

ESTABLISHED IN 1997  
CELEBRATING 25 YEARS



BRIDGEPOINT

CENTER FOR EATING DISORDER  
RECOVERY

# IMPACT 22- REPORT 23



## ACKNOWLEDGEMENT

BridgePoint works from the Treaty 6 Territory and the Homeland of the Métis —the traditional and ancestral territory of the Cree, Dene, Blackfoot, Saulteaux and Nakota Sioux. We pay our respect to the First Nation and Métis people of this place, past and present, and reaffirm our relationship with one another.

We are committed to uplifting Indigenous voices, respecting traditional lands, and working with communities towards reconciliation. We acknowledge the harms and injustices of the past and present. We dedicate our efforts to working together in a spirit of collaboration and reconciliation.

## OUR VISION

All persons affected by disordered eating experience discovery, recovery and healing.

## OUR MISSION

BridgePoint Center for Eating Disorder Recovery is a provincial resource providing recovery based programming for people who are experiencing disordered eating.



# Core Values

## Values Driven Organization

### Safety

A place where all are respected without judgement and experience physical, spiritual, emotional well-being

### A Participant Centred Focus

The participant is the expert in their experience and free to be their authentic self and the voice of their healing journey

### Compassion

Embracing the uniqueness of each person with empathy, caring and kindness to build a sense of trust and belonging

### Expertise

Excelling through competence in our specialty, knowledge, continuous learning, and a multidisciplinary holistic approach

### Collaboration

The best outcomes result from working together and empowering our strengths through partnerships with others



# Leadership

## EXECUTIVE DIRECTOR REPORT



At BridgePoint, we have been honoring our 25th Anniversary all year— and there is certainly lots to celebrate!

**Evidence-based and leading-edge programming continues.** As we have reminisced over the last 25 years, BridgePoint's biopsychosocial and holistic philosophy and framework are still fundamental and allow us to offer high-quality program options for those we serve. The success of BridgePoint began with a solid foundation and a path carved out by innovative volunteers and team who transformed an idea into the reality of a necessary program. BridgePoint has evolved and modernized over the years and continues to enhance the quality of life of individuals and their families who experience disordered eating.

**The need is tremendous, and the demand is increasing.** Eating disorders continue to have one of the highest mortality rates of any mental illness and a long recovery journey that can take an average of two to nine years. In Canada, 2.7 million people meet the diagnostic criteria for an eating disorder, and approximately 8.5% of women will develop an eating disorder in their lifetime. These statistics are grossly underrepresented as they do not reflect the impact of the pandemic and the prevalence of many others experiencing disordered eating.

**BridgePoint continues to be innovative and adaptive to increase eating disorder recovery program options in Saskatchewan.** With only 20% of people getting treatment for disordered eating, there is a need to close the massive access gap to access eating disorder care in a way that meets individuals' needs. Over 90% of our participants have co-morbid mental health diagnoses, addictions and trauma in addition to their food behaviours and often do not have enough support. Our team has worked tirelessly to balance onsite and virtual care opportunities to meet the needs. Our work with partnerships and networks in Saskatchewan and across Canada allows us to collaborate, find efficiencies, and get creative to meet the increased demand in an environment with funding constraints. We will continue our advocacy efforts to increase eating disorder funding on provincial and national levels.

**Thank you.** We couldn't do our work without the help and support of generous people like you. We thank our team, board, funding partners, community supporters, and participants who help us continue enhancing our programs.

With gratitude,

Carla Chabot (she/her) B. Admin, CHE, ADII  
Executive Director





# Clinical

## PROGRAM DIRECTOR REPORT



In Chadwick Boseman's 2018 commencement address at Howard University, he said "Purpose is an essential element of you. It is the reason you are on the planet at this particular time in history. Your very existence is wrapped up in the things you are here to fulfill...remember, the struggles along the way are only meant to shape you for your purpose."

I have the privilege of working within an organization that continues to embody its purpose even 25 years after its inception. Created to provide innovative, holistic, and evidence-based eating disorder treatment for the residents of Saskatchewan, BridgePoint Center for Eating Disorder Recovery continues to ground everything it does in purpose. Above all, BridgePoint's purpose is one of **HOPE**. Hope for healing. Hope for meaningful connections with self and others. Hope for the future. This past year has been a year full of hope as BridgePoint continues to offer a variety of programming options online and in-person to meet community members where they are in their journey. Our team members become the holders of hope for those that find it difficult and nurture hope in every person-centered, strengths-based, compassionate and collaborative interaction they have.

