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Editor: Melissa Munn-Chernoff

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THE AED Forum

Promoting excellence in research, treatment, and prevention of eating disorders.

what's inside

Message from the President

S. Bryn Austin, ScD, FAED

Lately, I have been steeped in reading the latest studies on the benefits of creating diverse, equitable, and inclusive (DEI) workplaces with the goal of informing the AED's own DEI efforts on the board and throughout our organization. Much research has been published, offering guidance on evidence-based approaches, and we are applying several of the key learnings directly to our work within the AED. As a scientist, turning to the literature to learn about effective strategies to make change is exactly what I have been trained to do, and, as I expected, I found many answers in this literature.

What I did not expect, though, were the questions this literature raised for me personally, questions about my own relationship with our organization. As the first out lesbian to step into the role of president of the AED, what did it take for me to get here? Have I been closeted? No, never. But have I felt able to be truly open about who I am? Well, to be honest, I would have to say no to that, too.

But why? I have enthusiastically dedicated the past 20 years of my professional life to bringing my best to our shared mission, and I care deeply about the many wonderful colleagues from around the world with whom I have worked. How is it that I can so firmly believe in the AED, yet still not feel 100% like I belong?

This question has been in the back of my mind for quite some time, actually, but the explanation has always eluded me. That is, until I stumbled across the concept of "covering" and how it relates to the "I" in DEI – inclusion, or the sense of belonging in the community where you work or live.

Covering, a term coined more than 50 years ago by sociologist Erving Goffman, a pioneer in the study of social stigma, refers to the efforts that people make to deemphasize aspects of themselves that make them different from the majority group in environments that stigmatize and marginalize difference. Covering is not the same as being closeted or public denial of one's identity. A good example is former United States President Franklin Delano Roosevelt, who used a wheelchair for many years of his adult life, including during his presidency. Although the nation knew of his disability, he rarely allowed the chair to be visible in news photographs so as to keep the spotlight off his wheelchair, lest society's stigmatizing association of physical disability with weakness undermine his being taken seriously as a leader.

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AED® Academy for Eating Disorders

More recently, the term has been brought into contemporary scholarship on stigma by legal scholar Kenji Yoshino with his groundbreaking 2006 book, *Covering: The Hidden Assault on Our Civil Rights*. Yoshino followed his book a few years later with the report Uncovering Talent: A New Model of Inclusion for the business consulting firm Deloitte, coauthored by Christie Smith.

In professional settings, for example, when people are faced with the prospect of being excluded, taken less seriously, or passed over for leadership positions because of a stigmatized difference, the pressure on them is high to minimize that difference – to cover. Covering can take many forms, such as changing one's hair or dress to deemphasize one's ethnicity, not bringing a same-sex partner to a workplace holiday party, or staying silent about one's own past struggles with an eating disorder or other mental illness. Covering comes at a high cost because it requires constant vigilance, sapping cognitive and emotional energy from anyone burdened by pressures to fit in. Ironically, despite – or, more likely, because of – all this effort at covering, one often is still left with a feeling of not quite belonging. I can attest to that.

Uncovering Talent documents the toll that pressures to cover in professional settings take on individuals' productivity, creativity, and sense of belonging. However, it also offers insights on ways that workplaces can move toward making their professional settings more diverse, equitable, and inclusive. A great deal of research over the past few decades has given us some good insights on what can work and what does not work as well. A few strategies that may seem commonsense, as it turns out, do not bear out as being sufficient or effective on their own. For instance, mandated trainings, if not done well, can backfire and have the opposite effect in fomenting distrust and stigma. Diversity statements that are not backed up by real changes that ensure equity can lull individuals to trust an organization more than is warranted, setting them up for a demotivating sense of betrayal when the once-trusted setting is as marginalizing as ones that had no pretense of inclusion.

