a novel 3-session, group-based, virtual, guided self-help treatment for binge-eating disorder (BED). Notably, BFT is scripted so it requires minimal training and can be facilitated by non-specialists. The aim of this randomized controlled trial was to compare BFT to a commonly used Cognitive Behavior Therapy (CBT) self-help treatment for BED.

Methods: Individuals 18 years and older with moderate-to-severe BED were randomized to BFT or CBT (N=164). Binge frequency, Eating Disorder Examination-Questionnaire (EDE-Q), Binge Eating Scale (BES) and Clinical Impairment Assessment (CIA) measures were collected at baseline, during treatment (after week 6), post-treatment (after week 10), and 6- and 12-month follow-up.

Results: Mixed model intent-to-treat analysis demonstrated a significant main effect of group on all variables. Pairwise comparisons showed significant between-group differences at weeks 6, 10, and 6-month follow-up with BFT being associated with significantly greater improvements on most measures. At 6-month follow-up, scores were in the non-clinical range (EDE-Q, CIA) or mild range (BES, binge frequency) for the BFT group. At post-treatment, 76.5% completed BFT compared to 22% of the CBT participants.

Discussion: Previous studies have supported the use of self-help based therapies for BED. However, these treatments have been sub-optimally disseminated in clinical settings. BFT is an effective and acceptable intervention that solves common implementation barriers through its innovative format.

Conflict of Interest: Not applicable

Learning Objectives: 1. To briefly learn about the evidence for self-help treatments for BED. 2. To learn about a novel, guided, virtual, group-based self-help treatment for BED that aims to improve accessibility and implementation.



3. Virtual vs. in-person day treatment: comparing outcomes of two treatment modalities for adults with EDs

Presenter: *Lea Thaler - Douglas University Institute*

Co-authors: *Linda Booij - McGill University, Hope Burko - McGill University, Annie St-Hilaire - Douglas University Institute, Chloe Paquin Hodge – Douglas University Institute, Viveca Lee - Douglas University Institute, Stephanie Oliverio – Concordia University, Mimi Israel - Douglas University Institute, Howard Steiger – Douglas University Institute, Nesrine Mesli - McGill University*

Background: Due to the advent of the Covid-19 pandemic, many treatment centers began providing virtual services for patients with eating disorders (EDs). To date, studies indicate that virtual treatment is acceptable, feasible and roughly equivalent to in-person treatment.

Rationale/Purpose: The present study aimed to expand on the current body of evidence by comparing outcomes from a virtual day treatment program held during the pandemic with those of an in-person program held prior to the pandemic in a multidagnostic adult ED sample. The two programs differed not only in form of delivery but also in number of hours a week, with the virtual program being less intensive. **Design/Method:** The study was approved by the REB of the Douglas Mental Health University Institute. The sample consisted of 111 patients who completed at least 60% of the day treatment (n=55 in-person and n=56 virtual). Patients were weighed on a weekly basis and completed self-report questionnaires (EDE-Q, Patient Health Questionnaire-9 (PHQ- 9), Generalized Anxiety Disorder Questionnaire-7 (GAD-7) and Autonomous and Controlled Motivation for Treatment Questionnaire (ACMTQ)) at the start and end of day treatment. The mean participant age was 30.74 years (SD = 9.40) and there was no significant difference between treatment types. The average treatment length was 13.41 weeks (SD = 2.06). Linear mixed models were used to study treatment outcomes, with separate models run for each of the symptom measures.

Results/Discussion: Linear mixed models showed global EDE-Q symptom severity scores to decrease during therapy relative to baseline (AIC= 388.309, F=4.725, p=.032), with no effect for type of treatment (p= .182), nor group x time interactions, indicating that virtual and in-person treatments yielded similar levels of symptom change. There was also an effect of time on depression scores, with scores decreasing significantly over time (AIC = 362.54, F = 4.63, p= .044), and no difference between type of treatment (p=.689). There were no main or interaction effects on the measure of motivation (ACMTQ) nor for anxiety (GAD-7). The effect of treatment on BMI was analyzed only for individuals with an initial BMI less than 20. There was a significant increase in BMI over time in the selected participants (AIC=401.931, F=31.55, p<.001), without a difference associated with in-person or virtual therapy (p =.864). The current findings support the notion that day treatment programs delivered via telehealth can produce positive outcomes in individuals with EDs and support the ongoing use of virtual modalities that can increase access to treatment for many individuals with EDs.

Conflict of Interest: There are no sources of funding nor any conflicts of interest to declare
Learning Objectives: Evaluate the comparable efficacy of a virtual vs. in-person day treatment program on weight gain outcomes for underweight patients. Compare the programs on efficacy in reducing ED and comorbid symptoms such as depression and anxiety.



4. Experiences and Perspectives of Adults with Eating Disorder Symptoms Using a Virtual Recovery Support Program

Presenter: Maria Nicula– *McMaster University*

Co-authors: Jeannine Smith- *Body Brave Trollope*, Dr. Karen Kumar – *Body Brave*, Sonia Kumar- *Body Brave*, Dr. Cynthia Lokker– *McMaster University*, Andrea Krishnapillai– *McMaster University*, Jennifer Couturier– *McMaster University*

Background: The number and severity of eating disorders (EDs) among Canadians significantly increased during the COVID-19 pandemic. In response, requests grew unsustainably for services offered by Body Brave: an Ontario-based charity that provides virtual and accessible ED treatment and support to individuals aged 17+. For this, Body Brave collaborated with CareTeam Technologies to develop the virtual Recovery Support Program (RSP), which includes four components: check-ins, support session videos, peer support services, and written resources.

Rationale: Body Brave is keen to understand how the RSP is meeting user needs. In plus, very little research has focused upon patients' perspectives regarding how low-barrier, stepped care, virtual ED treatment services (such as the RSP) compared to available ED treatments. Therefore, our study employed qualitative research methods to: 1) describe users' experiences with and perspectives of the RSP, and to 2) explore the role of low-barrier, stepped care, virtual ED supports, such as the RSP, along the continuum of available care for Canadians with EDs.

Method: Over a two-month period, 25 individuals who were aged ≥ 18 years, living in Ontario, experiencing ED concerns, and had completed at least one of four RSP components completed a demographics form and a virtual, hour-long, semi-structured interview about their RSP experience. Ethics approval was obtained from the Hamilton Integrated Research Ethics Board.

