Research Article

The Effectiveness of Online Eating Disorder Treatment: A pilot study

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Abstract: (1) Background: Eating disorders (ED) affect one to three million people in Canada and have greater rates of mortality than any other mental illness. Treatment options and access for ED are critical, especially in the time of COVID-19. Online treatment programs to treat ED have been formulated by BridgePoint Center for Eating Disorder Recovery, utilizing a biopsychosocial community-based method. BridgePoint constructed a two-day virtual retreat online program for the treatment of ED and a weekly two-hour deep dive online session for the treatment of ED. The efficacy of the online programs has yet to be determined. (2) Methods: A field research, mixed method survey was employed in this pilot study. The quantitative and qualitative data was collected following the completion of a two-day virtual retreat as well as a two-hour weekly deep dive session. A total of 92 participants completed the surveys between the ages of 16-68 years old. A descriptive summary approach was used for quantitative data. Thematic analysis was performed on the qualitative data. (3) Results: It was demonstrated through the quantitative data that the online virtual retreat and the deep dive sessions provided by BridgePoint were rated positively. The thematic analysis of qualitative data produced three themes, a) the intent to continue treatment, b) understanding and direction and c) importance of community. (4) Conclusion: It can be concluded that the virtual retreat and deep dive sessions for ED treatment provided by BridgePoint are effective methods to treat ED in the time of COVID-19. The common connection between all themes was the increased accessibility of ED treatment due to the online programs while also displaying technological issues as a common drawback.

Keywords: eating disorders; online; treatment; recovery; efficacy; COVID-19; BridgePoint

1. Introduction

Eating disorders (ED) are life-long serious illnesses that affect all aspects of one's life, being related to psychological, financial, social, and medical difficulties [1,2]. One to three million people in Canada have characteristics that would meet the diagnosis of an ED [3]. ED are defined by significant disturbances in eating resulting in either excessive food intake or insufficient food intake [4]. ED recognized by the DSM-5 are anorexia nervosa (AN), bulimia nervosa (BN), binge-eating disorder (BED), and atypical. Treatment of ED are imperative as these disorders have greater rates of mortality than any other mental illness, with AN being the most lethal [1, 5].

The most common treatment method utilized to treat ED includes cognitive behavioral therapy (CBT), which works to changes one's thoughts, feelings, and subsequent behavior [6]. An alternative treatment, community-based treatment, has been implemented in Canada through the BodyBrave program [5]. This type of treatment focuses on many recovery areas including nutritional health, mental health, emotional health, and family influence, reflecting a biopsychosocial model [3]. Although treatment is effective, COVID-19 has exacerbated not only eating disorder behaviors in patients, but it has limited their access to treatment [5].

BridgePoint Center for Eating Disorder Recovery utilizes a holistic biopsychosocial community-based therapy approach for treating ED. Due to COVID-19, treatment for ED patients transitioned

to an online platform while retaining the community-based approach. The group setting, although online, allows for human connection, community support, and acceptance [8]. BridgePoint formulated both a two-day virtual retreat and weekly two-hour deep dive sessions to treat ED throughout the COVID-19 pandemic. Although other online treatments have been effective [5,7, 8, 9], BridgePoint's online presence has yet to determine the effectiveness of their offered programs. Therefore, the objectives of this pilot study were (1) determine the effectiveness of the two-day virtual retreat to treat ED patients and (2) determine the effectiveness of the two-hour weekly deep dives to treat ED patients. These objectives will be evaluated from both the quantitative data and qualitative data collected. The hypotheses are (1) the online two-day virtual retreat will be effective for treating ED and (2) the online two-hour weekly deep dive sessions will be effective for treating ED.

2. Methods, Materials, and Procedure

2.1 Research Design and Participants

The pilot study was a field research, mixed method survey in which data was collected via non-probability purposive sampling and took place from June 2020 to June of 2021. A total of 92 participants were recruited for this study. Participants included diagnosed eating disorder patients, self-diagnosed eating disorder patients, or self-identified disordered eating individuals between the ages of 16 years old to 68 years old. The quantitative and qualitative data was collected for both the two-day virtual retreat and the weekly two-hour deep dive sessions. Mixed-methods data was collected in order to provide findings at a deeper, holistic level and to give researchers insight to the participants' experiences with the online platforms [5].