More encouragingly, the research also points us to evidence-based steps we can take to increase DEI. Initiatives that have been shown to be effective, especially in combination, are voluntary training and self-managed teams, mentoring and recruitment, and diversity task forces. This year within the AED, we are moving forward with all of these types of initiatives:

- *Voluntary training and self-managed teams*: As we all have experienced one way or another, it can be demotivating and even alienating when we are required to carry out top-down dictates that were designed without our input. On the other hand, we are much more likely to bring energy, creativity, and commitment to projects when we feel our input is valued and reflected in the final product. We know how dedicated so many of you are to making our community more inclusive, and we want to create as many opportunities as possible for members to bring their own creative thinking to advance DEI through our many committees, SIGs, and task forces. This way, what we accomplish together will be more meaningful and better tailored to the ways we work together within our organization. Toward this goal, at every board meeting, we dedicate time to discuss progress throughout the AED and new opportunities for voluntary training in DEI. For instance, the Social Media Committee has hosted tweet chats on eating disorder care within the transgender community and posts in multiple languages. The Education Committee has created webinars on topics such as eliminating weight bias in clinical care and a forthcoming webinar on ways that collaborations between researchers and experts by experience can enhance the value and relevance of the science.
- *Mentoring and recruitment*: Mentoring has long been known to be a crucial ingredient for success and advancement in workplaces and professional associations, not only for the practical guidance that can be gained and doors of opportunity opened, but also through the deep connections forged through mentor-mentee relationships, which can enhance the sense of belonging. We are in the process of expanding our already excellent early career mentoring program through the Membership Committee to include more deliberate cross-national mentor-mentee pairings to enhance opportunities for junior colleagues in underrepresented nations in our membership. Also, when this year's call for volunteers comes out, we are redoubling our efforts, with the help of the Partners, Chapters, and Affiliates Committee, to invite new committee members from countries around the world. This will take a team effort by current committee co-chairs to encourage colleagues from underrepresented countries and groups to volunteer for committee openings and bring their perspectives on the future of the AED to the table.

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- *Diversity task force*: At the ICED 2019, we launched the first DEI Advisory Committee to the board, which is made up of both new and longtime members of the AED. Led by Alvin Tran and Marcella Raimondo, members of the committee have been doing the groundwork needed to inform the recommendations they will share with the board for new policies, procedures, and programs to enhance DEI within the AED. Be sure to check out the committee's debut blogpost penned by member Nadia Craddock. To gather deeper insights from all of you as AED members, the DEI committee included some questions about your perspectives and aspirations for our community as part of the member survey, which was just emailed to all AED members on Friday, Feb. 14. The committee will also create opportunities for dialogue with attendees at the ICED 2020. Please be sure to fill out the survey this month and keep an eye out for updates on plans for DEI dialogues at the ICED 2020 in June. We want to hear from you!

I am so appreciative of the many of you who have reached out to me about your experiences within the AED around belonging and the ways many of you, like me at times, have felt you need to cover an important part of who you are in order to fit in. For some, this has meant covering your ethnic identity to avoid your white colleagues' disappointing discomfort with ethnic difference. For others, this has meant avoiding conversations about your own personal experience with an eating disorder out of fear that your credibility as a scientist or clinician would be questioned, sadly, even within our own organization. Thank you for trusting me with your stories. For others, please know I do want to hear from you, and members of the AED's DEI Committee do, too.

Will the AED's DEI initiatives eventually eliminate the need to cover that so many of us feel? I hope so, though organizational change often comes slowly. But I have to believe that with all of us working together – whether within our committees, through our ICED presentations, in our interactions with colleagues who are different from ourselves in ethnicity, country, size, sexual orientation, or in other ways – maybe each of us can feel a little more like we really belong. Myself included.

