The Australian Eating Disorders Research and Translation Centre

AEDTRC Eating Disorders Think Tank 2025

'Coming Together to Advance Science and Understanding'

Pre-Think Tank ECR Event – Wednesday 28 May 2025

Time	Format	Venue Location
3pm – 4:30pm	**eJournal Club in Person Meeting**	USYD Business School CBD Campus, Seminar Room 1613, Level 16, 133 Castlereagh Street, University of Sydney Business School, CBD Campus
3pm – 4:30pm	*As part of the annual Eating Disorders Think Tank, the AEDRTC eJournal Club will be held live and in person. This session will be followed by a networking event specifically for Early to Mid-Career Researchers. The eJournal Club provides a platform for academics and health professional to meet and critically evaluate peer-reviewed research articles. Helping to support the field to keep up with the ever-increasing volume of scientific evidence, highlight new findings and enhancing skills in appraising research methodology, especially for those who are starting out in their career as a researcher.*	
4:30pm – 6pm	**ECR Networking Event**	USYD Business School CBD Campus, Seminar Room 1613, Level 16, 133 Castlereagh Street, University of Sydney Business School, CBD Campus
4:30pm – 6pm	*Following the eJournal Club, the networking event will be a wonderful chance for EMCRs to connect, share experiences, and build collaborations in a supportive and friendly environment. This post meeting networking event will be available for in-person conference delegates only at no extra charge. Drinks and light catering will be provided for attendees.*	

The Australian Eating Disorders Research and Translation Centre

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PROGRAM -Thursday 29 May 2025 - Day One

Time	Format	Venue Location
9:00am – 10:30am: Opening Plenary Chairs: Professor Elizabeth Rieger and Professor Sarah Maguire		
9:00am – 9:15am	**Conference Open - Welcome to Country - Recognition of Lived Experience**	
9:20am – 9.30am	**Ministerial Opening Address**	
9:30am – 9.35am	**Introduction to Co-Production throughout the Think Tank**	
9.35am – 10:30am	**Keynote Speaker: Professor Cheri Levinson** **Presentation: Individualizing our understanding and treatment of eating disorders** *Dr. Cheri Levinson is a Professor in the Department of Psychological and Brain Sciences and in the Department of Pediatrics, Division of Child and Adolescent Psychiatry and Psychology at the University of Louisville and Director of the Eating Anxiety Treatment (EAT) lab. She is also the Founder of the Louisville Center for Eating Disorders, which is the only eating disorder specialty clinic in the state of KY, where she treats patients, and supervises and trains other clinicians and students in evidence-based treatments for eating disorders. Currently Dr. Levinson is Vice Chair of the KY Eating Disorder Council, which is a state sponsored council charged with improving eating disorder treatment and access to treatment in KY. Dr. Levinson's research focuses on building new treatments for eating disorders, primarily using new technologies. To do this work she uses advanced analytics and technologies, such as individual network analysis, ecological momentary assessment, and wearable sensor technologies. Dr. Levinson has published more than 190 peer-reviewed manuscripts and chapters and has been the primary investigator on several national grants and awards including 7 currently funded grants from the National Institute of Mental Health, including four active clinical trials tested exposure therapy and personalized treatments for eating disorders. She*	

Time	Format	Venue Location
	has received several awards for her work including the 2023 Society for Science of Clinical Psychology Susan Nolen-Hoeksema Early Career Award, 2021 Association for Psychological Science Rising Star Award, 2020 American Psychological Association Theo Blau Award, and the Academy for Eating Disorders 2015 Outstanding Scientific Contribution Award. Dr. Levinson's clinical works focuses on the treatment of adults, adolescents, and children with eating disorders. She specializes in the treatment of comorbid disorders (eating disorders, OCD and anxiety disorders) using empirically supported cognitive-behavioral techniques. Dr. Levinson has worked in all levels of eating disorder care, including outpatient, partial-hospitalization, residential, and inpatient care.	
10:30am – 11:00am	Morning Tea	
11:00am – 1:00pm: Session One: 'Prevention and Intervention'		
11:05am – 11:35pm	**Professor Jennie Hudson** **Presentation:** *Anxiety in children and young people - trends and latest findings*	
11:35pm – 12:05pm	**Associate Professor Emily Stockings** **Presentation:** *National programs for substance use and mental health prevention in schools*	
12:05pm – 12:35pm	**Professor Susan Rossell** **Presentation:** *Investigating innovative treatments for Body Dysmorphic Disorder*	
12:35pm – 1:00pm	**THINK TANKING SESSION 1** Interactive discussion with the audience to review and ideate the three presentations as they relate to prevention and very early intervention in eating disorder. **Moderator:** Professor Leah Brennan	
1:00pm – 1:45pm	Lunch	