The two-day virtual retreat hosted by BridgePoint included an intense two-days of group sessions with participants, BridgePoint employees, and two registered dietitians. Topics for the retreat included hopes and fears, owning your story, permission slips, offloading hurt, and reflections. Once the two-day virtual retreat was finished, participants completed the mixed-method survey. The weekly Deep Dives included evening group sessions, with each week reflecting a specific topic to discuss. These sessions included participants, and BridgePoint's multi-disciplinary team of professionals and paraprofessionals (including registered social worker and dietitians). Once the two-hour deep dive had finished, participants completed the mixed-method survey.

2.2 Data Collected and Data Analysis

The quantitative data for the virtual retreat included a self-assessment survey and a program survey. The self-assessment survey included a total of eight statements in which answers were provided on an interval scale which ranged from zero (strongly disagree) to five (strongly agree). A higher score indicated a stronger outcome. The program survey included a total of six statements which participants answered on an interval scale which ranged from zero (below expectations) to five (exceeds expectations). A higher score indicated a stronger outcome. The deep dive quantitative data consisted of the program survey identical to the virtual retreat program survey.

The qualitative data for the virtual retreat and the deep dives included questions focusing around the tools the online program provided participants, the major themes or descriptors participants would use to evaluate the program, as well as open-ended questions that allowed for elaboration about thoughts and feelings surrounding the program.

A descriptive summary approach was used for quantitative data. Percentages, medians and interquartile ranges (IQR) were calculated in response to the rating interval questions where appropriate [10]. The percentages to the responses will be presented to display the satisfaction the online program had for treating ED patients, answering hypothesis (1) and (2). The qualitative data was analyzed via thematic analysis using MAXQDA 2018. Thematic analysis followed Braun & Clarke's (2008) five stage process including, 1) familiarization with the data by initially reading, 2)

generating codes and coding the data, 3) collating codes into themes, 4) defining and labelling themes, and 5) selecting illustrative quotes [10].

3. Results

3.1. Virtual Retreat Quantitative Results

3.1.1 Personal Survey Responses

The personal survey data collected after the virtual retreat informed researchers on individuals' growth, insight, level of perspective, and other tools gained throughout the retreat. Generally, the personal gains self-reported by participants were positive (median = 4.09/5). The responses to the personal survey broken by percentages can be viewed below.

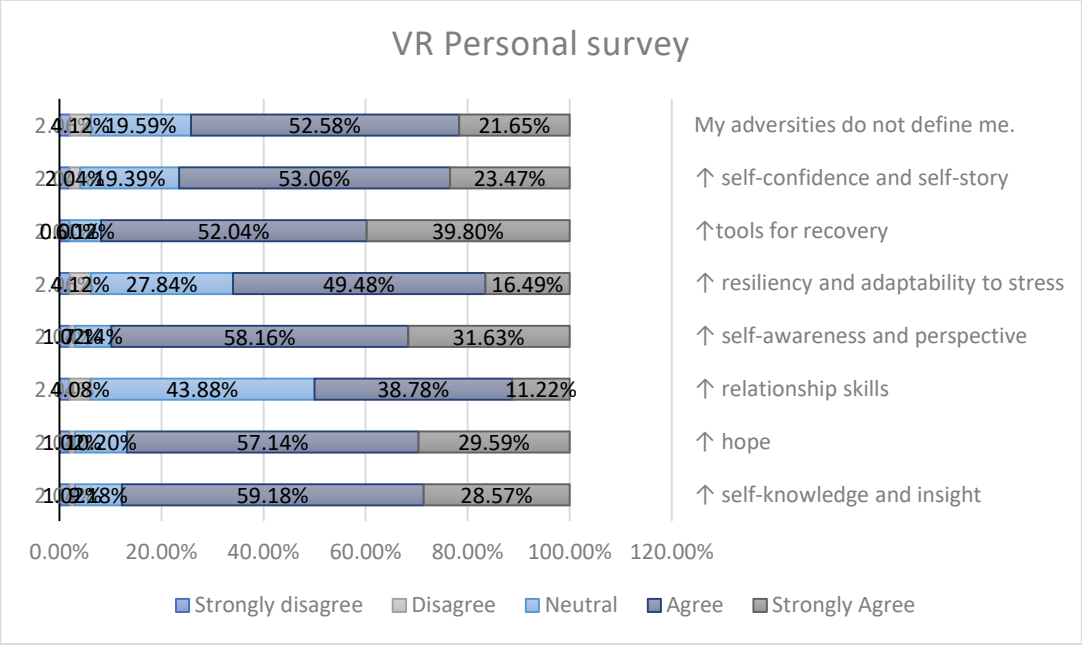

Figure 1: Bar graph representing the percentage of responses for each survey statement from all participants. Data ranges from strongly disagree (1) to strongly agree (5).