Message from the Editor

Melissa Munn-Chernoff

Welcome to the latest edition of the *Forum*. The issue begins with a message from President S. Bryn Austin that provides important information about diverse, equitable, and inclusive (DEI) efforts and ways in which our organization is working to improve these efforts. Executive Director Elissa Myers highlights clinical and research efforts in the eating disorders field from around the world. You will also find updates from multiple committees, including our partnership, chapter, and affiliate committees, as well as an update from the European Chapter. Finally, Martha Peaslee Levine reviews the book *Anorexia Nervosa: Focal Psychodynamic Psychotherapy* written by Hans-Christoph Friederich, Beate Wild, Stephan Zipfel, Henning Schauenburg, and Wolfgang Herzog, in collaboration with Sandra Schild and Miriam Komo-Lang. I hope you will enjoy reading these articles as much as I did.

Thank you to everyone who submitted articles to this issue of the *Forum*. Please submit your articles, letters, announcements, and suggestions (no more than 250 words per entry) for the next issue of the *Forum*, which will be available in print at the ICED 2020, by **April 8, 2020** to Melissa Munn-Chernoff at Forum@aedweb.org.

Greetings from the Executive Director

Elissa Myers, MA, CAE, IOM

I was recently asked to teach a seminar on how an association can become international, and why it might make sense to do so. Preparing for it got me thinking about the "internationality" of the AED. We are an international association, with 30% of our members outside of the United States, global representation on our board of directors, formal nurtured relationships with 23 national partners and 4 multi-national chapters, and a conscious desire to expand our inclusion of individuals from every nation of the world.

However, our representation in the leadership structure, and in many of our activities, is still to a great extent focused within the United States. We have some work to do.

Why does it matter?

For many associations born and developed in the United States, there is a tendency to feel that the United States is the "center of the universe" in terms of the science and knowledge of the field. It is easy to assume that what "works" in the United States should work everywhere. The more we listen and observe the work being done outside the United States, the more we recognize that as a professional body, we are incomplete without the inclusion of the experiences – the science, research, and practical experience in understanding and treating eating disorders – from everywhere.

I love to say, "Science knows no borders."

The proof of this idea hit home for me in December when I had the privilege of attending the conference of our AED European Chapter, held in conjunction with the Royal College of Psychiatrists, in London on December 4th and 5th. Thanks to the great work of Dr. Ashish Kumar, President of the European Chapter, and his London colleagues, as well as the volunteers and staff of the AED European Chapter and Royal College of Psychiatry, the conference was a great success! There were almost 300 delegates from numerous European countries, including virtually every European Union nation, plus Turkey, Russia, Cyprus, and more. S. Bryn Austin and Ursula Bailer made outstanding presentations, as did Cristina Segura and Gry Telléus, the co-chairs of the AED Partners, Chapters, and Affiliates Committee.

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It was a remarkable two days of presentations, workshops, and networking, which brought into sharp focus some of the wonderful insights and knowledge developed and developing from around the globe.

Recently, when I mentioned to someone that the AED had aligned with our new Middle Eastern Association of Eating Disorders, the response was, "they have eating disorders in the Middle East?" Carine El Khazan presented an outstanding poster on the growing literature on eating disorders in the Middle East, highlighting that eating disorders are no longer only problems of the West. In fact, she reported that "while the prevalence of eating disorders and obesity in the Middle East seems to exceed that of the Western world, there remains low awareness, low specialization among healthcare professionals, and inadequate care offered to patients."

Jacinta Tan, a consultant child and adolescent psychiatrist who is also a researcher and medical ethicist, discussed her recently completed *Welsh Eating Disorder Service Review* for the Welsh Government. This review brought about significant changes and increased funding for the Welsh NHS eating disorder service – particularly in a move from 'back foot' delivery of healthcare to ill patients, to 'front foot' pro-active investment in prevention and assertive early intervention with identification and prompt treatment of people with eating disorders before they get severely ill.