I am excited to see what BridgePoint will accomplish in the next 25 years as our choices and next steps continue to reflect our hopes rather than our fears.



Lauralyn Blackburn (she/her)  
MSW, Clinical RSW, CEDS-S, CDWF  
Clinical Program Director





A special **thank you** to everyone who makes sacrifices to be a part of our team and make such a positive impact on our program.

## BOARD OF DIRECTORS

Amy Pickering - Chair  
Anne Rankin - Past Chair  
Kayla Seipp - Vice Chair  
Marie Kleven - Secretary/Treasurer  
Karen Gibbons  
Sharon Lyons  
Rebecca Rackow  
Clare McNab  
Alison Bokitch

## 2022-23 BRIDGEPOINT TEAM

### Leadership

Carla Chabot, BAdmin, CHE, ADII, Executive Director  
Lauralyn Blackburn, MSW, Clinical RSW, CEDS-S, Clinical Program Director  
Helen Uhrich, Senior Program Facilitator

### Financial Office

Sharie Jensen, Financial & Office Co-ordinator

### Program Facilitation & Recovery Support Team

Kara Carlson, B.A., ADII  
Lindsay Crowley, LPN, ADII  
Jenn Frerichs, RN, ADII  
Becky Giles  
Janelle Kapeller  
Chandra LePoudre, RSW, MSW, ADII  
Jackie Reimche, CCIEDC, RHN, B.Sc.(Nutr.), MA  
Janine Wager, RD, ADII  
Sydney Wright, RD, ADII

### Kitchen & Night Support

Sandra Hellings  
Sharie Jensen  
Rhonda Willis  
Barb Hannah  
Joline Watt

### Housekeeping & Maintenance

Barb Hannah  
Barry Craig



“

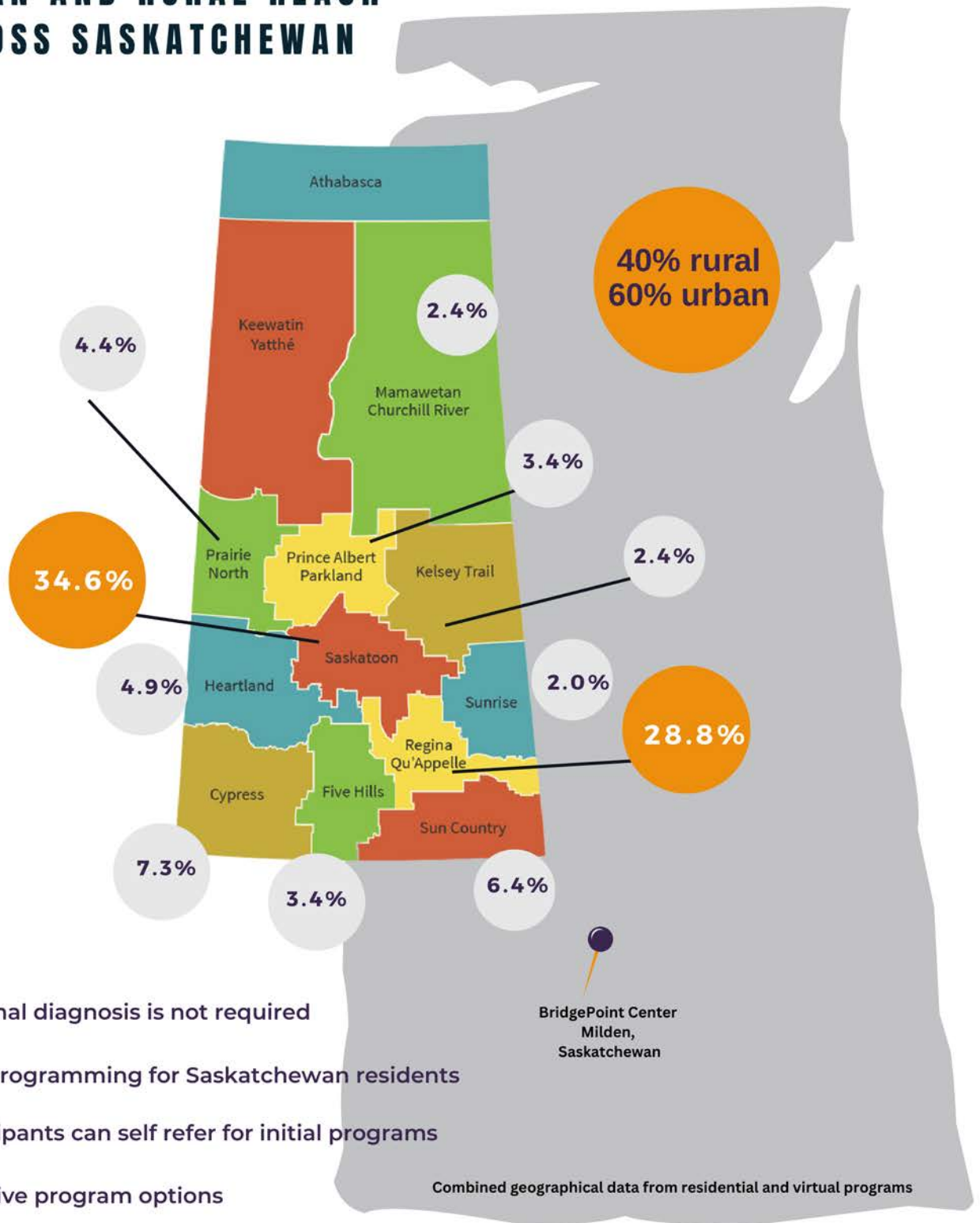
**The wide range of team's knowledge and expertise is so inspiring and helpful. Being able to provide so many different perspectives and again expertise that somehow intertwine.**