1:45pm – 3:00pm: Workshop One	
1:45pm – 3:00pm	**"Nothing About Us, Without Us"** **We don't work for Aboriginal people, we work with Aboriginal people** *Led by Associate Professor Uncle Boe Rambaldini, a proud Bundjalung Elder, this workshop invites deep reflection on what it means to partner meaningfully with Aboriginal and Torres Strait Islander communities in research. Uncle Boe will share his personal journey, offering powerful insight into the historical and lived experiences that continue to shape the lives of Aboriginal and Torres Strait Islander peoples today. His story will ground a conversation about truth-telling, accountability and the role of research in advancing justice and equity. The session will also launch the Aboriginal and Torres Strait Islander Research Self-Check Tool, a new resource designed to support culturally safe, community-led research in health and mental health, aligned with the AEDRTC Consideration Guidelines. A panel discussion will follow, facilitated by Leilani Darwin, a proud Quandamooka woman and First Nations lead of the Centre, and featuring speakers with lived experience and expertise in working respectfully, ethically and collaboratively with Aboriginal and Torres Strait Islander communities, including Ashley Shepherd, a Wiradjuri woman and AEDRTC Research Officer who is doing her PhD and has worked in a range of policy-related settings.*
3:00pm – 3:30pm	Afternoon Tea
3:30pm – 5:30pm – Session Two: Biological Determinants and the Underpinnings of Binge Eating Disorder	
3:35pm – 4:05pm	**Dr Trevor Steward** **Presentation:** *Harnessing 7-Telsa MRI to map brain mechanisms underlying disordered eating behaviours*
4:05pm – 4:35pm	**Associate Professor Robyn Brown** **Presentation:** *Preclinical and clinical evidence exploring the potential of N-acetylcysteine as a pharmacotherapy for compulsive eating*
4:35pm – 5:05pm	**Dr Morgan James**

	Presentation: *Eat, sleep, repeat: The urgent need to better understand sleep dysregulation in eating disorders*
5:05pm – 5:30pm	**THINK TANKING SESSION 2** Interactive discussion with the audience to review and ideate the three presentations as they relate to the biological determinants and the underpinnings of binge eating disorder research **Moderator:** Associate Professor Claire Foldi
5:30pm – 6:30pm	**Networking Drinks**
End of Day One	

The Australian Eating Disorders Research and Translation Centre

AEDTRC Eating Disorders Think Tank 2025

'Coming Together to Advance Science and Understanding'

PROGRAM - Friday 30 May 2025 – Day Two

Time	Format	Venue Location
7:30am – 8:30am - Supporting Eating Disorder Organisations with Research and Evaluation Chair: Professor Leah Brennan		
Optional early morning session offered to eating disorder sector organisations and clinical service providers *This exclusive event is being offered to eating disorder sector organisations and clinical service providers, to support evaluation and research planning within your organisation. Delegates to arrive at 7:00am for a 7:30am start. Tea and coffee on arrival with a selection of pastries offered. Delegates to indicate at time of registration their attendance. Limited numbers*		
9:00am – 10:40am – Opening Session Day Two Chair: Professor Genevieve Pepin		
9:00am – 9:10am	**Welcome and Open Day Two**	
9:10am – 10:10am	**Keynote Speaker: Professor Luke Wolfenden** **Presentation:** *Implementation science and the discovery translation pipeline in the primary prevention of chronic disease* *Professor Luke Wolfenden is and NHMRC Fellow and Director of the 'National Centre of Implementation Science' and of the WHO Evidence Informed Policy Network at the University of Newcastle and co-Director of Cochranes Thematic Group 'People, health systems and Public Health. He is passionate about the use of evidence to improve public health decision making and ensuring that evidence-based policies are well implemented so they can benefit those for whom they are intended.*	