One presentation that stood out for me as extremely important and unique featured Yael Latzer from Haifa University in Israel, who spoke about the challenges of *Treating Ultra-Orthodox Young Women with Eating Disorders in Israel: Culturally-Sensitive Interventions, Difficulties, and Dilemmas*. In the presentation, she described the situation for young ultra-Orthodox women in Israel "who have been faced in recent years with a greater risk of developing disordered eating and eating disorders, as they are more exposed to Westernized norms of the thin body ideal, self-realization, and personal choice". Most of these women are treated by mainstream Israeli psychotherapists who likely have different value systems, perspectives on the nature of illness, and aims for treatment and recovery. Ultra-Orthodox psychotherapists may well experience a conflict between a need to be loyal to their patients and a concomitant need to honor the values of patients' families and the community from which they come." She suggested that "both ultra-Orthodox and mainstream secular psychotherapists treating young Jewish ultra-Orthodox women with eating disorders must be knowledgeable in both Judaism and psychology" and also "be flexible, creative, and emphatic to both the patient and her family and community, to arrive at a compromised definition of recovery that can be accepted by all parties concerned."

The observations of the eating disorder experience in this acutely unique setting, shared by Yael, suggest the urgency of adapting what we know from research to individuals from the many unique cultures of the world.

There were many more outstanding sessions packed with insights from around the world. There may be nuances in incidence; there clearly are critical cultural factors worth considering; there are huge disparities in healthcare payment systems; and there are huge differences in the availability of trained professional providers to treat eating disorders from country to country. However, we are so much stronger as a field when we are working together and learning from each other on a global basis. No one country has cornered the market in experience or expertise in this field. Together, around the world, we CAN make a difference.

SIG and Committee Updates

Electronic Media *Committee Update*

Danyale McCurdy-McKinnon

Welcome new and sustaining AED members! We have been working on tidying up the website and correcting any errors, but you can help us too! Please email EMC@aed.org if you notice any errors, inconsistencies, or redundancies on the website.

We want to remind you about the "Looking for Referrals" feature on the website. This can be found by going to the AED Community dropdown tab and selecting 'Main Forum' → 'Looking for Referrals.' Here, you can post what you are looking for or respond to your colleagues' requests. As indicated in the AED Community Standards, please remember to respond via direct message to the original person who posted and not to everyone. Lastly, we want to remind you to take a moment to review your profile and update your information, including your email address. Thank you!

Research-Practice *Committee Update*

Kelsey Clark

How to Navigate Research Articles: An Introduction to Types and Structure of Peer-Reviewed Literature

Research literature can be challenging to understand, interpret, and therefore apply to clinical practice. Here, we introduce the common types and typical structure of journal articles to promote understanding and research-practice integration.

Key Types of Articles:

1. *Original Articles*: Describe stand-alone studies
2. *Brief Reports*: Describe stand-alone studies that are of a smaller scale, such as pilot or "proof of concept" studies
3. *Narrative/Theoretical Reviews*: Integrate and synthesize *some* relevant articles on a topic
4. *Systematic Reviews*: Integrate and synthesize *all* relevant articles that meet chosen criteria using a structured approach
5. *Meta-Analyses*: Integrate and synthesize *all* relevant articles that meet chosen criteria using statistics and researchers' interpretation
6. *Case Studies*: Describe a novel/atypical clinical case
7. *Editorials & Opinion/Commentary Articles*: Present a personal point of view
8. *Letter to the Editor/Correspondence Articles*: Respond to recently-published articles and encourage discussion
9. *Practice Guidelines*: Integrate and synthesize research and/or expert opinion to provide clinical recommendations

Key Sections of Articles:

1. *Title Page*: Note who conducted and supported the research and when it was published
2. *Abstract*: Summarize the research and general findings
3. *Introduction*: State the problem, what we know, what is unknown, the purpose of the study, and the researchers' hypotheses
4. *Method*: Describe how the research was conducted, procedures to recruit and conduct the study (including inclusion/exclusion criteria), details about participants/patients, instruments/measures used, and statistical analyses conducted
5. *Results*: Report the findings using text, tables, and figures
6. *Discussion/Conclusion*: State researchers' interpretation of the findings, including whether hypotheses were supported, how the current study compares to other studies, limitations that weaken the conclusions, strengths that reinforce the conclusions, practical/clinical implications, and recommendations for future research
7. *References*: Cite the article's sources