The percentage breakdown for the participant responses can be viewed above. As displayed, majority of participants agreed with the personal statements made in the survey. Majority of individuals (52.6%) believed their story of who they are, their capabilities, and how they want to show up in the world has increased. Most participants (52.0%) believed that after the two-day virtual retreat they had increased the tools integral in recovery. Participants (49.5%) also viewed their resiliency and their adaptability to stress had increased following the virtual retreat. Knowledge and insight increased in majority of participants (59.2%). Majority of participants (58.2%) believed their self-awareness and perspective increased due to the retreat. Participants agreed (57.1%) that their hope for the future and recovery increased following the virtual retreat. The only variable that participants showed neutral self-improvement rating was for relationship skills (43.9%).

3.1.2 Program Evaluation Survey Responses

The program evaluation survey data was collected after the virtual retreat informed researchers on the program qualities, rating of methods, and overall effectiveness of the online

program. Generally, the program evaluation survey self-reported responses were positive (median = 3.75/5). The responses to the program evaluation survey can be viewed below.

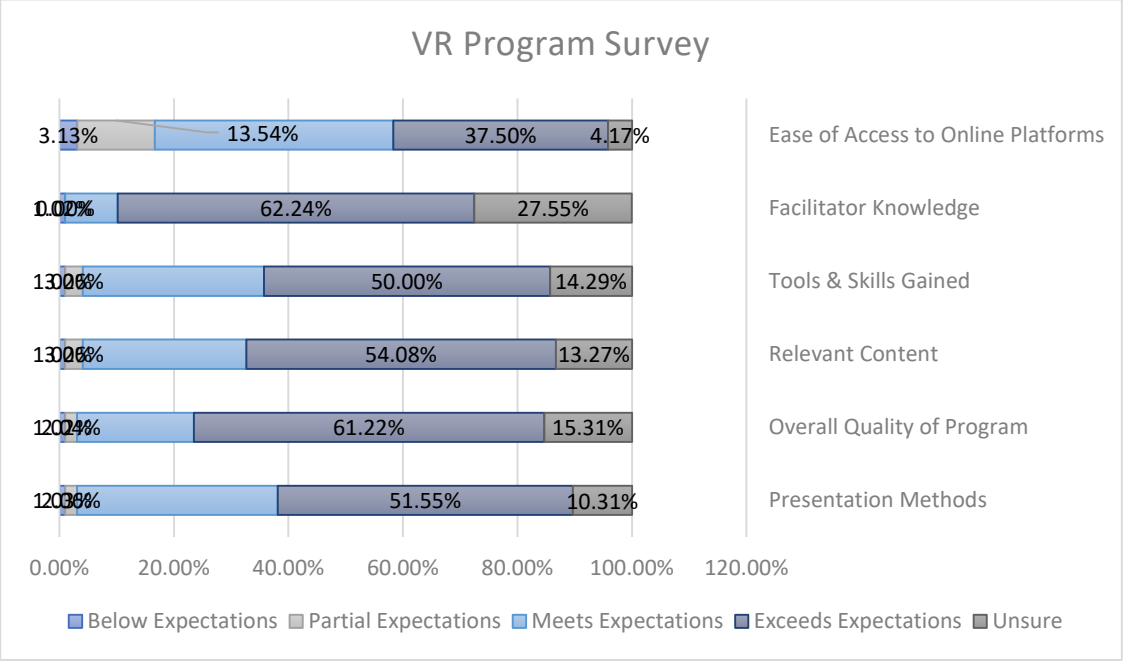

Figure 2: Bar graph representing the percentage breakdown of responses for each survey statement from all participants. Data ranges from below expectations (1) to exceeds expectations (5).

The percentage breakdown for the participant responses can be viewed above. As displayed, a majority of participants rated the program as exceeds expectations in the areas of question. Majority of participants (62.2%) believed that the facilitator knowledge during the virtual retreat program exceeded expectations. Additionally, participants (50.0%) believed that they gained tools and skills vital in their recovery, participants (54.1%) also saw an increase in relevant content regarding eating disorders. For the online platform itself, 51.2% of participants believed that the presentation methods exceeded expectations and 61.2% of participants found that the overall quality of the online virtual retreat exceeded expectations. Last, the smallest percentage (37.5%) of participants rated the ease of accessing the virtual retreat online as exceeds expectations.

