

D3 - Paper Presentations: System/Evaluation

D3a: Translating Autism-Eating Disorder Evidence to Pediatric Care in Canada

Despite growing recognition of the overlap between autism and eating disorders, Canadian eating disorder services remain without neuro-affirming clinical guidance or coordinated autism research strategies. International initiatives such as the UK's Eating Disorder and Autism Collaborative (edacresearch.co.uk) demonstrate advances in neuro-affirming practice and research, but translation and implementation of these models in Canada may overlook local contextual differences, such as service structure and resources. This presentation will consider how existing evidence--including co-produced adaptations to family-based treatment and barriers and enablers to neuro-affirming care--may inform the early stages of translation within the Canadian landscape. We will introduce best practice guidelines for conducting ethical, co-produced research with and for autistic individuals with eating disorders, which could inform this translation process. Finally, we will outline emerging practice at a Canadian hospital-based specialized program around clinical care with neurodivergent young people. This presentation will foster dialogue around strategies for Canadian eating disorder settings to integrate more inclusive care.

Presenters: Amelia Austin

D3b: Supposing is Good, Knowing is Better: Building an Evaluation Framework for Community Eating Disorders Support

Community-based support for eating disorders (EDs) can help to build connection and foster hope. Given the focus on delivering effective programs that responds to meet emerging needs and the often-precarious nature of funding, nimble and dynamic approaches to evaluation are needed. "Traditional" approaches to evaluation may not capture the dynamicism of change or enable iterative learning. Developmental evaluation is well-suited to community-based ED organizations, designed to help guide ongoing programmatic rollout and changes within complex landscapes. We describe the process of designing and using a developmental evaluation framework for a community-based ED organization. We reflect on learning from building a flexible framework wherein the evaluation processes themselves are also under evaluation. We also reflect on the value of including lived experience perspectives in building the framework, ensuring that what we measure reflects what the organization wants to know about services, as well as what matters most to those using services.

Presenters: Andrea LaMarre and Shaleen Jones

D3c: Fear and Eating Disorder Behaviours: An Ecological Momentary Assessment Study

Emerging research highlights the role of fear in eating disorders (EDs), yet little is known about how fear dynamically relates to ED behaviours or who is most vulnerable to fear-driven symptoms. Using ecological momentary assessment, this study examined whether momentary fear predicts engagement in purging, maladaptive exercise, or meal skipping, and whether baseline obsessive-compulsive disorder (OCD) and anxiety symptoms moderate these associations. Participants included 145 women with EDs and 92 controls. Participants with EDs reported higher levels of state fear and OCD/anxiety symptoms than controls. Among participants with EDs, both state and average fear predicted meal skipping, suggesting fear may trigger avoidance of eating. No significant associations emerged between fear and purging or maladaptive exercise, and OCD/anxiety symptoms neither predicted or moderated engagement in ED behaviours. Findings underscore fear's role as a proximal risk factor for restrictive behaviours in EDs.

Presenter: Lisa Y. Zhu

D3d: Feasibility and Acceptability: Ecological Momentary Assessment During Binge-Eating Episodes

To date, no studies have examined purported mechanisms of binge eating during binge-eating episodes. This pilot study examined the feasibility of acquiring self-report during binge-eating episodes in one's natural environment using high-resolution ecological momentary assessment. Participants (n = 9) responded to prompts about mood, eating, and reward states (e.g., "wanting") during one binge- and one non-binge eating episode. Measures of the feasibility and acceptability of this approach were collected via next-day self-report and a phone interview. Response rates on the HR-EMA protocols ranged from 63-97%. On visual analogue scale items (scale ranging from 0 [disagree strongly] to 100 [agree strongly]), participants endorsed feeling that their eating was interrupted (mean = 74/100). However, they stated that they did not stop eating because of the prompts (mean=54/100) or eat more slowly (mean= 53/100). These data support initial acceptability and feasibility of the HR-EMA protocol intended to capture psychological processes during binge eating.

Presenter: Kendal Schmidt

D3e: Best Practices in Digital Mental Health: The Body Peace Program

As technology continues to transform the mental health landscape, it is essential that digital solutions not only expand access but also follow established best practices. The Mental Health Commission of Canada's (MHCC) digital mental health work emphasizes the importance of privacy, usability and data standards, and meaningful engagement of people with lived and living experience in program development.

In alignment with these priorities, the MHCC highlights Eating Disorders Nova Scotia's (NS) Body Peace program as a leading example of a trusted, evidence-informed digital mental health service. Designed for Canadians aged 14+ affected by eating disorders or disordered eating, Body Peace integrates accessibility, trauma-informed care, privacy standards and lived experience at every level. This session will explore how this program was developed, the practices that guide its implementation, and why digital mental health resonates with those impacted by eating disorders, in particular equity deserving communities.

Presenter: Maureen Abbott and Shaleen Jones