Social Media *Committee Update*

Jessica Barker

#Success: Using Hashtags on Social Media

If you use social media accounts to let people know about your work, intentional hashtag use can bring new followers. Across social media channels, however, there are different ways to use these tools. Those words after a "#" symbol are like magnets to search engines. Your hashtag can be found by people all over the internet if your privacy settings are open. Hashtags are used on all the main social media channels, including Facebook, Instagram, Twitter, and LinkedIn. On Facebook, people will only see a hashtag if they seek out and follow a certain tag. On Twitter, you can follow a hashtag through third party applications, but not directly. People often use them during conferences or other events to relay specific information to others in a short time period. On Instagram, hashtag use is extremely important. People who do not already follow you are unlikely to find any of your content without using hashtags, and you can follow a tag specifically. The AED and ICED are internationally focused, and we want to reach as many people as possible. We would love it if you could follow and use our hashtags (#aed and #iced2020) on social media channels whenever you are Tweeting, blogging, or posting about the organization or conference.

The SMC is seeking people who are fluent in languages other than English to join our committee! If you are interested, please contact Millie Plotkin at millie.plotkin@eatingrecovery.com or Mirjam Mainland at mirjam@coconut-collective.com.

SIG Oversight *Committee Update*

Suzanne Dooley-Hash

The SIG Oversight Committee has been working on updating guidelines for Special Interest Groups. These guidelines clarify expectations of each SIG:

Our SIG co-chairs serve a vital function within the AED because they take the lead in making sure each SIG is active and useful to its membership. Each year, the AED leadership will evaluate the SIG activity throughout the year and decide whether any SIGs should be discontinued. SIG co-chairs have to fulfill certain requirements in order for their SIGs to remain active. They are encouraged to involve other SIG members and/or sub-committees to help with the tasks. These tasks include:

1. Develop or maintain a clear mission statement for their SIG that is consistent with the overall vision of the AED.
2. Hold an annual meeting at the ICED. If possible, invite a speaker to present at the meeting.
3. Attend the annual SIG co-chair meeting at the ICED.
4. Ensure that at least one co-chair is present at 3 out of the 4 quarterly co-chair meetings. Attending in real time is preferable, but attendance by listening to the call later also counts.
5. Submit an annual report after the ICED.
6. Maintain an engaged SIG online community that contains valuable resources for clinicians, researchers, and other professionals.

In addition to the requirements above, SIGs must do at least one of the following activities:

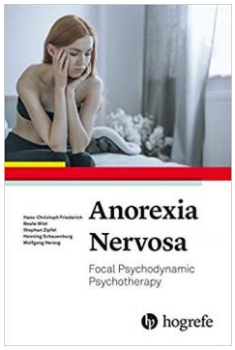
1. Submit a panel to the ICED.
2. Maintain monthly activity and engagement in the SIG's online community. Posts can be created by the SIG co-chairs or by SIG members.
3. Post a 1-2 page summary of new research, treatment guidelines, and other important updates related to your topic area on your SIG online community once a year.
4. Host at least one educational event (e.g., webinar, Facebook live, TweetChat) per year.
5. Set up and run a monthly peer consultation group.
6. A different but comparable activity that provides a resource or educational experience for members.

SIGs will report on these activities in their annual reports. If they do not meet the minimum requirements, they will be disbanded by the SOC and AED leadership.

We look forward to seeing you all in Sydney in June!

Association Updates and Other News

Book Review Corner



Martha Peaslee Levine

Anorexia Nervosa: Focal Psychodynamic Psychotherapy written by Hans-Christoph Friederich, Beate Wild, Stephan Zipfel, Henning Schauenburg, and Wolfgang Herzog, in collaboration with Sandra Schild and Miriam Komo-Lang (Hogrefe, 2019, 124 pages)

The goal of this book is to help the reader "learn to apply focal psychodynamic psychotherapy—shown to produce lasting changes for patients with anorexia nervosa". The authors clearly accomplish this goal through a description of the therapeutic process, case examples, and clinical pearls, which will help the clinician translate the information presented in the book into the clinical setting.