3.2 Weekly Deep Dive Quantitative Results

3.2.1 Program Evaluation Survey Responses

The program evaluation survey was collected following the deep dives and provided researchers insight into the program qualities, implementation of methods, and overall effectiveness of the online program. Generally, the program evaluation survey self-reported were positive (median = 3.7/5). The responses to the program evaluation survey can be viewed below.

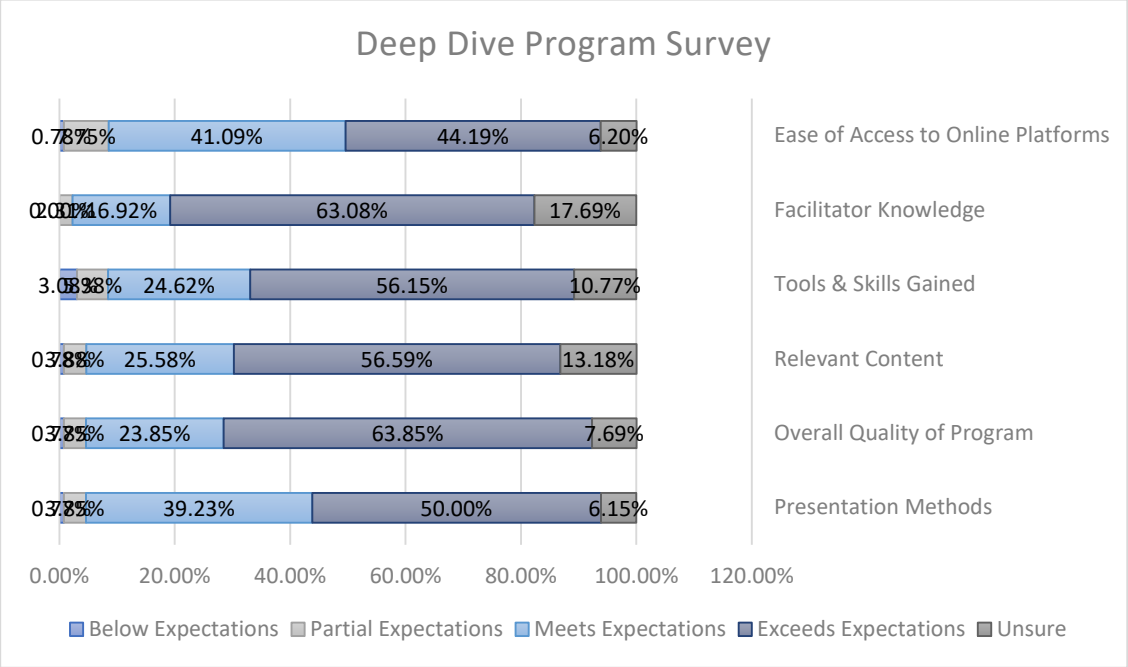

Figure 3: Bar graph representing the percentage breakdown of all participant responses to the program evaluation survey prompts. Data ranges from below expectations (1) to exceeds expectations (5).

The percentage breakdown for the participant responses can be viewed above. As displayed, majority of participants (63.1%) rate the facilitator knowledge during the weekly deep dives exceeded expectations. Participants (56.2%) believed that the tools and skills vital in their recovery journey was gained throughout the deep dive session. Majority of participants (56.6%) believed that relevant content was presented and retained. In direct regards to the online platform, majority of participants (63.9%) rated the overall quality of the program to have exceeded expectations and participants (50.0%) also rated the presentation methods to exceed expectations. Last, the smallest percentage (44.2%) o participants rated the ease of accessing the online platform as exceeds expectations. This was followed by 41.1% of participants rating the ease of accessing the online platform as meets expectations.

3.3 Virtual Retreat and Deep Dive Qualitative Results

Three main themes were identified following analysis of free text response, coding, and forming themes. The three themes were identified for both the Virtual Retreat and the Deep dives. These themes are (1) Continuation of treatment, (2) Understanding and Direction, and (3) The importance of community. These themes for both the deep dives and virtual retreat can be visualized in figure 4 on the following page. These themes are described further below and have been illustrated with relevant quotations. Quotes are as written from participants with only minor adjustments for spelling and ease of reading.

3.3.1 Continuation of Treatment

Participants in both the virtual retreat and deep dives indicated the drive and need for continuation of treatment due to behaviors and consistency, the impact BridgePoint programs have for their recovery, the impact each facilitator has in their recovery, and the accessibility of programs.