Time	Format	Venue Location
Lightning Round Presentations Chair: Dr Romany McGuffog		
10:10am – 10:20am	**Dr Holly Harris** **University of Sydney** **Presentation:** *Neurobehavioural correlates of ARFID symptoms in a population-based cohort of children* **Introduction:** Avoidant/restrictive food intake disorder (ARFID) is a recently recognised eating disorder marked by extreme food avoidance unrelated to weight or shape concerns. Despite emerging clinical interest, little is known about its prevalence, behavioural correlates, or neurobiological underpinnings in general paediatric populations. **Methods**: Data were drawn from children (N=2862, 10 years old) participating in The Generation R Study, a population-based Dutch birth cohort. ARFID symptoms were classified using an index aligning with DSM-5 criteria, incorporating parent-reported and researcher-assessed indicators of restrictive eating, diet quality, energy intake, growth and psychosocial impairment. Appetitive traits, emotional/behavioural difficulties and neuroanatomical correlates were compared between children meeting ARFID symptom criteria to those without ARFID symptoms. Brain morphology was assessed using structural MRI scans in a neuroimaging subsample (n=1977). **Results:** Children in the sample who met the criteria for ARFID (6.4%) displayed markedly lower enjoyment of food and greater satiety responsiveness, emotional undereating, and internalising symptoms including anxiety, depression and attention problems. They also showed higher autistic and obsessive-compulsive traits. MRI analyses revealed greater cortical thickness in frontal and superior frontal regions in children with ARFID symptoms, suggesting a role for executive function in the aetiology of ARFID. **Conclusions:** This is the first large-scale study to concurrently examine behavioural and neuroanatomical correlates of ARFID in middle childhood. Findings suggest that emotional, cognitive, and neurodevelopmental mechanisms may interact to shape the early presentation of ARFID. These insights emphasise the need for developmentally sensitive, multidisciplinary strategies for early detection and tailored, child-centred interventions.	
10:20am – 10:30am	**Daniela Ciciulla** **University of Melbourne/Murdoch Children's Research Institute** **Presentation:** *Prevalence and characteristics of avoidant/restrictive food intake disorder (ARFID) in children with and without food allergy: a population-based study* **Introduction:** Research suggests food allergy may be associated with higher risks of eating disorders. We describe the prevalence of possible ARFID and assess whether it was more common in children with food allergy compared to without. **Method:** The HealthNuts study recruited n=5276 1-year-olds across Melbourne, Australia. Participants were assessed for IgE-mediated food allergy via skin prick test and oral food challenge and parents/guardians	

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	completed questionnaires. Participants were followed up at age 4, 6 and 10 years with repeat food allergy tests and questionnaires. A subset of 10-year-olds completed the Eating Disorders in Youth Questionnaire (EDY-Q) which measured possible ARFID. Our definition of possible ARFID included participants across the weight spectrum. The EDY-Q does not capture information on fear of aversive consequences related to allergic reactions. We administered questions on food allergy anxiety and environmental restrictions due to food allergy from the Food Allergy Quality of Life Questionnaire to those with food allergy. **Results:** 951 children completed the EDY-Q. The prevalence of possible ARFID in children with current food allergy was 23% (n=24/105, (16–32)) versus 21% (n=162/609, (18–24)) in those without. Among children with current food allergy, an additional 11% (n=11/105) reported high levels of food allergy anxiety and/or environmental restrictions due to food allergy that were otherwise not captured by the EDY-Q. **Conclusion**: The EDY-Q may not be sensitive enough to detect possible ARFID in children with current food allergy as it does not capture symptoms on fear of aversive consequences or anxiety related to allergic reactions.	
10:30am – 10:40am	**Pheobe Ho** **Perth Children's Hospital and Curtin University** **Presentation:** *Supporting eating disorder clinicians with lived experience of eating disorders* It is estimated that 24–47% of clinicians providing eating disorder (ED) treatment have a lived experience of an ED; compared to an 8% lifetime prevalence in the general population. Despite unique risks present in the field (e.g., psychiatric and medical risks, clients' perceptions of clinicians' bodies), to date no guidelines exist to support safe, ethical practice among ED clinicians with lived experience. This project will be conducted in collaboration with two Australian peak ED bodies, the National Eating Disorders Collaboration and InsideOut Institute. The first aim is to investigate barriers and facilitators of safe, ethical practice for ED clinicians with lived experience. Online surveys will assess clinician experiences with stigma, shame, eating difficulties, and willingness to disclose, while interviews will be used to explore workplace factors influencing safe ethical practice. A second aim is to develop solutions to support safe, ethical practice for ED clinicians with lived experience. The Delphi method will be used to inform guideline development for safe ethical practice, while online surveys will test acceptability and feasibility of an ED workplace self-assessment tool for safe ethical practice. This research is crucial to support safety and wellbeing of ED clinicians and clients, which has the potential to enhance clinical outcomes. It will provide guidance to ED managers, supervisors and colleagues on navigating ethical dilemmas such as managing dual relationships (e.g., working alongside previous therapists), disclosures of lived experience, and managing workplace wellbeing concerns. Positionality statement: The author (PH) is a Clinical Psychologist and Lived Experience Advocate in ED's.	
10:40am – 11:10am	Morning Tea	
11:10am – 1:15pm – Session Four: Methodology, Conceptualisation & Epistemology		
11:15am – 11:45pm	**Professor Nick Haslam**	