**Your kindness, compassion and support has changed my life.**

”

# Provincial

## URBAN AND RURAL REACH ACROSS SASKATCHEWAN





# PROGRAM STATS

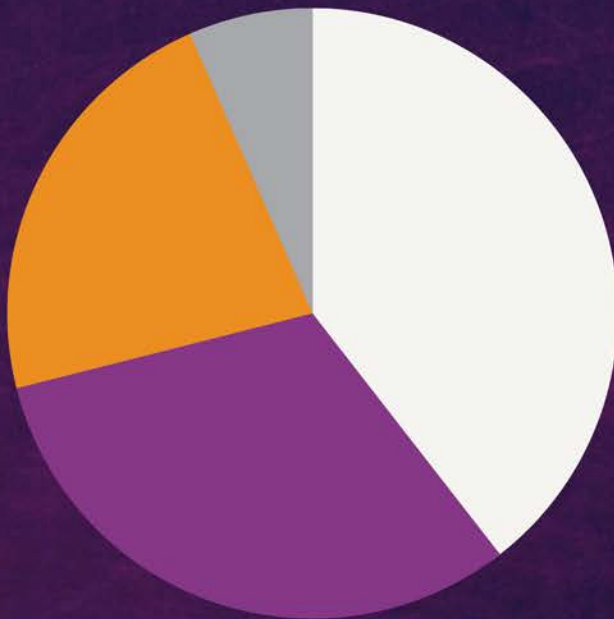


- ✓ Average age of BridgePoint participant was **36.5** years old
- ✓ Average age of our youth participants was **14.5** years old.
- ✓ **69%** of participants this year were new to our program
- ✓ **2%** of participants identify as male, transgender or other.