Results/Conclusion: Participants mostly identified as female (92%), White (84%), with a mean age of 36.8 years ($SD=12.4$; Range=18–62), and a mean ED symptom duration of 17.1 years ($SD=14.0$; Range=2–54). They started using the RSP for various reasons ranging from this being their first time reaching out for help, to needing assistance while transitioning out of other supports. Of the RSP components, 88% had completed check-ins, 68% watched support session videos, 32% engaged with peer support services, and 48% reviewed resources. Users found that

the RSP offered helpful support and education and aided in their recovery. Participants enjoyed using the RSP at their own pace and felt reassured that it came from a trusted, reputable source. However, some program elements were not user-friendly or relevant to users' needs. Although participants agreed the RSP can be appropriate at any point in ED recovery, they identified that the self-directed nature may align better with recovery-motivated users. Individuals earlier in their ED journey or experiencing more severe symptoms may require more intensive support than offered by the RSP. Almost all participants agreed that virtual, low-barrier, stepped care programs such as the RSP fill a much-needed gap in ED services as it is accessible for those who do not meet rigid diagnostic criteria, require interim supports while awaiting or leaving more intensive care, or live in rural areas. Overall, the study offered a deep, diverse understanding of users' RSP experiences and perspectives. These findings can inform future program adaptations and contribute to the growing body of evidence supporting virtual, low barrier, stepped-care programs to help adults with EDs.

Conflict of Interest: This student-led project was funded by the Mitacs Accelerate Program and Mental Health Research Canada. There are no conflicts of interest.

Learning Objectives: 1. To report upon the overall positive perspectives and experiences expressed by a diverse sample of virtual recovery support program users 2. To describe participants' opinions regarding the appropriateness, acceptability, and need for this and similar virtual ED supports 3. To provide user-informed insights and recommendations regarding how this program should be implemented for optimal use and benefit



[5. Co-adapting an early intervention model for eating disorders for integrated community settings \(FREEDcan\): Lessons learned](#)

Presenter: Nicole Obeid - *Children's Hospital of Eastern Ontario*

Co-authors: Andrea LaMarre- *CHEO Research Institute*, Patricia Silva-Roy- *CHEO Research Institute*, Janessa Porter- *CHEO Research Institute*, Karliegh Darnay- *CAMH*, Jo Henderson- *CAMH*

Background: Interest in early intervention (EI) for eating disorders (EDs) is growing given the high prevalence of young people with ED symptoms who would benefit from an early response. The FREED model, developed in the UK, has shown promise for reducing duration of untreated EDs and improving outcomes for young people 16-25 with EDs less than 3 years. The FREED model was developed for specialist ED clinical settings. In this presentation we share lessons learned of the co-adaptation process of the FREED model for integrated community settings in Canada. We highlight the importance of integrating various forms of evidence (research, clinical, and lived experience) to build a flexible, iterative model.

Rationale/Purpose: Much of the existing evidence for ED service delivery and outcomes pertains to specialist services at outpatient, day hospital, and inpatient levels. In this co-

adaptation process, we sought to develop a model of EI service delivery that would be appropriate for integrated health settings (e.g. Integrated Youth Services, primary care, mental health and addictions). Bringing ED treatment and support into this setting represents a novel approach to ED service delivery in Canada—and requires rapid evidence synthesis of the implementation outcomes and continuous improvement to generate the most successful model.

Design/Method: Preliminary work on model build began by a) identifying the core elements of the FREED model including core components and non-negotiables; and b) learning about integrated service delivery models and capacity. Additionally, we reviewed the literature on evidence-based interventions that may be appropriate for service users in a community-based EI pathway. We held several consultation meetings and a full day meeting with a multi-stakeholder advisory group comprised of clinical, youth and family, and community partners, as well as ad-hoc individual and sub-group consultations. We integrated these different forms of expertise (clinical, lived experience, and research) to propose a preliminary FREEDcan model, which we worked through using case examples with our advisory group in two separate meetings, with learnings from the first meeting folded into the second meeting to advance the model.

Results/Discussion: The FREEDcan co-adaptation process yielded several important lessons about integrating EI for EDs into integrated community settings. These include 1) the need to attend to differences in organizational culture among partners; 2) the importance of addressing the inherent tension between the potential benefits of fidelity and adaptation; 3) the need for varied and extensive workforce development; 4) the importance of partnerships; and 5) the value of model iteration following a learning health system approach. We share details of these lessons learned and strategies for mitigating them and outline considerations for implementation. These include embedding ED assessment, treatment, and support into transdiagnostic models of care and the need for brief and single session interventions when designing for integrated community settings. We highlight the importance of a flexible EI model for integrated community settings that enables those wishing to adopt it to select from a menu of options that meets their needs while remaining close to the core components of the model. This project was funded by the Ontario Ministry of Health and by the Canadian Institutes for Health Research.

Conflict of Interest: There are no conflicts of interest to declare with regard to this work.

Learning Objectives: 1. Understand the relevance of early intervention for eating disorders 2. Evaluate considerations for adapting early intervention for eating disorders for an integrated community setting 3. Identify strategies for partnership building, workforce development, and model iteration to support effective implementation of an adapted evidence-based intervention

Theme: Food- and Body-related Concerns

13:00 – 14:30, Performance Theatre



1. “Doing It Utterly And Completely Wrong”: A Critical Discourse Analysis On Perspectives Of Fat Bodies As Part Of Healing From An Eating Disorder

Presenter: Karli John – Athabasca University

Background: Weight stigma is a set of negative assumptions and beliefs around people living in larger bodies that is shown to cause significant psychological and emotional distress (Meadows & Calogero, 2018; Murray et al., 2021). Many individuals seek out psychologists to address issues related to self-esteem and weight management (Mehak & Racine, 2020; Murray et al., 2021). Eating disorders have the highest mortality rate of any mental illness (van Hoeken & Hoek, 2020). Yet, study outcomes on weight stigma in counselling interventions indicates higher-weight individuals being encouraged to engage in disordered eating by their counsellor (Murray et al., 2021; Puhl et al., 2020). While unintended, the harm in the stigmatizing beliefs around one’s weight appears to be alarmingly common within the psychology discipline (Kinavey & Cool, 2019).

Rationale/Purpose: On August 23, 2022, an opinion piece article titled “My eating disorder taught me fat was bad. Healing taught me to accept my body” was published by the Canadian Broadcasting Corporation (CBC). Comments posted in reply to this article were used as data in a qualitative research study. Objectives for this paper presentation are to: 1) provide an overview of the results of this study, and, 2) invite healthcare professionals to reflect on how to embrace a more curious, compassionate stance in their perceptions of fat bodies. Design/Method Using a critical discourse analysis (CDA) and an inductive thematic analysis, 155 comments were collected for data analysis to answer the research question: “What are the responses of an opinion piece article of accepting a fatter body as part of healing from an eating disorder?”