Time	Format	Venue Location
	Presentation: *Spreading the word: How concepts of mental ill health have broadened, and why it matters*	
11:45am – 12:15pm	**Associate Professor Xochitl de la Piedad Garcia** **Presentation:** *Weight stigma and eating disorders*	
12:15pm – 12:45pm	**Dr Matt Varidel** **Presentation:** *Machine Learning and causal mental health models*	
12:45pm – 1:15pm	**THINK TANK SESSION 3** Interactive discussion with the audience to review and ideate the three presentations as they relate to scientific thinking and methodology in research focusing on eating disorders **Moderator:** Professor Elizabeth Rieger	
1:15pm – 2:00pm	Lunch	
2:00pm – 3:00pm: Panel		
2:00pm-3:00pm	**Advancing Eating Disorder Research Through Lived Experience Partnerships** **Lived Experience-Led Panel with Interactive Discussion** **Facilitator**: Shannon Calvert **Panellists:** Amaya Alvarez, Melissa Keller-Tuberg, Sam Ikin, Bronwyn Carroll This panel explores what it means to genuinely embed lived experience within eating disorder research — not as a token gesture, but as a critical driver of relevance, integrity, and impact. Drawing on diverse lived and living experience, panellists will share reflections on participating in, partnering with, and shaping research in ways that are ethical, inclusive, and grounded in	

Time	Format	Venue Location
	care. The session will consider the value of designated lived experience roles, the distinction between participation and partnership, and the risks of tokenism when co-production lacks intention or structure. Panellists will also reflect on what makes involvement feel safe and purposeful, and how trust and collaboration with communities can support meaningful research translation. This is not just a discussion about engagement — it's a call to strengthen research through relationships that honour insight, accountability, and mutual learning. Attendees will leave with practical guidance and reflections for embedding lived experience authentically in research.	
3:00pm-3:30pm	**Bringing it all together - Interactive Co-Production and Padlet summary session** **Facilitators:** Professor Genevieve Pepin and Dr Sanna Barrand	
3:30pm – 4:00pm	Afternoon Tea	
4:00pm – 5:00pm – Closing Session		
Event Highlight: Debate on a Controversial Topic		
4:00pm – 4:45pm	**The Great Debate – '*Young People should be able to access social media under 16 years.*'** **Moderator:** Dr Beth Shelton **Team Affirmative:** Professor Cheri Levinson, Professor Susan Rossell, Sam Ikin **Team Negative:** Professor Nick Haslam, Melissa Wilton, Dr Hannah Jarman	
4:45pm – 5:00pm	**Wrap Up and Closing**	
End of Conference		

Time	Format	Venue Location
POSTER PRESENTATIONS		
Poster presenters are encouraged to stand alongside their posters during lunch break from 1:00pm to 1:45pm on Thursday 29 May to discuss their poster with Think Tank delegates. See below the posters and their abstracts.		
Lauren Bruce *Eating Disorders Victoria* **'The pathway to parenthood: an online resource to support people with eating disorders during the perinatal period'** Eating Disorder Victoria (EDV) is a not-for-profit organisation that provides free or low-cost services for Victorians affected by eating disorders. EDV's e-learning platform, LearnED, provides opportunities for people experiencing eating disorders and carers to: (1) engage in self-paced learning; (2) access resources designed to support early intervention and recovery; and (3) foster connection to and support from EDV. A community survey conducted in 2022 identified a need for people with experiencing eating disorders to access resources and support during the perinatal period. Eating disorders can be experienced before, during or following pregnancy and the postpartum and can impact the health and wellbeing of both parent and baby. In response, EDV developed the Pathway to Parenthood resource in collaboration with the lived experience community, including women who have experienced pregnancy and early parenthood following recovery from an eating disorder. The resource was launched in April 2024 and includes a focus on fertility, pregnancy, birth, and the early postpartum period. We will share the process of		