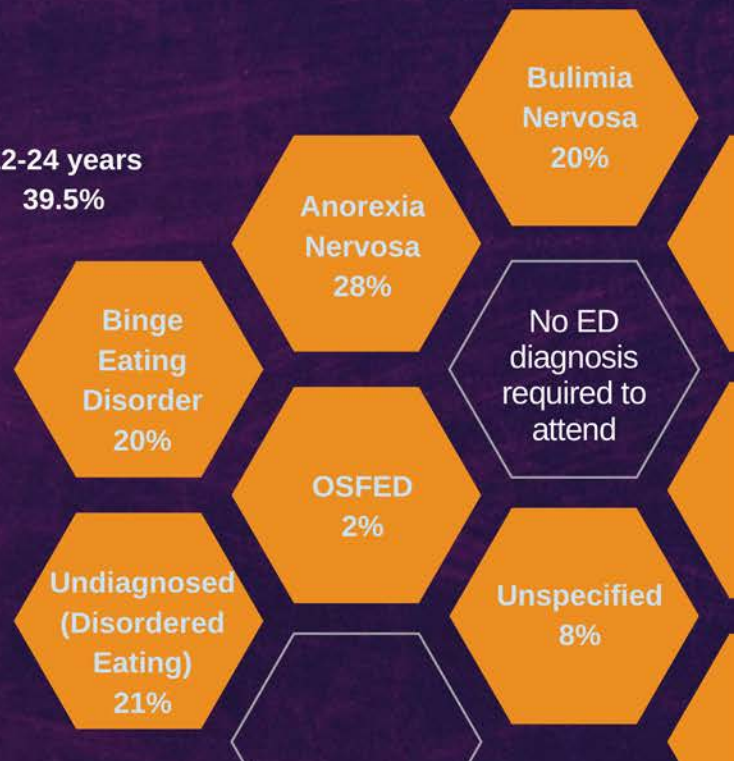
56-70+ years  
6.6%

41-55 years  
22.4%



25-40 years  
31.6%

12-24 years  
39.5%



Bulimia Nervosa  
20%

Anorexia Nervosa  
28%

No ED diagnosis required to attend

OSFED  
2%

Undiagnosed (Disordered Eating)  
21%

Binge Eating Disorder  
20%

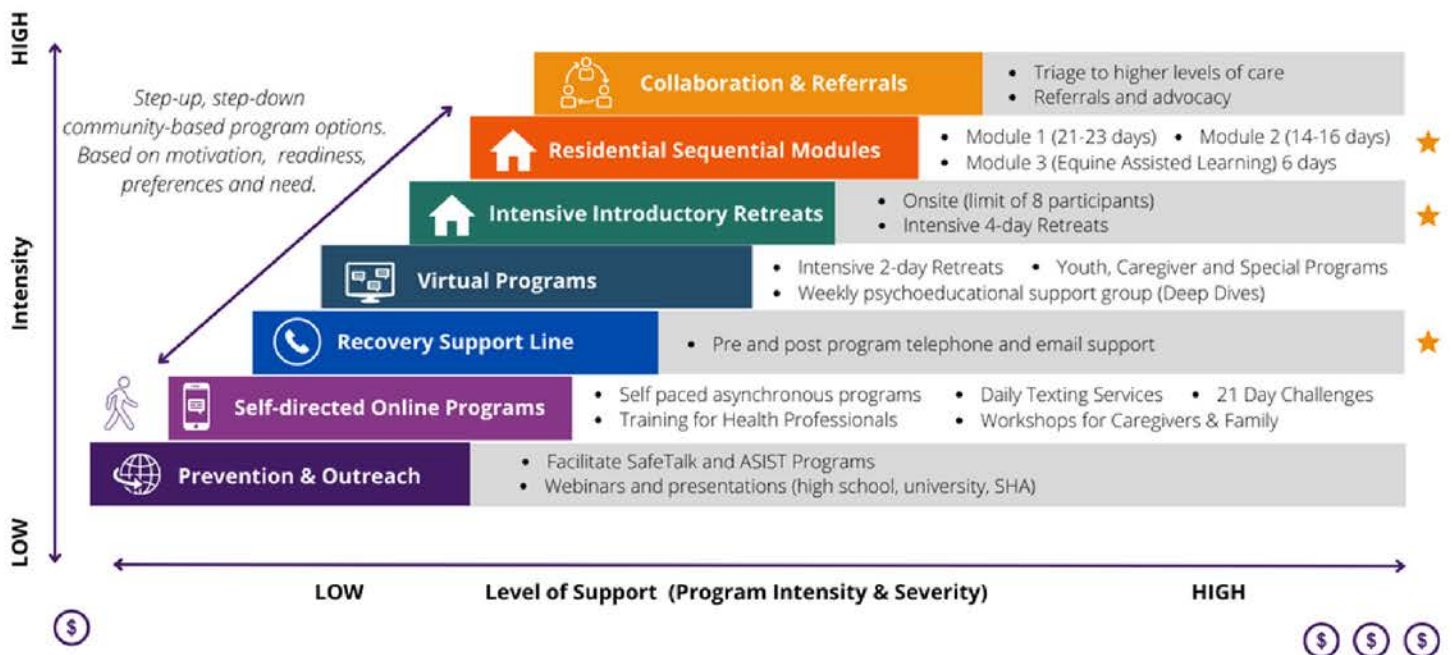
Unspecified  
8%

# Program

## STEPPED MODEL OF CARE

Our stepped care approach aims to optimize the use of resources and improve the outcomes for patients with eating disorders. We continue to embrace creativity and innovation in the way we offer our services.

Access to low-barrier, inclusive, timely, participant-centered care remains a high priority. As recovery is not linear, participants are able to utilize our services along the recovery journey continuum as needed to support their recovery.



★ Residential programs funded through Service Contract with SHA

Our residential programs are available for free of charge to Saskatchewan residents and are funded by our partnership and under a service contract with the Saskatchewan Health Authority.

With reliance on grants and donations over the last three years, BridgePoint has been able to pilot virtual treatment and programs delivered by a multi-disciplinary team of professionals who are specialized in eating disorder recovery. Virtual care has allowed us to alleviate pressure off our wait lists, reduce barriers to care, enhance our after-care programs, and increase the number of participants we can care for.