Results/Discussion: Four themes emerged in the results of this study: 1) psychological flexibility, 2) resistance, 3) blame, and 4) living in a fatter body. A key finding was that perceptions regarding accepting a fatter body were highly polarized. While many commenters' perceptions indicated flexibility in discussing the nuances of weight and health, an almost equal number vehemently resisted. Defusing weight from behaviour paired with empathy appeared to be a critical factor in commenters' ability to engage in psychological flexibility. Those expressing resistance were more likely to fuse weight with a plethora of negative connotations and perceive accepting a fatter body as endorsing obesity. Empathy and sympathy appeared to be the most pertinent factors contributing to people’s perceptions of fat bodies. Empathy was

found to be a critical factor in the defusion and overall flexible perception of the acceptance of a fat body. However, it is unclear on the specifics of what the differences are between empathy and sympathy. The results of this study suggest there are significant limitations to humans' empathy and compassion reserves when it comes to fat humans. The polarization evidenced throughout the results of this study may be reflective of the current state of the world's social and political landscape. These findings are significant because they illustrate the often hostile resistance to questioning ideals that traditionally hold such negative connotations.

Conflict of Interest: Not applicable

Learning Objectives: Objectives for this paper presentation are to: 1) provide an overview of the results of this study, and, 2) invite healthcare professionals to reflect on how to embrace a more curious, compassionate stance in their perceptions of fat bodies.



2. 'Feeling fat' in response to affective and body stimuli: Testing the body displacement hypothesis

Presenter: Samantha Wilson – University of Saskatchewan

Co-Authors: Adrienne Mehak – McGill University, Sarah Racine – McGill University

Background: 'Feeling fat' is defined as the subjective experience of carrying excess weight. Although 'feeling fat' has been identified as being among the most central eating disorder symptoms, proposed mechanisms underlying this experience are understudied. The body displacement hypothesis theorizes that 'feeling fat' is the result of mislabeling negative emotions (e.g., sadness, fear) as 'feelings' of fatness. There is some empirical support for this theory, such as associations between trait measures of negative affect and 'feeling fat'. However, given that 'feeling fat' is a state that fluctuates across time and context, it is important to examine whether fluctuations in 'feeling fat' coincide with the experience of state negative affect in response to various types of stimuli.

Rationale/Purpose: The present study aimed to assess the relationship between state levels of both 'feeling fat' and negative affect using pictorial rating scales in response to disorder-relevant (i.e., body) and irrelevant (i.e., standard emotional) stimuli. Design/Method: In Study 1, undergraduate women (N = 57) completed a picture-viewing task in which they were exposed to images of thin and non-thin women's bodies in addition to three categories of affective images (pleasant, neutral, and aversive). Each image was rated using two Self-Assessment Manikin scales, one measuring valence (i.e., state affect) and another assessing state 'feeling fat'. In Study 2, women with binge eating (n = 41) were recruited to replicate and extend findings to a clinical sample.

Results/Discussion: In the undergraduate sample (Study 1), state ‘feeling fat’ was greatest in response to thin body images, while ‘feeling fat’ to non-thin body images was comparable to that elicited by pleasant images. Linear regressions revealed that lower (i.e., more negative) valence ratings were significantly associated with greater ‘feeling fat’ for both thin and aversive image categories, but not for non-thin images. Similarly, in the clinical sample (Study 2), thin body images elicited the greatest levels of ‘feeling fat’, followed by non-thin body images, while pleasant images elicited greater feelings of fatness than did aversive and neutral images. Lower valence ratings were associated with greater ‘feeling fat’ in response to thin and non-thin body images, but not in response to aversive images. Taken together, across samples, disorder-relevant stimuli elicit greater levels of ‘feeling fat’ than disorder irrelevant stimuli. The body displacement hypothesis was partially supported, in that greater levels of negative affect in response to thin images were associated with higher ‘feeling fat’ ratings. In contrast associations between negative affect and nonthin and aversive images were not consistent across samples. Results highlight the role of negative affect in eliciting ‘feeling fat’, especially in response to thin body stimuli. Future studies should aim to further disentangle the processes implicated in this bodily experience in response to different types of stimuli and test the direction of the relationship between negative affect and ‘feeling fat’.

Conflict of Interest: The authors declare that they have no conflict of interest. This research was supported by grants from the Fonds de Recherche du Québec – Santé (#269717, #300007) awarded to Samantha Wilson, the Canadian Institutes of Health Research (#175959) awarded to Adrienne Mehak, and the Canada Research Chairs Program awarded to Sarah Racine.

Learning Objectives: Objective 1: Conceptualize ‘feeling fat’ as a state that fluctuates in response to stimuli and context, rather than a static trait. Objective 2: Contextualize present results within broader literature examining ‘feeling fat’ and the body displacement hypothesis.



3. The Effects of Food Images on Social Media Among Young Women With Signs of Disordered Eating

Presenters: Emily Mullins - York University, Rachel Howells - York University

Co-authors: Jennifer Mills - York University, Olivia Honest - York University

Background: Social media (SM) use is associated with negative body image and disordered eating among young women. While social comparison to idealized bodies has been well studied, it remains unclear whether non-appearance-related content is harmful. Food images are commonly featured on SM and may elicit social comparison, particularly among individuals with signs of disordered eating.

Rationale/Purpose: This study experimentally investigated the effects of food-based SM content by examining the impact of viewing healthy versus unhealthy food SM images on young women's eating-related social comparison behaviours, body image, and anxiety. Additionally, it investigated whether these effects were moderated by either dietary restraint (i.e., chronic attempts at dieting) or orthorexia nervosa (ON; i.e., an excessive preoccupation with "clean" or healthy eating). It was predicted that restrained eaters and those with high ON symptoms would tend to compare their eating to other people's and experience elevated body dissatisfaction.

Design/Procedure: Young women aged 18 to 25 years (N=140) completed trait measures of ON (Eating Habits Questionnaire) and dietary restraint (Revised Restraint Scale) at a prior testing session. At the experiment, participants were randomly assigned to view a series of one of three types of Instagram posts featuring: 1) healthy food images, 2) unhealthy food images, or 3) nature (control) images, followed by self-report measures of eating-related social comparison, weight and appearance dissatisfaction, and state anxiety.

Results/Discussion: Across all image conditions, restrained eaters and women with high ON symptoms reported more eating-related social comparison than unrestrained eaters and those with low ON symptoms, respectively. Regarding the effects of the experimental manipulation, there was a main effect of condition on social comparison, such that viewing either healthy or unhealthy food images elicited greater eating-related comparison than control images for participants overall. Both restraint status and ON symptom level moderated some of the effects of image condition. Specifically, an interaction was found between condition and restraint in which restrained but not unrestrained eaters reported greater appearance dissatisfaction after viewing unhealthy (versus healthy) food images. Similarly, there were interactions between condition and ON symptom level on weight dissatisfaction and appearance dissatisfaction, such that for women with high but not low ON symptoms, exposure to unhealthy (versus healthy) food images elicited greater weight and appearance dissatisfaction. The findings highlight the relation between viewing food-based SM content and disordered eating, such as restrained eating and ON symptoms. As predicted, women who are very focused on losing weight through dieting or who are preoccupied with healthy eating are especially likely to compare what they eat to the food they see people posting on SM. In turn, seeing food images on SM affects how certain women evaluate themselves. Specifically, viewing unhealthy or "forbidden" food images on social media triggers worsened body image among women with signs of disordered eating. These findings are important because they show that SM content does not have to feature overt body ideals to elicit social comparison and body dissatisfaction. These novel findings reinforce the need for clinical interventions that target SM-based social comparison for vulnerable groups.