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developing the resource with the lived experience community, community engagement with the resource to date, and a summary of participant outcomes and feedback. The Pathway to Parenthood resource is one of its kind, providing a self-paced educational resource that is lived experience informed, freely accessible, and focuses on support during pregnancy and post-birth.		
Sharonne Symonds *Tikvah Clinic Centre for Eating Disorder Recovery* **'Evaluating the HUNGRY Tool: A Home Approach to Intuitive Eating and Body Awareness'** 1. Introduction Interoceptive awareness-the ability to sense internal body signals-is essential for self-regulation and healthy eating. The HUNGRY tool supports individuals in reconnecting with hunger and fullness cues, a common challenge in eating disorder recovery. This home-based pilot explored the tool's effectiveness in promoting intuitive eating and body awareness in children aged 4-11. 2. Methods Families were recruited via a WhatsApp parent group to trial the HUNGRY tool. Parents received educational materials and guidance for at-home use. Key components included: (1) Parent education on intuitive eating; (2) Daily reflections on hunger/fullness; (3) Feedback via surveys and WhatsApp; (4) Ongoing adaptations based on child response. 3. Results - Children identified body signals like tiredness, dry mouth, and tummy growls.		

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- Increased self-regulation through regular hunger check-ins.

- Parents reported more open body-awareness conversations.

- Tool was easily incorporated into family routines.

4. Conclusions

The HUNGRY tool is a promising early intervention to build interoceptive awareness and reduce

food-related anxiety. Early feedback supports its potential use in eating disorder recovery contexts.

Further studies with larger and more diverse populations are needed."

Romany McGuffog *Australian National University*

Identifying the interpersonal factors associated with eating disorder symptoms and understanding the underlying mechanisms

The Interpersonal Psychotherapy for Eating Disorders (IPT-ED) model posits that interpersonal difficulties trigger disturbances in self-worth and affect, which the individual seeks to ameliorate through eating disorder behaviours, although these in turn exacerbate interpersonal problems. Research into the relationship between interpersonal factors and eating disorder symptomology is growing, however, there is limited research examining the precise interpersonal problems that are associated with eating disorder symptoms, and the mechanisms that underpin this relationship. Thus, the present research aimed to further explicate the nexus between interpersonal factors and eating disorder symptoms. Australian adults (N = 479) participated in an online survey assessing eating disorder symptomatology, emotional dysregulation, and a broad range of interpersonal factors including lack of belonging and social support, more social comparison, silencing the self, fear of negative appearance evaluation, negative verbal commentary about appearance, and weight-based rejection sensitivity It was found that all of the interpersonal factors were related eating disorder symptomology, suggesting that more interpersonal difficulties were associated with higher levels of eating disorder symptoms. Mediation analyses demonstrated that emotion dysregulation partly mediated the relationship between these interpersonal factors and eating disorder symptoms. The results from this study help to refine the focus of interpersonal approaches for the treatment of eating disorders.

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Nicole Acevedo *Swinburne University of Technology*

Psilocybin assisted psychotherapy for anorexia nervosa; a study protocol

Introduction: Current treatment options for anorexia nervosa (AN) are focused on weight restoration, with a lack of focus on psychological and functional recovery. AN presents with complex vulnerabilities that complicate long term recovery, such as ego-syntonic symptoms, fear of weight gain, ambivalence to treatment, prevalent comorbidities, and health system barriers. Psilocybin assisted psychotherapy (PAP) is an emerging psychedelic treatment that holds large potential in targeting cognitive and behavioural rigidity. One published trial of PAP for AN has been identified, achieving response in 40%. The presentation aims to discuss a protocol of PAP for treatment resistant AN within an open label basket design trial.

Methods: The study protocol is informed by scoping reviews on the efficacy and integration of classic psychedelics, feedback from AN patients and clinicians in an ongoing PAP trial, and a Delphi study on best practices of PAP.

Results: The trial involves an open label basket design with a transdiagnostic and non-directive approach for obsessive compulsive and body image disorders. The protocol incorporates a psychoeducation booklet to foster patient and carer education and informed consent. A treatment manual is developed to guide clinicians on a non-directive approach with psychotherapeutic techniques relevant to obsessive compulsive and body image psychopathology. The protocol also incorporates patient reported outcomes, opt-in additional support, and a medical monitoring plan.

Conclusion: PAP shows large potential as therapeutic tool for chronic and difficult to treat AN patients. Following insights from published and unpublished evidence, careful consideration of psychological and medical vulnerabilities is recommended within this context.