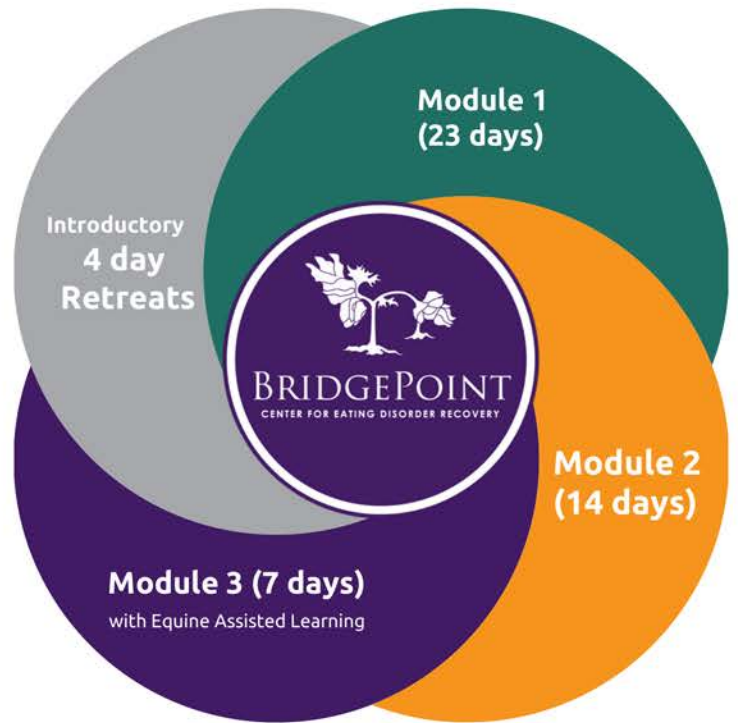
# Onsite

## SEQUENTIAL RESIDENTIAL PROGRAMMING

**Healing happens in connection and community.**

Residential programming is the cornerstone of the BridgePoint program. On the heels of the pandemic, our team and participants were ready to return to our onsite programs. Throughout a typical fiscal year, we typically offer eight onsite introductory retreats, three Module 1, one Module 2, and two Module 3 programs.

Our onsite programs are suitable for those who are medically and psychiatrically stable and are motivated and ready for change.



**126**  
onsite days  
of programming

**71**

**participants**  
attended our onsite  
programs which  
include Retreats,  
Module 1, Module 2  
and Module 3

**Waitlist for  
onsite programs  
averages  
3 months**

While on a waitlist  
for onsite programs and  
for post program support,  
many participants opted  
to join our virtual  
programs.

**8**

**private  
rooms**  
(private washrooms;  
shared showers)

**There were high  
numbers of  
cancellations  
and no-shows.**

- 24 cancelled spots (short notice)
- 8 did not show up
- 38 declined spots after application

**First hybrid  
Program  
was piloted**  
to meet the needs  
of those who are  
unable to attend onsite  
for longer Modules



# Virtual

## PROGRAM OPTIONS

BridgePoint has provided low-barrier, inclusive, and evidence-based virtual intensive outpatient programming for the past three years. BridgePoint's virtual care programs are suitable for individuals during many stages of their recovery journeys— from those contemplating recovery to providing after-care options for BridgePoint alumni. Participants can join from the comfort of their home, or often even from a hospital setting. All our programs utilize secure, encrypted software ensuring all programs are HIPAA compliant with data remaining in Canada. Having access to virtual care is often the only way folks experiencing eating disorders can access treatment.

Creating virtual care allowed us to provide timely program options that will help us increase capacity and relieve some pressure on our waiting lists. We have more demand than ever before, but only some people want or have the ability to attend onsite. We are grateful that our efforts in piloting and developing virtual program options have allowed us to fill some gaps in services in Saskatchewan.