Conflict of Interest: Not applicable.

Learning Objectives:

1. To understand the effects of food-based SM content that does not feature overt body ideals on young women's eating-related social comparison behaviours, body image, and

anxiety.

2. To understand how such outcomes differ between 1) restrained and unrestrained eaters, and 2) individuals with high and low ON symptoms, contributing to a paucity of current research on these vulnerable groups.



4. Where do we go from here? A scoping review on body image interventions for boys and men

Presenter: Emily Henry - *Simon Fraser University*

Co-authors: Chloe White - *Simon Fraser University*, Haya Zaid-Alkailani - *Simon Fraser University*, Tori Kazemir - *Simon Fraser University*, Raunik Sahota - *Simon Fraser University*, Victoria Brown - *Simon Fraser University*, Shannon Zaitsoff - *Simon Fraser University*

Background: Despite research suggesting that boys and men may experience body image concerns at alarming rates, most research has examined body image concerns and disordered eating primarily in girls and women. However, research has found that the body ideals for boys and men regarding muscularity and leanness differ from the thin ideal for girls and women. Boys and men face sociocultural pressures to conform to body ideals, which can lead to the internalization of these ideals and may contribute to dissatisfaction with muscularity and body fat. This may then increase the risk of muscle-enhancing and disordered eating behaviours. To address the need for interventions that target body image and eating disorder risk factors in boys and men, different interventions have been developed including dissonance-based, psychoeducational, or self-compassion approaches.

Rationale/Purpose: Although research is beginning to focus on the development of body image interventions for boys and men, the different types of interventions that exist to date have not been systematically described. Therefore, the current scoping review sought to answer the following research question: How do different types of body image interventions for boys and men influence body image and compare on the method of delivery, content, and length of intervention?

Design/Method: The current review has been conducted using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR). Eligible studies were randomized controlled trials (RCTs) that examined any type of body image intervention for self-identified boys or men of all ages. The current review looked at the influence of body image interventions on relevant body image outcomes (e.g., body esteem, body dissatisfaction). RCTs for eating disorder interventions were considered if they measured and included content on body image. The search was not limited by dates of publication, intervention setting (e.g., school-based, online, hospital), or mental health diagnoses. In consultation with a social sciences university librarian, the search strategy was first developed,

tested, and finalized for PsycINFO via EBSCO and then adapted for use in MEDLINE via PubMed, Web of Science, and ProQuest Dissertations and Theses Abstracts and Index. 3,350 studies (not including duplicates) across all databases were screened. Two independent reviewers compared the titles, abstracts, and full text of potentially relevant studies against the inclusion criteria.

Results/Discussion: A total of 51 studies met the inclusion criteria for review. Data from the included studies is currently being extracted and synthesized. So far, 47% of the RCTs included psychoeducational approaches, 33% used various approaches such as physical activity or media literacy, 12% were dissonance-based, and 8% were self-compassion interventions. This submission aims to provide an overview of the key characteristics and findings on body image interventions for boys and men and the gaps in the existing research literature. Findings from the current review will provide information on the utility of different body image interventions for boys and men as well as clarify directions for future research and intervention efforts in clinical practice.

Conflict of Interest: Not applicable

Learning Objectives:

1. Review the key characteristics and findings on the different types of body image interventions for boys and men.
2. Discuss the gaps in the existing research literature on body image interventions for boys and men.
3. Consider the directions for future research and clinical practice regarding body image interventions for boys and men.



5. Body Image Interventions for Sexual Minority Men: A Scoping Review

Presenter: *Chloe White- Simon Fraser University*

Co-authors: *Haya Zaid-Alkailani- Simon Fraser University, Tori Kazemir- Simon Fraser University, Victoria Brown- Simon Fraser University, Raunik Sahota- Simon Fraser University, Shannon Zaitsoff- Simon Fraser University, Emily Henry- Simon Fraser University*

Background: Many men demonstrate concerningly high levels of body image concerns. Furthermore, research has shown that specific demographic variables, such as sexual orientation, may lead to an even greater risk for the development of body dissatisfaction. This is due to fact that the sociocultural context that many sexual minority men exist within tends to contain risk factors associated with increased body image concerns (e.g., thin/muscularity ideals, appearance pressures). Because interventions which use dissonance-based,

psychoeducational, or self-compassion approaches have been shown to be effective in reducing body dissatisfaction in women, similar interventions that utilize these approaches but address body dissatisfaction specifically in sexual minority men have been developed.

Rationale/Purpose: Despite increased research on the development of body image interventions for sexual minority, the body of literature on the different types of interventions that exist to-date has not been systematically described. Therefore, the aims of the current scoping review are to: Produce a comprehensive overview of the key characteristics and findings of body image interventions for designed specifically for sexual minority men. Identify gaps in the existing research literature. Provide suggestions for future research based on the synthesis of findings to help further advance the field.

Design/Methods: To address the study's objectives, a scoping review was conducted using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR). Randomized controlled trials (RCTs) that examined any type of body image intervention for sexual minority were included in this review. RCTs were considered eligible if they measured and included content on body image. RCTs for eating disorder interventions were also eligible. The search was not limited by dates of publication, intervention setting (e.g., school-based, online, hospital), or mental health diagnoses. In consultation with a social sciences university librarian, the search strategy was first developed, tested, and finalized for PsycINFO via EBSCO and then adapted for use in MEDLINE via PubMed, Web of Science, and ProQuest Dissertations and Theses Abstracts and Index. Two independent reviewers compared the titles, abstracts, and full text of potentially relevant studies against the inclusion criteria.

Results/Discussion: Six studies met the inclusion criteria for review. Data from the included studies is in the process of extraction. Following extraction, data from eligible studies will be presented in a narrative summary and a table or diagram. To date, dissonance-based or psychoeducational approaches are the most common interventions examined across RCTs. The aims of this review are to provide a comprehensive synthesis of the key findings of body image interventions designed for sexual minority men and to identify gaps in the existing research literature and provide suggestions for future research. Findings from this scoping review will help direct future research on body image interventions for sexual minority men as well as assist with the development of clinical interventions for sexual minority men struggling with body dissatisfaction.

Conflict of Interest: Not Applicable.

Learning objectives: 1) increase knowledge of existing treatment interventions for targeting body image concerns in sexual minority men, and 2) provide practical clinical suggestions for the utility of existing treatment techniques for sexual minority men in comparison to non-sexual minority men.

