

A2 - Paper Presentations: Child and Youth I

A2a: Acceptability of Peer Mentoring for Transition-Age Youth with Eating Disorders

This study examined the acceptability of a structured peer mentor program designed to support transition-age youth (TAY) moving from pediatric to adult eating disorder care. Thirty participants aged 16–24 years were recruited through community clinics, hospital programs, and private practices in Nova Scotia. Over 3–6 months, participants met regularly with a trained mentor for individualized support to enhance self-efficacy, autonomy, and readiness for adult-oriented treatment. Semi-structured interviews were conducted at baseline, post-intervention, and 1-year follow-up to explore expectations and experiences with treatment and the mentor program, engagement with adult-oriented care, and the impact of intersecting aspects of identity on treatment and transition. Interviews were audio-recorded, transcribed, and analyzed using thematic analysis with coding verified by multiple team members. Themes indicate that participants found the program supportive and acceptable, with mentors enhancing confidence and readiness. Findings suggest peer mentorship is a feasible approach to bridging pediatric and adult eating disorder services.

Presenter: Anastasia Harris

A2b: The Potential of Single Session Interventions as Early Interventions for Eating Disorders

Single session interventions (SSIs) are “one-at-a-time” sessions grounded in a strengths-based approach that can be used across therapeutic orientations. To better understand the evidence for SSIs and the potential for their use in an EI model for EDs, we compiled an evidence brief based on a rapid systematic search of the literature. We reviewed 109 articles pertaining to SSIs for ED, exploring the theoretical case and considerations for SSI use, the characteristics of 30 SSIs, and the evidence for SSIs for EDs. Several high-quality studies illustrate the potential for SSIs delivered online or in-person to effectively reduce ED risk and maintaining factors, including body image dissatisfaction, thin-ideal internalization, perfectionism, and emotion dysregulation, and to increase motivation and readiness for change. The evidence suggests that SSIs may be well-suited for EI. Ongoing or planned research will help to isolate potential mechanisms of action and key targets for SSIs in this context.

Presenters: Andrea LaMarre and Nicole Obeid

A2c: CBT-E in an Adolescent Day Treatment Program: Implementation and Outcomes

CHEO Day Treatment Program began offering Cognitive-Behavioural Therapy for Eating Disorders (CBT-E) for adolescents in 2022. This program is considered for medically stable youth who require an alternative treatment to Family-Based Treatment. Youth participate in 4 weeks of preparation, focusing on motivation and engagement, followed by 12 to 16 weeks of day treatment. They attend 5 days per week to complete group meals/snacks, attend school, and participate in individual therapy, dietitian sessions, medical monitoring, and therapeutic groups. In the past 3 years, 37 patients have enrolled in the day treatment program, with 62% completing the program. The average length of stay is 13 weeks. Results indicate that patients gain an average of 2kg during the program and demonstrate a decrease in their symptoms based on the EPCL questionnaire (average 5 points reduced). CBT-E in day treatment program is a promising alternative treatment option for adolescents with moderate-to-severe eating disorders.

Presenter: Elizabeth Quon

A2d: Who Faces Transition Challenges? Comparing Eating Disorder Services in Ontario

Transitions from pediatric to adult services are often disruptive for youth with eating disorders (EDs), leading to treatment gaps and adverse outcomes. System-level perspectives on how ED services manage transitions remain limited. This study explored how pediatric, youth (up to 25), adult, and lifespan ED programs across Ontario conceptualize transition and organize care by comparing practices, policies, and challenges across settings. Data from site forms and focus groups were analyzed using content analysis within and across cases. Fourteen programs participated: pediatric programs expressed anxiety about patient departures and complex family dynamics; adult programs were aware only of youth who reached their services, revealing continuity gaps; the youth program experienced fewer challenges due to its extended age range; and lifespan programs focused primarily on general access to care. Systemic misalignments, unclear responsibilities, and uneven transition demands revealed major gaps, highlighting the need for coordinated care pathways for transition-age youth with EDs.

Presenter: Maria Nicula