### Revolutionary Virtual Eating Disorder Program Framework



# Virtual

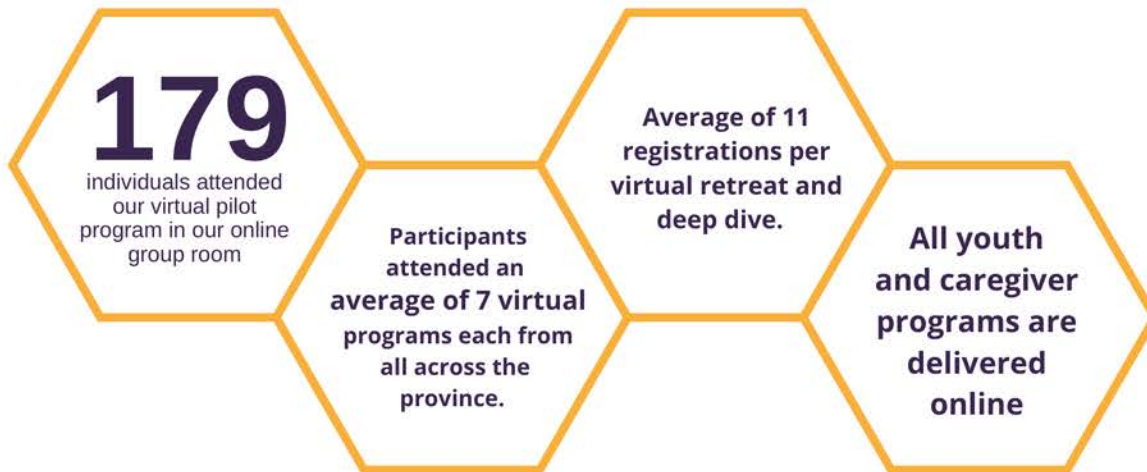
## PROGRAM OPTIONS



Virtual care is being embraced by eating disorder treatment centers globally, and BridgePoint was an early adopter of this innovative addition to how eating disorder care is offered. The scalability of virtual care allows us to flex our programs as demand changes. BridgePoint's virtual care programs are helping our participants thrive. There have been clinically meaningful quality of life outcomes and satisfaction levels comparable to in-person programs. Providing immediate, low-barrier resources and continued support is paramount to helping people understand their eating disorder or disordered eating and navigate recovery.

In collaboration with our participants' feedback, we have had many iterations of our PDSA cycle and been involved in several quality improvement initiatives. From a recent poll sent out to all our past participants who have accessed virtual care, we collected the following information:

- ✓ 98% of participants surveyed indicated that both onsite and virtual care are necessary
- ✓ 94% reported that virtual care enhanced their recovery journey and quality of life
- ✓ 58% of participants only attended virtual programs
- ✓ 38% of participants attended a combination of virtual and onsite programs



BridgePoint's virtual, youth and caregiver programs were funded by the generous support from the following funders:



Participants rated our programs  
**4 of 5**  
overall based on presentation style, quality, content, tools learned, and facilitator knowledge.

**126**  
Onsite  
program days

**70+**  
Virtual  
Programs  
(Deep Dives, Retreats, Nourished Weekly Series Groups, Youth programs and check-ins, and Caregiver Workshops)

**277**  
unique individuals  
attended onsite and/or  
virtual programs

**2000+**  
Program Emails  
(Doesn't include administrative, internal or leadership email)

**9200**  
Website Visits  
73% were new users, with the largest age range between 24-35 .

Applied Suicide  
Intervention Skills  
Training  
was delivered in the  
community to  
**42**  
attendees

Numerous  
presentations,  
conference  
speaking and  
exhibitor, and  
education  
requests.

Only 1 in 10 will access treatment for disordered eating or eating disorders.

We aim to increase the quality of life of our participants through increased:

Self knowledge & Insight,  
Sense of Hope,  
Strong Relationships,  
Personal Perspective & Meaning

Every 62 minutes at least one person dies as a direct result from an eating disorder.

STRIPED HARVARD, 2020

**Full recovery is possible.**  
It does take some time and is often anywhere from 2 to 9 years.

You can't tell if someone has an eating disorder just by looking at them.

Demand for our program is expected to continue to increase exponentially as a direct result of the pandemic and as Saskatchewan's population continues to grow.

A person with an eating disorder can be any weight, shape or size, including thinner and larger bodies.

Eating disorders don't discriminate. They affect all ages and demographics. People of all ages, genders, races, sexualities, cultures, abilities, socio-economic or educational backgrounds, and so much more.

Eating disorders have the highest mortality rate of any mental illness. Access to the right help at the right time is important to achieve full recovery.

Eating disorders thrive in secrecy and isolation.