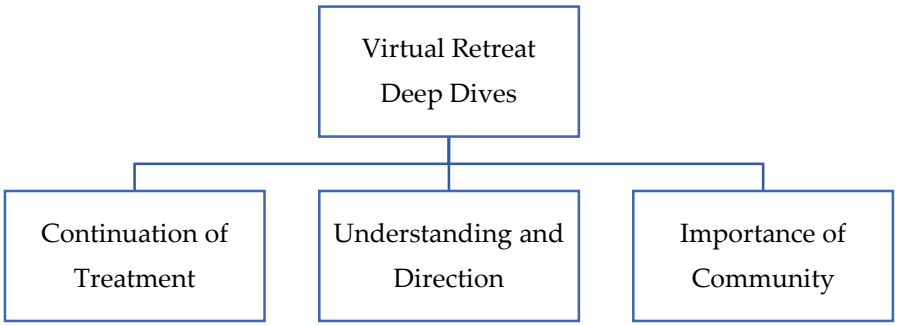

Figure 4: Hierarchy displaying the three main themes identified through thematic analysis of the qualitative data for both the virtual retreat and the deep dive sessions.

Participants indicated that consistency through both the two-day virtual retreat and the weekly deep dive sessions held them accountable for their recovery, which was integral in moving forward in the journey of their eating disorder recovery. Especially for the weekly deep dive sessions, participants indicated the weekly meetings were vital to staying dedicated to practicing tools, utilizing knowledge gained for their recovery process.

"Having a weekly connection with BridgePoint helps me to stay committed to recovery and helps me to reset my intentions for the week"

"I so appreciate the addition of these BridgePoint nights to my weekly routine."

"These mid-week evenings feel like a lifeline right now!"

As these direct quotations display, the virtual opportunity to connect with other individuals and the BridgePoint team is crucial to individual's behavior and eating disorder recovery practices. In addition to the online platform making a weekly routine possible, the impact the program and the facilitators had on individuals was another key indicator as to why participants are eager to continue treatment. Facilitators and the BridgePoint program were consistently highlighted by participants for both the virtual retreat and the deep dive sessions.

"I've worked with a LOT of doctors, dieticians, psychiatrists and in all of my experience, I can see that BridgePoint is different than any other treatment facility. I never thought recovery would ever be possible, let alone I'd be choosing it. Much of that credit goes DIRECTLY to BridgePoint."

"The team is so understanding, supportive, and know how to be vulnerable themselves by showing their own honesty and human faults."

These are just a few of the many comments made by participants regarding the impact not only the BridgePoint program has had on their recovery journey, but the facilitators as well. In connection to the recovery impact potential BridgePoint has, is accessibility. Accessibility to the online platform put forth by BridgePoint received mostly positive feedback which contributed to the drive to continue treatment. Some qualitative analysis displayed negative feedback regarding technological issues, but majority of the feedback regarding the online programs was positive and appreciative. Increased accessibility while decreasing potential barriers allowed participants to contribute and be part of the program from the comfort of their homes, saving travel time, money, and overall made accessing treatment easier.

"No issues with internet connection. Online is working well! Evening sessions are very helpful so that I don't have to take time off work to attend."

"It saved gas money, hotel stay, etc. for a 4 hour travel."

"Yes, I definitely would attend more online programming. It is accessible to me this way as a person with a disability who is not currently physically able to travel to BridgePoint ."

Accessibility to group treatment with BridgePoint facilitators and registered dieticians increased for many participants. Besides some technological issues, individuals seemed very pleased with the online format. It was noted that individuals felt like they could still connect with others due to the group setting while also receiving treatment and working on their recovery. Overall, the weekly availability of online treatment, the increased accessibility, the program impact, and facilitator impact resulted in participants indicating to continue to seek treatment from BridgePoint, online or in person. The online format review demonstrates its effectiveness at providing treatment during times of COVID-19.

3.3.2 Understanding and Direction

The second theme identified through thematic analysis for both the virtual retreat and the deep dive sessions was the drive for understanding oneself and the need for recovery direction in which BridgePoint was vital in providing. The need for understanding and direction was met through the knowledge and education BridgePoint provides regarding eating disorders including "tools" to add to the recovery "toolbox", the insight regarding the self, the importance of vulnerability, and the increased accessibility to this knowledge. Participants highly indicated that BridgePoint is vital for providing recovery tools and knowledge which is utilized frequently,

"Numerous resources, such as books and websites, a better understanding of what I am going through and why, knowledge that I am not alone in my disordered eating and hope that things will get better."