Theme: Health Professional Perspectives/Considerations 13:00 – 14:30, 2306/9



1. Evidence-Based Practices for Pediatric Eating Disorders: Perspectives of Health Professionals

Presenter: *Amelia Austin - University of Calgary*

Co-authors: *Gina Dimitropoulos – Mathison Centre for Mental Health Research & Education, Hotchkiss Brain Institute, Cumming School of Medicine, University of Calgary, Jennifer Coelho- BC Children's Hospital*

Background: Canadian guidelines strongly recommend family-based therapy (FBT) for pediatric eating disorders, including anorexia nervosa and bulimia nervosa (Couturier et al., 2020). However, Canadian studies suggest that there is low fidelity in the provision of FBT in relation to manualized FBT (Couturier et al., 2013). There is a gap between evidence-based practice that has been studied in the research literature, and the clinical practice of health professionals outside of controlled research trials.

Rationale/Purpose: We conducted a mixed methods study to explore perceptions of multi disciplinary Canadian health professionals regarding evidence-based practice and FBT. We examined the training and experience clinicians involved in the care of children and youth with eating disorders, and the views of clinicians towards evidence-based practice. We also explored perceived barriers and facilitators to delivering evidence-based therapies, including FBT, for children and youth with eating disorders.

Design/Method: Using a cross-sectional, observational research design, participants completed a web-based survey, which included questions about training and experience with FBT and other evidence-based treatments. We then invited a subset of participants who took part in the survey to participate in an individual semi-structured interview regarding their perceptions of perceived barriers or facilitators for implementing FBT and other evidence-based approaches within their own practice and their organization/program.

Results/Discussion: A total of 86 professionals who were based in either Alberta or British Columbia completed the survey. A total of 66.7% of therapists reported using FBT in their clinical practice did not change. Of the 32 respondents who did not offer psychotherapy in their clinical practice, 78.8% (n = 26) indicated that they work with health professionals who offer FBT. Of the therapists who were using FBT in their clinical practice, up to 10% reported receiving no training in this modality. Some elements of FBT, in particular the family meal, were perceived as less important than other aspects of the therapy (e.g., speaking to the family about food and mealtime, and separating the eating disorder from the individual). Twenty-four participants went on to complete the interview. A deductive content directed analysis was

performed to categorized participant responses. Participants' shared patient-, clinician- and service-centred reasons for integrating evidence-based therapies into their clinical care for pediatric eating disorders. They also shared modifications that they have made to manualized treatments, such as FBT, as well as proposed enhancement, to address some of the barriers experienced in their work setting

Conflict of Interest: Not applicable

Learning Objectives: Describe clinician reflections on barriers and facilitators to incorporating evidence-based approaches for paediatric eating disorders Discuss strategies to reduce barriers to appropriate training and support for clinicians working in pediatric eating disorders.



2. EMPHASize: Learning Modules for Professional Health Awareness on Weight Stigma and Eating Disorders

Presenters: Jill Gerlof - *University of British Columbia Okanagan*, Sally Stewart- *University of British Columbia-Okanagan*

Co-authors: Jamie Piercy - *University of British Columbia-Okanagan*, Sarah Purcell- *University of British Columbia-Okanagan*, Maya Libben- *University of British Columbia-Okanaga*, Dennis Jasper- *University of British Columbia-Okanagan*, Lakoda Thomas- *University of British Columbia-Okanagan*, Courtney Fornasero- *University of British Columbia-Okanagan*, Hanna Dunsmore- *University of British Columbia-Okanagan*

Background: Eating disorders (EDs) pose a significant health threat and have one of the highest mortality rates amongst psychological disorders. In addition, those experiencing EDs, particularly individuals from diverse backgrounds and/or those with non-stereotypical ED body types, remain underserved in accessing care. The global surge in ED prevalence emphasizes the need for comprehensive ED educational opportunities that consider weight biases, ED stereotypes, and the clinical nuances of ED presentations. Despite this, there is limited educational content of EDs in health profession programs' curriculum. Incorporating e-learning modules into healthfocused programs in higher education may be an effective means for increasing knowledge and awareness of EDs and thus serve to improve access to care for those suffering.

Rationale/Purpose: The purpose of this study was to assess the preliminary efficacy of an online evidence-based education platform (called 'EMPHASize') on knowledge and perceptions of ED presentations and weight bias among university students enrolled in healthfocused courses.

Design/Method: Two learning modules were developed through a comprehensive literature review, input from experts, and in consultation with those who have lived experience of ED. One module focused on weight bias and stigma and their influence on EDs, with a goal of reducing harmful ED stereotypes. The second module addressed the diverse clinical presentations of EDs. Participants were students from a variety of disciplines enrolled in health-focused courses such as nursing, psychology, and health and exercise science from the University of British Columbia Okanagan and Vancouver campuses. Participants (n = 581) completed an online questionnaire after viewing the modules. Participants' perceived increase in knowledge of weight stigma, body image, and clinical ED presentations were quantified using 1-7 Likert scales. Qualitative questions provided suggested improvements to module format, what was the most impactful information, and the favourite aspect of modules. Quantitative data was analyzed using paired-samples t-tests and thematic analysis was used to interpret qualitative data.

Results/Discussion: Results indicated that there was a significant increase in the learner's perceived knowledge on topics of weight bias and stigma (pre: M = 4.73, post: M = 9.70. $p < .001$) as well as the clinical presentations of EDs (pre: M=4.35 post: M = 9.74. $p < .001$). Within the qualitative data various themes emerged including learners' engagement, accessibility, and applicability of content. Participants indicated that the information was highly relevant to their professional and personal lives. This is reflected in the following quotes: "It reminded me that the stereotypes we create doesn't mean they are true, EDs come in all different sizes," and, "The idea that ED is a choice is incorrect and can negatively impact the accessibility to care." In addition, participants identified aspects of the modules to be altered to enhance accessibility of diverse learners. The further development of these modules, including integration into numerous health-based professional programs, will serve to raise knowledge and awareness of EDs. This aims to foster improved diagnosis, access to care, and timely and appropriate treatment. The e modules are an effective means for including valuable curriculum into already content heavy health profession programs.

Conflict of Interest: Not applicable

Learning Objectives: 1. Become aware of the need for comprehensive ED education in healthcare profession programs in higher education. 2. Discuss how e-modules can effectively increase overall knowledge of ED's and weight stigma in health professionals through efficient presentation of high yield, accessible information. 3. Determine how integration of quality ED education into health profession programs would improve access to treatment and encourage early intervention.



3. Who is Treating Eating Disorders in British Columbia?

Presenter: Deepika Bajaj - *University of Calgary*

Co-authors: Kristin von Ranson - *University of Calgary*

Background: Community clinicians include a wide range of professionals, such as psychologists, social workers, nurse practitioners, counsellors, physicians, occupational therapists, and others, who have varied fields and levels of training and credentials. Clinicians' education and training can have varied impacts on the form and quality of treatment provided, highlighting the need to understand who is providing treatment to eating disorder clients in the community. One study found that community clinicians across Alberta used evidence-based psychological interventions (EBPIs; i.e., treatments having demonstrated efficacy at reducing symptoms through rigorous research) infrequently with eating disorder clients. Research in other jurisdictions is needed.