Chapter 1, *Description of the Disorder,* helps define anorexia nervosa from the first detailed descriptions to the current diagnostic guidelines. This chapter highlights predisposing factors, differential diagnosis, comorbidity, and diagnostic instruments. Although readers of this book may already be aware of some of this information, the chapter uses current references and studies to highlight factors in an individual's life that might impact the illness and treatment. The authors also encourage the use of the *Operationalized Psychodynamic Diagnosis OPD-2* (Operationalized Psychodynamic Diagnosis Task Force, 2008) to help therapists delineate the psychodynamic treatment focus.

Chapter 2, *Theories and Models,* outlines the various factors that contribute to developing anorexia nervosa. This chapter offers a deep dive into the many influences that can contribute to the development and maintenance of anorexia nervosa, including the sense of emotional safety and control that the eating disorder offers, as well as the impact that it can have on separation and individuation from the family.

Chapter 3, *Diagnosis,* uses clinical examples and discussion of important topics to help the reader understand areas to explore in the initial sessions so that a clear focus for therapy can be developed. The authors remind the reader that in the therapy setting, it will be vital to understand relationship patterns and areas of conflict. They offer ways to connect eating disorder pathology with unconscious themes and interactions. Past relationships often influence eating disorder behaviors and can creep unconsciously into current interactions. Therapists need to be able to help their clients recognize these forces and understand the ways they continue to influence the clients' lives.

Chapter 4, *Treatment,* offers general principles of psychodynamic therapy, but also focuses on unique challenges for clients who struggle with anorexia nervosa, such as working on body image. The authors use clinical examples to highlight ways to develop and maintain the therapeutic alliance, while also working to uncover pro-anorexic beliefs. This chapter takes the reader through the beginning, middle, and termination phases of therapy to understand the therapeutic stance in each of these stages. The authors discuss ways to increase client self-reliance and techniques for handling relapses and difficulties in attaining certain therapeutic goals.

Chapter 5, *Case Examples,* presents detailed case examples that outline how to set a focus for treatment and demonstrate how therapy proceeds through the beginning, middle, and termination phases. Though each example is only a few pages long, the details help the reader recognize where the client and therapist started in therapy and how they worked through multiple challenges to facilitate self-efficacy and improved health.

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Chapter 6, *Efficacy,* outlines the ANTOP (Anorexia Nervosa Treatment of Outpatients) Study and discusses the efficacy of manual-based treatment strategies, including focal psychodynamic therapy. This chapter reviews predictors of outcome, which is exceedingly important to consider when working with our patients. Understanding what factors put individuals at a greater or lower risk of recovery can help in therapy when targeting treatment goals and setting expectations.

Chapter 7, *References,* demonstrates that, in addition to the tremendous experience that the authors bring to this topic, they extensively reviewed the literature. This provides a framework to the material presented.

Chapter 8, *Appendix: Tools and Resources,* provide nutritional guidelines and weight curves. A multidisciplinary team can be most effective when working with individuals struggling with anorexia nervosa. However, this chapter helps clinicians understand some of the nutritional needs for individuals as they move through recovery.

Overall, this book is a great addition to the field. The clinical examples and guidance will help clinicians develop clinical interpretations and interventions when working with clients struggling with anorexia nervosa. It will be important to have some understanding of psychodynamic principles when reading this book, but the authors provide many insights and hands-on tips to help clinicians delve deeper into the struggles of their clients so that they can work to help lead them through their illnesses towards recovery.

ANZAED Update

Anthea Fursland and Jerel Calzo

We are SO excited about the ICED 2020 in Sydney, Australia, co-hosted by the ANZAED and AED on June 11th to 13th, 2020. We are in the process of finalizing the scientific program and much more!

We hope to see many of you in Sydney for this exciting conference, which offers opportunities to meet international colleagues who have not typically attended the ICED, especially those from Australia, New Zealand, Japan, South Korea, Singapore, India, and elsewhere around the globe.