"The ongoing discussion and review of concepts are absolutely helpful and uplifting."

"I have been reminded of the tools I already have and ways to keep using them to help me recover."

The information about eating disorders provide by BridgePoint is critical to an individual's recovery journey, as highlighted by participants. Knowledge, tools, and resources were high in frequency for the coding of data, suggesting its importance in this theme. The online platform did not seem to diminish or hinder the delivery of the knowledge and tools vital in a recovery journey. Additionally, the accessibility of this information increased due to the online platform offered by BridgePoint.

"I appreciate EACH opportunity to connect with BridgePoint. In spite of technological issues (which I feel stressed and a bit panicky about), I ALWAYS learn something even though I am more elderly and have had a long association with BridgePoint. I love learning and especially when I can use tools to better cope with life and people in general."

With the information BridgePoint provides, the format the information is presented in, and the increased accessibility to this information, the theme for understanding and direction was evident within the coding of the qualitative data. The online platform did not hinder the deliverance, or the content of the information shared. Majority of participants seemed to list knowledge, education, tools and resources as key factors provided by BridgePoint in the virtual retreat and deep dive sessions.

3.3.3 The Importance of Community

This was one of the more predominant themes generated from almost all participants for both the deep dive sessions and the two-day virtual retreat. The importance of community for individuals with ED stemmed from a sense of belonging, connection to others, and the need for support. Those with ED often feel the stigma that accompanies the disease. A platform and place such as BridgePoint allow for group setting in which one can feel a sense of belonging and can be comfortable, even through the online platform.

"A place to go where there are people who know what I am going through."

"Feeling like I am part of a community even though it is online."

"Knowing I am not alone. Knowing there is support out there for me. It's still so taboo to talk about eating disorders yet so many people suffer from it. BridgePoint helps break the secret so to speak. I don't know what I would do without the support from the center and the staff."

The participants not only highlighted a sense of belonging, but also noted how important connection with one another was, supporting each other through recovery, and at least 10 participants noted how recovery cannot happen in isolation. The group platform that BridgePoint utilizes allows for connection to others, to develop an understanding that one is not alone and that there is somewhere to go and someone to talk to. It was noted by some participants that online will not be able to replace in person sessions,

"I will attend programs online in the future, guaranteed, although this sort of group works best when it is in person. You need to be physically near another person; virtual groups do not have the same power at all."

"Although online can never replace in person contact"

These are just some examples of the need and drive for human connection participants expressed in which the virtual option did not fulfill. Although recognizing these responses, it has to be noted that a majority of individuals did feel the connection, support, belonging and community the online platform allowed for. Majority of participants indicated they would attend future online treatment, while also connection to other participants through phone, email or social media, reinforcing the feelings of support and community. Therefore, the sense of belonging was filled for most participants, making the online platform not only accessible but enjoyable and supportive.

4. Discussion

This pilot study aimed to investigate the effectiveness of the online platforms offered by BridgePoint for treating eating disorders. The first objective was to determine the effectiveness of the virtual retreat for treating eating disorders, and the second objective was to determine the effectiveness of the deep dive session for the treatment of eating disorders. The quantitative data collected provided insight into the participant ratings of both the virtual retreat and deep dives. As one can see from figures 2 and 3, the online programs were overall rated positively. Majority of participants rated the program as exceeds expectations or meets expectations for both the deep dives and the virtual retreat. Other studies such as Brothwood et. al., (2021) used similar descriptive statistics when examining online treatment for eating disorders. Researchers concluded that their online treatment was found to be helpful and accessible with some participants rating the platform as less comfortable [9]. Our findings support the factors of accessibility and helpfulness of online treatment, identified by Brothwood et. al., 2021. In contrast, most of our participants found the online platform to be comfortable, and rather found it lacking somewhat for personal

connection while noting technical issues. The lack of connection is a noted finding in other studies regarding online treatment during COVID-19. As noted by Vuillier et. al., 2021, participants experienced a detached connection online to others and to therapists which seemed to hinder their treatment experience [5]. Similarly, in Lewis et. al., 2021, researchers identified a lack of alliance between individuals and therapists and attributed this lack of connection to a more negative perspective of the online platform [11]. Additionally, technological issues seem to always accompany online treatment. Issues such as internet connectivity, and other hiccups via technology accompany almost all studies examining online treatment for ED [5, 9, 10]. This adverse effect seems to accompany online treatment, regardless of the type of treatment, length, number of participants, or program type [5, 10, 11]. In all, the quantitative data collected for this pilot study supports other literature regarding the efficacy and necessity of online treatment for eating disorders, especially during this unprecedented time while also recognizing common drawbacks that will always accompany online treatment.