Rationale/Purpose: The first step in understanding the context eating disorder treatment by community clinicians is to characterize the clinicians providing treatment. The objective of this study was to describe characteristics of community clinicians treating eating disorders in British Columbia (BC).

Design/Method: To identify prospective participants, we compiled a list of 1,530 BC clinicians who had indicated online that they treated eating disorders. In addition, we recruited through social media advertisements and snowball recruitment. Prospective participants were contacted via telephone and/or email to determine eligibility. Eligible BC clinicians who had provided therapy to at least one individual with an eating disorder in the previous 12 months completed an online survey. Approval for this project was obtained from a university research ethics board.

Results/Discussion: In total, 126 clinicians met eligibility criteria and participated in our survey. Of those who responded, 82.6% (90/109) of participants identified as female and 78.6% (92/117) reported being White or of European descent. Participants' mean age was 45.41 years (range: 27-76). In this sample participants reported on their highest level of education, with 88.2% (90/102) reporting having a master's degree, 8.8% (9/102) reporting a doctoral or professional degree, 1.9% (3/102) reporting a bachelor's degree, and 3.2% (5/102) elected not to answer this question. Respondents indicated having averaged 11.3 years in clinical practice and 10.0 years providing psychotherapy or counselling to eating disorder patients. Most participants (82.9%; 85/109) reported their primary employment setting was private practice. Clinicians reported obtaining diverse forms of training in eating disorder treatment (e.g., graduate clinical training, reading books, workshop attendance, supervision, addictions training

and experience, anecdotal experience, lived/personal experience, research experience and others). This sample is not necessarily representative of BC clinicians. In summary, clinicians in BC reported a range of education in eating disorder treatment including formal and informal training. To mitigate risks to eating disorder patients, it is important to expand and diversify opportunities to train BC clinicians in EBPIs for eating disorders to ensure clients are receiving optimal care grounded in empirical evidence.

Conflict of Interest: Not applicable.

Learning Objectives:

1. Participants will be able to describe demographic characteristics of British Columbia clinicians providing eating disorder treatment.
2. Participants will be able to describe educational and training backgrounds of clinicians in British Columbia providing eating disorder treatment.



4. Eating Disorders in the Workplace and Moral Symptoms

Presenter: Joshua Bell- *MacEwan University*

Co-authors: Bruce Thomson, *MacEwan University*

Background: 26.2% of employees are comfortable enough to disclose a mental health illness (Hogg et al., 2022), yet 76% indicated they have one or more symptoms of a mental health condition (Greenwood & Anus, 2021). Eating disorders (EDs) and general mental health illnesses have been a deterrent to workplace productivity and performance (Nicholas et al., 2018). Research indicates up to 17.9% of young women (Sil.n & Keski-Rahkonen, 2022) and 16% of young men (Ganson et al., 2022) have an ED. EDs are a topic of discussion that organizations and managers tend to avoid due to such psychiatric illnesses, resulting in stigmatization and deliberate or unconscious bias (Tulk et al., 2021; Hogg et al., 2022). **Rationale/Purpose:** This article proposes a theoretical framework on EDs in the workplace to create an interdisciplinary approach for mitigating the factors and symptoms that arise from situations where individuals with mental health symptoms, their peers, and their leaders retain moral muteness (Bird & Waters, 1989). The framework outlines that perception/education, gender, workplace performance and stress, and other factors act as symptoms both caused by and causing the muteness or avoidance of ED symptomatology.

Design/Method: The paper is based on a systematic literature review extracted from the EBSCOHost database. Three separate searches were done: 1) EDs and work - 7,362 hits; 2) EDs and workplace - 198 hits; and 3) EDs and leaders- 241 hits. Search one was deemed

too vague and search 2 and 3 were used. Of the 439 articles, we dropped where 'workplace' was not a primary focus which resulted in a total of 26 articles focused on EDs in the workplace and workplace leaders.

Results/Discussion: Seeing only 26 articles have dealt with the impact of EDs on employees and leadership reveals the lack of understanding of how EDs impact an activity encompassing a third of an individual's life. The analysis of the articles raised more questions than answers. Based on the analysis the following questions arose: What impact will workplace stress have on disordered eating tendencies? What is the impact of gender on disordered eating tendencies in the workplace? What impact will perception (fear & stigma-based) / moral stress (emotional Intelligence) have on disordered eating tendencies in the workplace? What impact will disordered eating tendencies among leaders have on EDs in the workplace? Will moral muteness among leaders strengthen the moral symptoms and thus promote disordered eating tendencies? What leadership styles will have an impact on moral symptoms in the workplace? Will workplace stress and workplace performance be correlated? How a leader handles EDs in an organization, combined with external/environmental factors, may impact performance. Risk factors associated with this growing issue are talent loss, high turnover, poor health benefits packages, poor organizational culture, high competition, low industry compensation average, and more. All this may lead to organizational inefficiency and the inability to be adaptable, flexible and innovative within the organization, thus impacting organizational success. (For full reference list, please contact the presenting author).

Conflict of Interest: The author(s) declared no potential conflicts of interest with respect to the research and authorship of this article. The author(s) received no financial support for the research and authorship of this article.

Learning Objectives: This submission is meant to analyze how EDs and mental health in the workplace can be better understood and approached in order to increase workplace productivity and employee engagement. The article is meant to analyze and provide specific organizational symptoms that emerge when an employee/leader has an ED in a work environment or mutes such a topic in order to retain organizational/team harmony.



[5. Workplace well-being and experiences in the eating disorders workforce: Reflections from a scoping review](#)

Presenters: [Audrey Tung](#) - *University of British Columbia*, [Tanya Pardiwala](#) - *Provincial Health Services Authority*

Co-authors: [Emily Ross](#) – *University of British Columbia*, [Sharon Hou](#) – *University of British Columbia*, [Jennifer Coelho](#) – *BC Children's Hospital*

Background: The strength of the eating disorders workforce is contingent on the wellbeing of healthcare professionals, who often experience moral distress and ethical challenges in their work. Work in the field of eating disorders may also include professionals being exposed to adverse events, such as involuntary treatment and patient deaths. In the context of work related challenges, however, some professionals also experience vicarious resilience in the context of providing mental health care, where there is a positive impact on the professional. In order to better support the workforce, we will synthesize literature about the experiences of healthcare professionals who specialize in eating disorders with respect to their experiences with vicarious trauma, vicarious resilience, and related concepts of professional wellbeing.

Purpose/rationale: We set out to conduct a scoping review to strengthen existing knowledge about the wellbeing of eating disorder professionals and respond to knowledge gaps in knowledge about the experience of both vicarious trauma and vicarious resilience.

Our guiding research questions are: What recent literature is available that assesses: work satisfaction, resilience, or well-being in health professionals working in the field of eating disorders? secondary (vicarious) trauma, compassion fatigue, and/or burnout?