We encourage you to register now to take advantage of the early bird specials through April 13. Also, please book your accommodations early, as we have a limited number of allocated hotel rooms and the ICED is taking place in the midst of Sydney's amazing Vivid Light Festival. Do not miss out!

What should you pack? Conferences in Australia tend to be casual, so take a relaxed attitude in your clothing choices. Many of you will probably extend your trip to include some vacation time, but do not even think about packing a suit! It will be winter in Sydney, so please bring a coat and/or raincoat and maybe an umbrella. Average June temperatures are 46-61F (8-16C), and although it can be sunny and warm, that is not guaranteed!

To accommodate potential jet lag, we recommend that you arrive Monday or Tuesday to allow for some gentle sightseeing and settling into "Aussie" time. This will also allow you to take in one of our amazing pre-conference workshops. See the Online Program, and select "Wednesday". Continue to check out the Online Program for periodic updates and the schedule of all pre-conference, in-conference, and post-conference workshops.

Lastly, we want to acknowledge and thank everyone for their outreach and concern regarding the welfare of all Australians amid the bush fire crisis. We thank you for your support, and hope that you can continue to show your support by showing up in June! Many destinations in Australia, including Sydney, remain safe and continue to welcome visitors. Visit the Tourism Australia website for continuous updates on air quality and travel alerts.

Partnership, Chapter, and Affiliate Committee and European Chapter Update

IAED Update
Rachel Bachner-Melman

Conference on Day Treatment Programs for Eating Disorders in Israel

There were no day treatment programs for eating disorders in Israel until 2015. Before 2015, people with eating disorders needed to make do with outpatient treatment or be hospitalized. Since 2015, an intermediate level of treatment has emerged, largely resulting from lobbying by Experts by Experience, who cried out together with clinicians to the Knesset (Parliament) and the Israel Ministry of Health to fund day treatment programs. Officials at the Ministry of Health rose to the occasion and have recently established budgets allowing for nearly 10 day treatment programs to open around the country.

Approximately 200 eating disorder professionals gathered on February 2 in Rambam Hospital in Haifa to review and discuss the development of these programs. The Eating Disorders Unit at Rambam Medical Center and the Israel Association for Eating Disorders jointly organized the conference, which was attended by heads and members of these organizations, as well as leading officials in the Israel Ministry of Health.

After the opening greetings, presentations focused on the background and research on the continuum of care and day programs, group dynamics, and the new treatment programs. Therapists from different professions and programs presented their specific protocols, and two lectures provided overviews of research and its relevance to the questions and dilemmas emerging from clinical practice. Israel is blessed with full financial coverage for eating disorders treatment that is generally not limited in time. This conference was a valuable opportunity to take stock, exchange ideas, and move forward with day treatment for eating disorders.

Partnership, Chapter, and Affiliate Committee and European Chapter Update

European Chapter Update
Ashish Kumar

The European Chapter of AED welcomes you to look at our world, which is full of vigour, vision, and vitality that offers new hope to our patients and their families to become well soon. We held a two day joint conference with the Royal College of Psychiatry Faculty of Eating Disorders Psychiatry titled, ***Art and Science of Eating Disorders: A Global Vision to Help Eating Disorder Patients and Carers*****,** in London in December 2019. Thank you all for making it so successful!

We had some trend-setting and visionary speeches from Janet Treasure, who discussed new developments in this field, and Dasha Nicholls, who gave us a new perspective by examining a national health policy on obesity from an eating disorder point of view. There were some trail-blazing scientific presentations by Ursula Bailer on the neurobiology of reward systems in eating disorders and by Palmiero Monteleone on the effect of trauma on the pathophysiology and treatment of eating disorder patients. S. Bryn Austin was passionate about how policy initiatives can help with eating disorder prevention in her keynote speech, and Elissa Myers welcomed the delegates with her inspirational enthusiasm.