The qualitative data collected allowed for a more holistic, richer understanding of participants' online experience. The three themes identified were (1) intent to continue treatment, (2) understanding and direction, and (3) importance of community. It is interesting to note that the themes identified throughout the qualitative thematic analysis are key components for eating disorder recovery, reflecting the impact and efficacy of BridgePoint's programs, even online. Factors such as accountability, connection, community, knowledge, tools, understanding the self, vulnerability, belonging and support, which all constituted the three themes, are all critical components of a recovery journey [12, 13, 14, 15]. In a study conducted by Vanderlinden et. al., (2007), components such as understanding the eating disorder, support from other patients, support from family, support from a therapist, learning skills, and giving up social isolation were some of the many key factors identified by both patients and therapists as integral in a recovery journey [14]. Additionally, in a study conducted by Eaton, C. M., (2020), factors such as connecting with family, friends, and therapists, reconnecting to the self and embracing vulnerability, seeing hope, and continuation to work toward recovery in times of hardship, were critical in moving forward in a recovery journey [15]. These findings align with the themes and codes identified within the pilot study conducted, emphasizing the efficacy of BridgePoint programs. These findings suggest that the online programs provided individuals with the critical tools, information, and support needed during the recovery process. This highlights the efficacy of the online programs offered.

Another important finding to highlight was the accessibility of the online programs. Accessibility was a common connection between all three themes identified. The online treatment option was highlighted throughout the qualitative data, making treatment available for those with lower socioeconomic status, those that may have difficulty attending in person, those with conditions such as a disability that may limit travel, or even those who may experience other conditions such as social anxiety. The online program was able to provide a safe, private space for individuals to access treatment. It is noted that individuals with ED display limited treatment seeking behavior [8]. Barriers to seeking treatment include lack of access, lack of accessibility, as well as feelings of shame, guilt, or fear, which may all have been exacerbated by COVID-19 [8]. The online virtual retreat and deep dive sessions offered by BridgePoint can help eliminate the lack of accessibility during this time, as well as using the biopsychosocial community based model helps eliminate the feelings of shame, guilt or fear by providing a safe space with a sense of belonging and community, as highlighted by participants. These findings further support the usefulness and effectiveness of online programs such the virtual retreat and deep dive sessions provided by BridgePoint. One factor that may limit the access to online treatment or that may deter patients is the technological issues. As noted by Brothwood et. al. (2020), participants noted that technology issues will always accompany online treatment and overall, there is nothing coordinators could do to improve the online platform [9]. Therefore, it is important to take away that no matter the platform, there will always be drawbacks. Overall, the positives from online treatment displayed

throughout this pilot study suggest the continuation of offering online treatment programs even when in-person programs are back. The option to online programs increases accessibility, decreases barriers to treatment, and can be integral in assisting individual during their recovery process.

5. Conclusions

Overall, this pilot study highlighted the advantages as well as disadvantages of online ED treatment. The virtual retreat and deep dive sessions offered by BridgePoint were viewed positively by a majority of participants when examining the descriptive quantitative data. The qualitative data provided greater depth to the understanding of participant experience to the online platforms. Overall, the online platforms encouraged the drive of individuals to continue down the path of recovery while providing understanding, direction, education, knowledge, support, connection and a sense of belonging. The online platforms displayed efficacy for the treatment of ED through the positive feedback and three main themes identified. Increased accessibility was a common connection between all themes. The accessibility the online programming provided allowed for individuals to access treatment from the comfort of their homes on a more regular basis. The major drawback to online programs was the technological issues that seem to always accompany this form of treatment. In all, the positive feedback from participants regarding the online programs offered by BridgePoint suggests the need for the continuation of online programs even when in-person programming is offered.

Funding: This research received no external funding.

Acknowledgments: Researchers would like to acknowledge the vital and integral role patients had in making this pilot study possible. Researchers would like to extend a thanks to all participants as well as coordinators, facilitators and everyone involved in getting the online platform accessible.