Design: To map out relevant literature and facilitate the identification of gaps in literature, we conducted a scoping review that follows a methodological approach proposed by Arksey and O'Malley (2005). Three online databases (Ovid PubMed, PsycINFO and CINAHL) were used for the search. The evaluation of relevant literature, conducted through the Covidence platform, was administered by two independent reviewers as well as third reviewer who was responsible for resolving conflicts. We developed a protocol for the scoping review after collectively identifying search terms and found corresponding MeSH terms for each database. First, we identified search terms that fall under three domains: 1) vicarious trauma and related experiences of hopelessness, stress, and compassion fatigue; vicarious resilience and related experiences of hope, and well-being 2) healthcare professionals 3) eating disorders (including anorexia nervosa, bulimia nervosa, other specified eating disorders). We then combined these keywords with relevant MeSH terms (for Ovid, PsycINFO, and CINAHL) that correspond to all of the keywords. Each domain, including their respective keywords and MeSH terms, was then integrated to identify articles that concern vicarious resilience, vicarious trauma, or wellbeing in healthcare professionals who work in the field of eating disorders. Finally, we limited articles to those that are peer-reviewed, English or French language, and published between 2013-2023.

Results/Discussion: We screened 5106 titles and abstracts and identified 53 articles for a full text review. We will employ a narrative review and synthesis (Popay et al., 2006) for analyses. Data extraction parameters include constructs measured or described, research design, sample type and size, and results will be reported. Reflections on themes that are identified through the scoping review will be shared. Given recent research demonstrating that approximately one-third of eating disorder professionals in Canada are considering leaving their position in the next 1-2 years (Obeid et al., under review), it is critical to explore opportunities to better support the eating disorder workforce.

Conflict of Interest: Social Sciences and Humanities Research Council (Application ID 430-2023-00490) Health Professional-Investigator Award from Michael Smith Health Research BC (PI: Jennifer S. Coelho)

Learning Objectives:

- Comprehend concepts of various resilience and trauma in the context of the eating disorders workforce
- Synthesize existing knowledge about vicarious trauma, vicarious resilience, and related concepts of workplace wellbeing in eating disorder professionals
- Discuss clinical implications for practices and supports that promote well-being in eating disorder professionals

Workshop Session III

15:10 – 16:40



1. Self-compassion and the power of validation in recovery from an eating disorder: Perspectives of adult patients and parents

Great Hall B

Presenter: *Josie Geller - Provincial Adult Tertiary Specialized Eating Disorders Program*

Self-compassion is associated with resilience, emotional well-being, and recovery from a wide range of physical and mental health conditions, including eating disorders (ED). Unfortunately, significant barriers to self-compassion have been identified in this population, and their presence is associated with greater ED and psychiatric symptom severity and with lower readiness for behavioural symptom change. This workshop begins with a review of research on self-compassion and the types of barriers that individuals with EDs face. Recent qualitative work in recovered adult patients describing their journey to overcoming barriers to self-compassion will be reviewed, as well as their experiences of what care providers and family members did that assisted them in overcoming their barriers. Based upon this research, a model describing the power of feeling seen will be provided, which includes four levels of validation, the stages of recovery at which each level is most helpful, and the impact each type of validation has on patients (see below). Levels of validation and their impact on patients: Making time and space, offering a compassionate perspective: TRUST Understanding and recognizing treatment needs: CARED FOR Showing patients they can do this: EMPOWERED Walking the runway: INSPIRED Workshop participants will become familiar with and have the opportunity to practice each level of validation. Barriers to self-compassion are a marker of readiness to change one's internal dialogue and way of relating to self. As such, it is not just what is said (i.e., therapeutic content), but also relational elements, or how things are said (i.e., therapeutic stance), that are especially salient, and will be the focus of this workshop. Finally, to assist family members in supporting their loved one, findings from a new qualitative study involving parents of individuals with EDs will be described. This research examined parents' acquisition of validation skills. It describes their journey from having as their primary focus managing overwhelm and seeking support and answers, to focusing on fostering an unrelenting connection with their loved one.

Conflict of Interest: Not applicable

Learning Objectives:

1. Understand the role that self-compassion plays in recovery from an ED

2. Practice the levels of validation and how to use them in supporting patients
3. Learn about the experiences of parents in supporting their loved ones



2. Treating Multidiagnostic Youth in Day Treatment: Implementation of MED-DBT

Great Hall A

Presenters:

Seena Grewal - BC Children's Hospital

Jennifer Couturier - McMaster University

Co-author: Anita Federici- The Centre for Psychology and Emotion Regulation

Background: The need to modify traditional eating disorders systems of care for youth with multidagnostic presentations is profound. While FBT and CBT-E are considered front line outpatient treatments, a high proportion of adolescents entering higher levels of care have not responded adequately to these modalities and require help to manage co-occurring areas of impairment. From an international perspective, we have received multiple requests for training and consultation with respect to how best to help youth in higher levels of care with co occurring suicide, non-suicidal self-injury (NSSI), pervasive emotion dysregulation (e.g., overcontrol, undercontrol, aggression), trauma histories, substance use, and other behaviors that have made traditional approaches untenable.

Rationale/Purpose: MED-DBT is a treatment that was designed for clients with Stage I eating disorders (e.g., those characterized by severe behavioural dyscontrol). The model, supported by more than 20 years of translational and direct research, integrates the science of treating eating disorders with the science of treating suicide and emotion regulation issues. The treatment is highly collaborative, seeks to counter pervasive invalidation, helps clinicians manage their own treatment interfering behaviours, and seeks to empower the youth and family to build lives worth living (and lives outside of hospitalization). MED-DBT has been implemented in outpatient, day treatment, and IOP levels of care around the world with both adolescents and adults suffering from complex and severe eating disorders. Thus, the focus of this workshop is to describe the implementation and application of MEDDBT in two Canadian adolescent day treatment programs. Details as to how the workshop will be delivered: The aim of this workshop is to take participants on a “real world” journey of the adoption of MED-DBT into day treatment programming. In a highly interactive manner and with the use of case examples, the presenters will outline their rationale for modifying their programs, explain the training and consultation process for the multidisciplinary team, detail the hope and challenges of implementation, discuss the role of pre-treatment commitment for youth and families, provide program samples, and describe client, family, and clinician outcomes.

Results/Discussion: This engaging workshop will help to generate important conversations about how the field is evolving to meet the needs of patients with multidagnostic clinical presentations. This workshop will also provide a blueprint for other programs interested in modifying their programs to better meet the needs of clients with complex needs.