This two-day conference brought together great minds from across the world. Hence, we heard about culture and eating disorders in Israel, cognitive behavioural therapy for eating disorders in Russia, and eating disorders among transgender individuals in the United States. Importantly, we learned how to manage ethical and legal matters among individuals with eating disorders when a situation becomes complex. For more information about the conference, please visit our conference book.

This was an exciting time for our European Chapter family and we made the most of it. We were successful in starting a European Chapter Research Group in London, and all the leading lights of the research world helped develop this group; their commitment to research was inspiring. We are going to continue moving forward with renewed enthusiasm to spread knowledge, do more research, and help our patients and families in the best possible manner. We invite you to join us at the ICED 2020 in Sydney with our half-day European Chapter conference on June 10th, 2020. More information about the half-day conference can be found here.

View upcoming live and virtual events happening around the world on AED's Events Calendar!

Other Contributions

Discerning Truth Related to Eating Disorders
Martha Peaslee Levine

Last November, the 29th annual Renfrew conference was held in Philadelphia with the theme, *Feminist Relational Perspectives and Beyond: Discerning Truth*. The conference tackled many misperceptions about eating disorders, including a presentation that Beth Clark-Byers and I gave on body image challenges. Research has demonstrated that often, individuals who struggle with eating disorders are not able to adequately perceive aspects of their body. Clinically, we have worked with individuals who are significantly underweight and yet cling to the belief that they will break the scale and/or examination table when they come in for medical evaluations. As clinicians, it is heart-breaking at times, as we work to help our clients become able to discern the actual truth of their bodies and not the distortions the eating disorder presents as a truth—even as it is a fake truth.

Truth is often not only an issue for individuals who struggle with an eating disorder as they work to identify their authentic voice of recovery versus the distorted opinion of their eating disorder. Discerning a true understanding of eating disorders can be a challenge for clinicians and society. The AED recently published the 9 Truths about Weight and Eating Disorders. These are important guidelines for clinicians practicing in the field and are vital truths, which clinicians, families, patients and society must understand.

These Truths focus on the fact that multiple factors influence weight and the complex relationship between weight and health. A simple number such as body mass index is not a direct measure of health. Dietary restriction can increase the risk of developing an eating disorder. In addition, these Truths tackle on-going fat shaming and weight-related bias. They remind us that these biases are prevalent and that weight should not be used to define an individual. I work with a young MD-PhD student who grew up with her mother constantly criticizing her for her weight and body shape. These negative comments continue and propel my patient to constantly attempt to diet. When she does this, her mood drops and she struggles with significant suicidal thoughts. Our treatment team has been working to help stabilize her mood, but we have also been working towards self-compassion. We have been trying to help her become more accepting of her body and what it provides her—the ability to participate in martial arts and the chance to be a successful physician-scientist. Yet the voice that is often loudest in her head is that of her mother criticizing her weight.

As leaders in the field of eating disorders, we all need to consider these 9 Truths. We need to assess if we carry our own biases about weight and health and the development of eating disorders. We will be the ones that need to educate other physicians and families so they can understand that eating disorders are so much more than weight. We need to work to challenge insurance companies whom often base their coverage on only weight-related criteria—suggesting that if someone is not underweight, they cannot really be struggling with a severe eating disorder.

We need to help others discern and understand the truths about weight and eating disorders so that we can promote a more inclusive and healthy society.

Upcoming Webinars

AED Webinar: Gender Identity and Eating Disorders: Medical and Psychological Considerations

Wednesday, March 4, 2020 at 10:00 AM EST
Speakers: **Amy Tishelman, PhD and Carly Guss, PhD**
Moderator: **Melissa Freizinger, PhD**

Body dissatisfaction is a common experience occurring in both eating disorders and gender dysphoria. This workshop will cover basics regarding gender identity, treatment considerations for gender transitioning to psychological and therapeutic advances that are specifically tailored towards individuals, across the age (developmental considerations) and gender spectrum. Using a variety of teaching methods including didactic, case reports and case examples, this webinar will cover the current research and well as provide recommended approaches for caring for patients with gender dysphoria and disordered eating. Register here.