Conflicts of Interest: The authors declare no conflict of interest

References

1. Akoury, L. M., Rozalski, V., Barchard, K. A., & Warren, C. S, (2018). Eating disorder quality of life scale (EDQLS) in ethnically diverse college women: an exploratory factor analysis. *Health and Quality of Life outcomes*, 16(38), https://doi.org/10.1186/s12955-018-0867-1
2. Matheson, B. E., Bohon, C. & Lock, J. (2020). Family-based treatment via videoconference: clinical recommendations for treatment providers during COVID-19 and beyond. *International Journal of Eating Disorders*, 53, 1142-1154. DOI: 10.1002/eat.23326
3. Barranger, C., Marashi, M., Marr, E., Sultan, Z. & Warren, R. (2020). Reviewing the efficacy of community-based treatment for eating disorders. *McMaster Research Shop for Body Brave.* http://hdl.handle.net/11375/26034
4. Rikani, A. A., Choudry, Z., Choudry, A. M., Ikram, H., Asghar, M. W., Kajal, D., Waheed, A., & Mobassarah, N. (2013). A critique of the literature on etiology of eating disorders. *Annals of Neurosciences*, 20(4), 157-161. doi: 10.5214/ans.0972.7531.200409
5. Vullier, L., Greville-Harris, M., Surman, R., & Moseley, R. L. (2021). The impact of the COVID-19 pandemic on individuals with eating disorders: the role of emotion regulation and exploration of online treatment experiences. *Journal of Eating Disorders*, 9(10). http://doi.org/10.1186/s40337-020-00362-9
6. Murphy, R., Straebler, S., Cooper, Z., & Fairburn, C. G. (2010). Cognitive behavioural therapy for eating disorders. *The psychiatric clinics of North America*, 33(3), 611-627. doi: 10.1016/j.psc.2010.04.004
7. Zerwas, S. C., Watson, H. J., Hofmeier, S. M., Levine, M. D., Hamer, R. M., Crosby, R. D., Runfola, C. D., Peat, C. M., Shapiro, J. R., Zimmer, B., Moessner, M., Kordy, H., Marcus. M. D., & Bulik, C. M. (2017). CBT4NB: a randomized controlled trial on online chat and face-to-face group therapy for bulimia nervosa. *Psychotherapy and Psychosomatics*, 86, 47-53. DOI: 10.1159/000449025
8. Munsch, S., Wyssen, A., Vanhulst, P., Lalanne, D., Steinemann, S. T., & Tuch, A. (2019). Binge-eating disorder treatment goes online – feasibility, usability and treatment outcome of an internet-based treatment

for binge-eating disorder: study protocol for a three-arm randomized controlled trial including an immediate treatment, a waitlist, ad a placebo control group. *BMC,* 20, 128. http://doi.org/10.1186/s13063-019-3192-z

9. Brothwood, P.L., Baudinet, J., Stewart, C. S., & Simic. M. (2021). Moving online: young people and parents' experiences of adolescent eating disorder day programme treatment during the COVID-19 pandemic. *Journal of Eating Disorders,* 9(26), http://doi.org.10.1186/s40337-021-00418-4
10. Braun, V. & Clarke, V. (2008). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101. DOI: 10.1191/1478088706qp063oa
11. Lewis, Y. D., Elran-Barak, R. Tov, R. G., & Zubery, E. (2021). The abrupt transition from face-to-face to online treatment for eating disorders: a pilot examination of patients' perspectives during the COVID-19 lockdonwn. *Journal of Eating Disorders*, 9(31). http://doi.org/10.1186/s40337-021-00383-y
12. Hanley, F., Torrens-Witheroq, B., Warren, N., Castle, D., Phillipou, A., Beveridge, J., Jenkins, Z., Newton, R., & Brennan, L. (2020). Peer mentoring for individuals with an eating disorder: a qualitative evaluation of a pilot program. *Journal of eating disorders*, 8(29). https://doi.org/10.1186/s40337-020-00301-8
13. Vanderlinden, J., Buis, H., Pieters, G., & Probst, M. (2007) Which elements in the treatment of eating disorders are necessary "ingredients" in the recovery process? A comparison between the patient's and therapist's view. *European Eating Disorder Review,* 15, 357-365. https://doi-org.cyber.usask.ca/10.1002/erv.768
14. Bardon-Cone, A., Hunt, R. A, & Watson, H. J. (2018). An overview of conceptualizations of eating disorder recovery, recent findings, and future directions. *Topical Collection on Eating Disorders,* 20(79). https://doi.org/10.1007/s11920-018-0932-9
15. Eaton, C. M. (2020). Eating disorder recovery: a metaethnography. *Journal of the American Psychiatric Nurses Association*, 26(4), 373-388. https://doi.org/10.1177/1078390319849106