Anna Brichakek *University of Canberra*

Linking body image flexibility and inflexibility to intuitive eating: findings from a prospective study in adolescents and emerging adults

Introduction: Body image threats can adversely affect eating attitudes and behaviours among youth. Responding flexibly to threats (i.e., openly experiencing negative body-related thoughts and feelings while connecting with a broader sense of self and personal values) can facilitate intuitive eating, whereas inflexible responses (i.e., resisting or getting stuck in negative body-related experiences and disconnecting from important areas

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of life) may undermine intuitive, and increase disordered, eating. This study investigated body image flexibility and inflexibility as predictors of intuitive eating components and examined whether effects differed depending on eating pathology severity.

Methods: Adolescents and emerging adults aged 11 to 30 years completed an online survey at Wave 1 (W1; N = 1035) and again five months later at Wave 2 (W2; N = 351). PROCESS models examined relationships between W1 body image flexibility and inflexibility and four components of intuitive eating at W2, controlling for age, gender, and W1 intuitive eating, with W1 eating pathology included as a potential moderator.

Results: Body image flexibility and inflexibility predicted increased and decreased Reliance on Hunger and Satiety Cues, respectively, with inflexibility also predicting decreased Eating for Physical Reasons. Eating pathology severity did not moderate effects, indicating generalisability to youth experiencing elevated symptomology.

Conclusions: Findings suggest responding flexibly to body image threats facilitates intuitive eating, whereas inflexible responses undermine it. Teaching young people skills in acceptance, cognitive defusion, and taking a broad self-perspective and valued-based action may therefore strengthen their ability to observe and trust body sensations to guide eating. Further exploration in clinical samples is recommended.

Sam Wright *Eating Disorders Queensland/Queensland University of Technology*

The community table program: A case-series evaluation of a community-based meal-support group for eating disorders

Background: Mealtimes can be particularly challenging and anxiety-provoking for individuals in recovery from eating disorders (ED's), with pre-meal anxiety often leading to reduced food intake. Community Table (CT) is a semi-structured meal therapy group designed to provide a safe and supportive environment where people can work through these challenges in a non-clinical setting. Objectives: This research therefore aimed to assess the impacts of CT on people with ED's. Methods: A case-series design was employed, which involved clients at an outpatient ED specialist service (Eating Disorders Queensland) completing the Recovery Assessment Scale – Domains and Stages (RAS-DS) and Eating Disorder Examination Questionnaire (EDE-Q) before and after a CT program. The program consisted of five three-hour group sessions delivered weekly by two clinicians with experience in ED treatment. Pre to post changes in outcome measures were tested using one-sample repeated measures (paired samples) t-tests. Results: A total of 173 participants were included across 32 sequential CT programs, with 93 completing both pre- and post-assessments. There were no significant pre to post changes in mean RAS-DS total or any of the subscale scores. However, there were significant reductions in eating disorder symptom severity for the EDE-Q subscales and global score. Conclusions: These findings provide an

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encouraging initial evaluation of CT for individuals with eating disorders. However, it is important to note that 94.1% of participants were female, indicating that a larger and more diverse sample is needed in future research to improve the generalisability of findings.

Sam Wright *Eating Disorders Queensland/Queensland University of Technology*

The peer mentor program: A case-series evaluation of peer support for eating disorders

Background: Eating disorders (ED's) are not self-limiting illnesses and emotional support is essential in reducing their severity, duration, and impact. The Peer Mentor Program (PMP) provides this support to people with ED's by partnering them with mentors who are in stable recovery. Objectives: This research therefore aimed to assess the impacts of PMP on people recovering from ED's. Methods: A case-series design was employed, which involved mentees (clients at an outpatient ED service) and mentors (volunteers in recovery from an ED for a minimum of two years) completing the Recovery Assessment Scale – Domains and Stages (RAS-DS), Eating Disorder Examination Questionnaire (EDE-Q), and Depression Anxiety Stress Scale (DASS) before and after a PMP. PMP's were facilitated by a practitioner and consisted of; (1) a mentee/mentor meet and greet event, (2) a mid-point event, and (3) a final celebration event. Changes from pre- to post-program were tested using either one-sample repeated measures t-tests or sign tests. Results: A total of 103 mentees (103/146; 70.55%) and 78 mentors (78/110; 70.91%) completed pre- and post-assessments. Mentors experienced no significant changes on any outcome measure. However, mentees displayed significant improvements in recovery and significant reductions in ED symptom severity, depression, anxiety, and stress. Conclusions: These findings provide an encouraging initial evaluation of PMP for individuals recovering from ED's. However, there was a high rate of withdrawal throughout this study, indicating that a larger and more diverse sample is needed in future research to improve the reliability and validity of findings.