Conflict of Interest not applicable

Learning Objectives: Describe the rationale for using MED-DBT in higher levels of care for adolescents

Identify the training and implementation needs to modify day treatment programs

Name 3 key program changes designed to increase commitment and manage treatment interfering behaviours (e.g., pre-tx phase or commitment group, target groups, consult team)



3. Understanding Equity Issues in Eating Disorder Care and Service Provision Within Canada and Beyond: Considerations for Treatment Outcomes, Engagement, and Geographic Contexts

Performance Theatre

Presenters:

Gina Dimitropoulos - *Mathison Centre for Mental Health Research & Education, Hotchkiss Brain Institute, Cumming School of Medicine, University of Calgary*

Amelia Austin – *University of Calgary*

Manya Singh - *University of Calgary*

Co-authors: *Amelia Austin - University of Calgary, Christopher Mushquash - Lakehead University, Debra Katzman - University of Toronto, Ellie Vyver - Alberta Children's Hospital, Scott Patten - University of Calgary, Srividya Iyer - McGill University, Sharon Hou – University of British Columbia*

Background: Eating disorders (EDs) are serious mental illnesses associated with significant mortality, elevated morbidity, and sizable personal and societal costs. Research demonstrates that racialized groups with EDs are particularly vulnerable to health disparities in service utilization, referrals, diagnosis, and treatment compared to their white counterparts, despite having similar prevalence rates in EDs. In addition, individuals of lower socioeconomic status and those experiencing food insecurity may be at heightened risk of developing EDs – an issue which disproportionately affects racialized groups. Current treatment models for Eds have only been validated with specific populations – predominantly white, educated, and English speaking – raising concern around their applicability for underrepresented populations.

Rationale/Purpose: Given the demonstrated health inequities for underrepresented populations with EDs, this workshop will explore and review current equity issues related to ED care and service provision within Canada and internationally. Using an intersectional lens, current ED treatment models and their limitations in service provision across geographic contexts will be examined, along with considerations and recommendations for improving treatment outcomes and engagement for underrepresented populations. Workshop attendees will gain a thorough understanding of the urgent and timely need for geographically specific, culturally relevant, and tailored ED care.

Design/Method: Led by an interdisciplinary team of researchers, clinicians, and decision-makers with expertise in EDs, this 90-minute workshop will begin by reviewing the current evidence base around equity issues in ED care and service provision at the national and international levels. Using examples of current treatment models, we will deliver three short talks centered around: (1) adaptations, social determinants of health, and barriers and facilitators to treatment engagement with family-based treatment for underrepresented youth and families, including those experiencing economic challenges; (2) treatment and care considerations for ED services which serve racialized and Indigenous youth, including access to specialized clinics and trained community providers to identify and respond to emerging symptoms; and (3) geographic factors which determine inequities in access to ED care (e.g., lack of family doctors), along with considerations for countries with differing funding models for ED treatment. We will also explore the impact of the above-mentioned topics on ED treatment outcomes for underrepresented populations. This workshop will integrate a combination of short-form presentations (40 minutes), interactive components on each of the topics (20 minutes), and a group discussion and facilitated Q&A session (30 minutes).

Results/Discussion: We anticipate this workshop will be relevant for researchers, clinicians, trainees, decision-makers, and policymakers in the field, seeking to better understand the implementation factors associated with ED care and service provision in underrepresented populations. Attendees will gain a deep understanding of the existing inequities related to access to care for racialized and Indigenous groups, as well as individuals facing food insecurity or geographic limitations. Finally, attendees will be involved in discussions related to recommendations for improving treatment outcomes for this population, accounting for geographic differences and funding contexts.

Conflict of Interest: Not Applicable

Workshop Objectives:

1. Review current equity issues related to eating disorder (ED) care and service provision within Canada and internationally, focusing on the implementation factors, barriers, and facilitators to ED care for underrepresented populations;
2. Highlight challenges with current ED treatment models in addressing the unique needs of underrepresented populations across geographic contexts;
3. Provide considerations and recommendations for improving treatment outcomes and

engagement for underrepresented populations in ED care.



4. Development and implementation of caregiver-focused skills groups: A model for supporting youth with restrictive eating disorders

2306/9

Presenters:

Pei-Yoong Lam – *Provincial Specialized Eating Disorders Program, BC Children's Hospital*

Andrea Wallace - *BC Children's Hospital*

Nicole Obeid - *Children's Hospital of Eastern Ontario*

Jennifer Coelho – *BC Children's Hospital*

Co-authors: Mark Norris – Children's Hospital of Eastern Ontario

Background: Family-based therapy (FBT) is the only evidence-based approach for pediatric eating disorders that is strongly recommended by Canadian practice guidelines. However, there are many barriers to community practitioners accessing training and on-going support for this model. In the context of long waitlists in many community-based programs, families have a difficult time accessing evidence-based care, particularly in rural and remote community-based settings.

Rationale/Purpose: Teams at two Canadian tertiary hospitals have studied the feasibility and acceptability of an innovative group based brief treatment for caregivers of youth with restrictive eating disorders that draws upon principles of FBT. The workshop will present the caregiver group intervention in the context of other models of early intervention for pediatric eating disorders, and highlight how the tenets of FBT were integrated into the caregiver group. **Design/Method:** The workshop presenters will provide background on the current state of the literature on pediatric early intervention services (15 min), as well as details and context about how the group was developed and trialled. Specific results from the Ontario and British Columbia sites will be provided (15 minutes each), with further discussion on system-related considerations relevant for the Canadian context (15 min). We will also share feedback from engagement with community team members about adaptations that will be needed to implement this group outside of a tertiary hospital setting. Presenters represent a multidisciplinary team who will review considerations for medical monitoring as well as therapeutic interventions. The final portion of the workshop (30 min) will be interactive, with a collaborative discussion on reflections on barriers and facilitators to implementation of group-based models for caregivers and other innovative early intervention models that have been studied.

Results/Discussion: Data from the pilot phase demonstrates feasibility and acceptability of this group-based model, and a strong interest from both families and health care providers in making this group more accessible in the community. The BC site has run 5 groups (n=26), with good weight-related outcomes (average increase from 84.7% mBMI to 98.2% mBMI), while the Ontario site has run 3 groups (n=19) with improvements in weight-related outcomes as well as key facets of remission and recovery (i.e. eating independently) also noted. Preliminary data suggest a decrease in parent ratings of youth eating disorder symptoms, and an increase in parental self-efficacy. We will discuss several potential benefits of this group-based model for community eating disorders services, including considerations about cost-effectiveness and access to evidence-based services for pediatric eating disorders. This innovation is timely and needed, given the surge in eating disorders that has been reported, with significant increases in new presentations of restrictive eating disorders over the course of the pandemic. The group-based model has added value in connecting parents, which is a component that is not included in traditional FBT and which families have indicated has enhanced their ability to support their child. The model also has potential positive impacts on provider experience by facilitating training of clinicians.

Conflict of Interest: N/A

Learning Objectives: Understand models of care for early intervention in pediatric eating disorders. Describe feasibility and results from a pilot initiative of an innovative group-based treatment for families of youth with eating disorders. Describe barriers and facilitators to the implementation of group-based models of care for youth with restrictive eating disorders and potential applications for group-based models across community settings.