# Efficacy

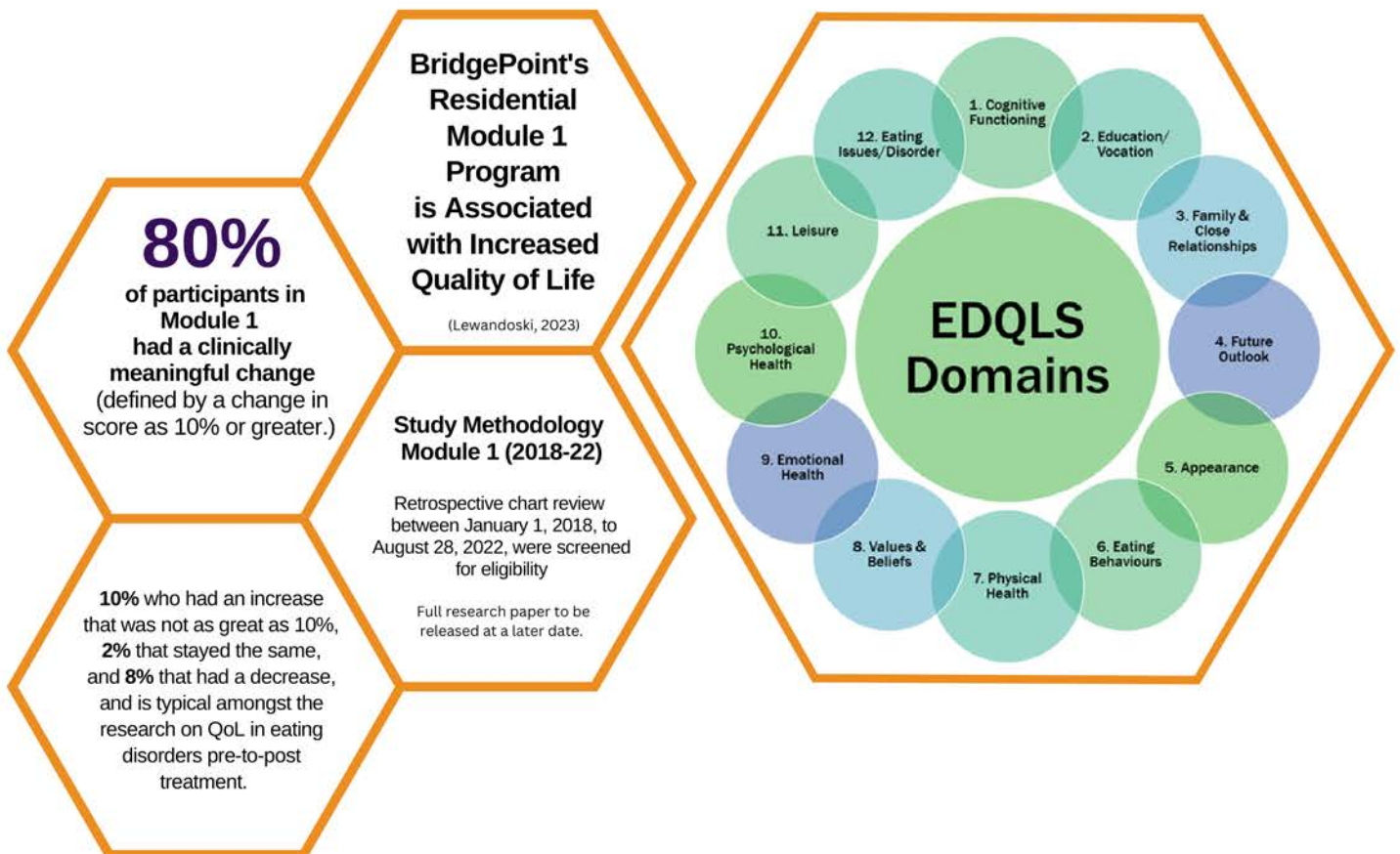
## RESIDENTIAL PROGRAM EVALUATION

### Modules 1 & 3

We are continuously reviewing our programs and taking part in quality improvement initiatives. We receive qualitative and quantitative feedback from our participants from each program that we offer. All of our program options are shaped by the voices of those with lived experience.

Because eating disorder behaviours and symptoms can persist for long periods of time, quality of life (QoL) can be an important outcome measure for these individuals and programs that they attend. BridgePoint measures QoL for each participant by utilizing the Eating Disorder Quality of Life Scale. Literature on the efficacy of residential eating disorder treatment on eating disorder related-associated outcomes is limited, especially in Canada. We had the opportunity to work with Rhea Lewandoski, RD, and Therese Kenney, MSc (PhD Student) to review our QoL data outcomes on our Module 1 and Module 3 programs. **Both studies were the first of its kind in Canada!**

These studies were unique in that they included data from a residential treatment center and included a range of body sizes that are often overlooked in eating disorder literature, a range of eating disorder diagnoses and individuals with no formal diagnosis and self-identified genders.







## RESIDENTIAL PROGRAM EVALUATION

BridgePoint has been offering Module 3 with Equine-Assisted Learning, a six-day residential program since 2019. Overall, participants rated their experience of Module 3 highly. There was a large increase in eating disorder-related quality of life across the six days. Participants described the program as being unique and promoting positive changes. They spoke specifically about the impact of connecting with the horses. Based on these findings, Module 3 with Equine-Assisted Learning is thought to be a valuable program for individuals with eating disorders. Further evaluation is needed to confirm the long-term effects of this intervention and if it should be a stand-alone program or integrated into our other modules.

### Participants showed an improvement in eating disorder-related quality of life over the Module 3 Equine Assisted Learning Program.

The magnitude of this effect size was large and comparable to longitudinal studies of eating disorder interventions (Adair et al., 2007). This suggests that Module 3 with Equine-Assisted Learning has the potential to yield clinically meaningful changes in eating disorder-related quality of life in a relatively brief time period.

Full research paper to be released at a later date.

Participants showed an improvement in eating disorder-related quality of life over the retreat.

Participants reported generally positive personal and program reflections.

Participants described positive changes that resulted from the unique experience of equine-assisted learning and which were facilitated by interactions with the horses.

Participants described positive changes that resulted from the unique experience of equine-assisted learning and which were facilitated by interactions with the horses.



# Harnessing Hope

## Our participant testimonials...

"The unique experience of the care offered by Bridgepoint is something not provided by any other province in Canada. The scarcity of resources and effective recovery programs for eating disorders in this country further elevates the care experience provided at BridgePoint, as something very special. The virtual care programming offered should provide the focal starting point of any future federal or provincial modeling for eating disorder services."

**"BridgePoint provides an absolutely critical service in the province. Funding should be increased to expand services as part of mental and physical health care to Saskatchewan residents with disordered eating/eating disorders. The programs and support offered by BridgePoint is not otherwise available in the province, and in my experience, general dietitians and counselors, outside of those at BridgePoint, are not experienced enough nor equipped to help in these areas."**

"The online programming has enabled people who would otherwise be unable to access BridgePoint programming to participate in excellent, life-altering programs. The community I have become a part of both on and offline as a result of the weekly deep dives has helped me make healthy changes in my life. I have attended in-person programming in the past (more than 3 years ago) which helped me learn a lot about myself and why I experience disordered eating. Due to changes in my health I cannot attend in-person programming, so the online content is of great value to me."

**"BridgePoint's virtual program is life-saving. The ongoing, regular support that is so accessible has made an incredible impact on my healing journey. I do not feel so isolated or hopeless now. I am learning so much."**



"BridgePoint has done a wonderful job adapting and listening to the needs of participants. I have done both residential and virtual programming at Bridgepoint. These experiences have greatly improved my quality of life. I am learning so much, and the community and support have given me hope and a sense of belonging."

**"Bridgepoint has virtually saved my life many times. . The team brings increasing depth to topics. It's quite incredible. Their passion for supporting us is inspirational. Of all the services I access, this one is superior above all others. I'm eternally grateful. BridgePoint's programming has been an invaluable resource in my healing journey. Without their care and ongoing support and the community of others with similar lived experiences, I would still be entrenched in my eating disorder and likely experiencing severe adverse health conditions."**

“  
For the first time in years, I believe recovery is possible. I feel like my eyes and heart have opened . Your kindness, compassion and support has changed my life.  
”

# History

## EVOLUTION & INNOVATION



Closure of Mildens Union Hospital



Investigative Committee Established

Mildens Venture Project Corporation created and acquired building for \$1



Volunteers continued to advocate, lobby, research and fundraise.

Official Opening of BridgePoint's Residential Program June 27, 1997 with 3-year pilot project funding of \$200,000



Provincial funding secured to provide provincial residential eating disorder program.



Additional funding support of \$350,000 from provincial government to support ongoing residential programs

Demand increased during and after COVID-19 pandemic



Innovation, development, research and pilot of addition of virtual care programming throughout the pandemic.



Reliance on short term grants to sustain virtual care and operational pressures.

3rd year of offering residential, and virtual care.



Piloting of hybrid program options in addition to onsite and virtual programs

# Service ACHIEVEMENTS



**Janine Wagar**



**Helen Uhrich**



**Lindsay Crowley**



**Lauralyn Blackburn**

Please help us celebrate and acknowledge the dedication, passion and expertise of our team members as we celebrate these important service milestones.  
**Thank you for all you do!**



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