I can safely say that when I stepped into the role of the AED President in March 2019, I had no idea what I was in for. Australia on fire? A global pandemic leading to a third of the world’s population on lockdown? Virtual ICED? None of these were on my radar as likely to have a major impact on the AED — and certainly not during my presidency. Yet here we all are today in the midst of a pandemic. I have been trying to learn as fast as I can how to help navigate our organization through a world none of us ever imagined.

Life pre-pandemic seems a distant past now, but it is worth taking note of all the AED has accomplished since the ICED 2019. Even before the cataclysmic events of recent months, this past year was already shaping up to be a memorable one for the AED. Here are a few highlights:

- The AED’s first Diversity, Equity, and Inclusion (DEI) Advisory Committee to the Board, formed under Kyle DeYoung’s presidency and led by co-chairs Alvin Tran and Marcella Raimondo, has been working steadfastly over the past year to generate recommendations for concrete steps the Board should take to accelerate and broaden our organization’s initiatives to advance our DEI goals.

- Thanks to the hard work and creativity of members of the AED’s various committees and task forces, we have produced many new educational offerings, including:
  - Three new publications in the 10 Actions series from the Expert by Experience Committee: one each for clinicians, caregivers, and the general public.
  - A guide for medical professionals, drafted by emergency medicine specialist Suzanne Dooley-Hash, on recognizing and managing eating disorders in the emergency department.
  - A timely publication of our AED Psychological Care Guidelines, to be released soon on our website publications page.
  - More than a dozen webinars, including the five-part intensive training Evidence-Based Treatment and Eating Disorders: A General Practitioner’s Guide by Lucene Wisniewski.
  - A variety of educational offerings shining a much-needed light on weight stigma, including Nine More Truths about Eating Disorders: Weight and Weight Stigma, initiated during Kyle DeYoung’s presidency.
This past year, I learned a great deal as President-Elect of the AED and have benefited greatly from the leadership, friendship, and guidance of S. Bryn Austin and Kyle De Young, our Presidential Trio.

I am highly appreciative of S. Bryn Austin who has led the AED this past year during an incredibly challenging time. Bryn’s leadership, innovative thinking, calmness, and dedication to move the AED forward to reach its strategic goals despite all the COVID-19 pandemic struggles has been outstanding.

Working with such a compassionate and dedicated group of Board of Directors and our inspiring Executive Director, Elissa Myers, has been enormously rewarding. I am excited to provide leadership to the AED moving forward.

Moving ahead, I am particularly excited about the results and feedback of our most recent membership survey. We will learn more about areas by which the AED could improve and what expectations our members have for the future.

As sad as it is not have our first joint conference in-person with our friends from ANZAED, I am confident the Virtual ICED 2020 will give us a unique platform to engage and learn. In case you have not registered, please take the opportunity to do so now!

This has been an exceptional year for new initiatives, which include the 10 Actions documents series, Eating Disorders in the Emergency Department Guide, and Nine More Truths about Eating Disorders: Weight and Weight Stigma.

### Virtual ICED2020

TAKING A DIFFERENT PERSPECTIVE

This has been an exceptional year for new initiatives, which include the formation of the Diversity, Equity, and Inclusion Committee, a climate change task force, a series of webinars with a substantially growing audience on time-sensitive topics, and the provision of exceptionally valuable documents and publications. These
Welcome to the latest edition of the Forum. I hope that this finds you and your loved ones safe and healthy. As you may guess, this issue is slightly different from our typical issues since we are facing the COVID-19 pandemic. Despite all that is currently happening in the world, this issue is strong reminder of the resilience and collaboration within the AED community, bringing hope and inspiration to us as we move forward in the coming months with what will surely be the “new normal”.

The issue begins with a message from President S. Bryn Austin summarizing the incredible work accomplished this past year by the AED. We also welcome our President-Elect, Ursula Bailer, who provides a look into the upcoming year, which includes expanding our current initiatives and looking for ways to improve the AED. As always, Executive Director Elissa Myers provides an inspiring message of hope and perseverance. You will also find updates from multiple committees, including COVID-19 related resources, as well as an update from the Partners, Chapters and Affiliates Committee and the European Chapter. Abigail Matthews reviews the book ACT for Anorexia Nervosa: A Guide for Clinicians written by Rhonda Merwin, Nancy Zucker, and Kelly Wilson. Finally, there is a summary of a recent article in Science about rethinking how we conceptualize anorexia nervosa.

Importantly, to continue the diverse, equitable, and inclusive (DEI) efforts within the AED, as discussed in this issue of the Forum, we want to ensure that we receive contributions from our members across the globe. Ways in which we can achieve this include, but are not limited to, understanding the demographic make-up and educational training of our members (which will be part the results from the DEI survey completed this spring), soliciting contributions written in multiple languages, and having more contributions from our Chapters, Partners, and Affiliates. Our Forum DEI team will meet twice a year to discuss how we can ensure we are effectively contributing to the AED’s larger DEI mission.

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), including any submissions that would assist with the DEI efforts, for the next (post-ICED) issue of the Forum. Please send all submission by July 15, 2020 to Melissa Munn-Chernoff at Forum@aedweb.org.

Let us hear from you!

Please submit your articles, letters, announcements, and suggestions (up to 250 words), including any submissions that would assist with the DEI efforts, for the next issue of the Forum.

Please send all submissions by 7/15 to Melissa Munn-Chernoff at Forum@aedweb.org.
Greetings from the Executive Director

ELISSA MATULIS MYERS

In this period of grim news and grimmer realities, it is hard some days to find joy and inspiration, but it is out there! Many of our members have posted joyful thoughts or have demonstrated balance and serenity in the midst of the pandemic.

My friend and our great member, Suzanne Dooley-Hash, recently wrote on her Facebook page:

“In the past few weeks I’ve purposely avoided posting anything about pandemics and politics. I realized today that maybe this makes it appear as if I’m not aware, or even that I don’t care, when in reality quite the opposite is the truth. I am too aware, totally overwhelmed by it all. And I care too much about what is happening both to individuals as well as to our society, our world; so much so that it hurts sometimes. I decided a few weeks ago that the world didn’t need me to join in posting more statistics on how many have died or how bad our preparations were. I certainly don’t need that. So I decided to post images that remind me of good things and that make me feel hopeful. I sincerely hope that in doing so I can help remind maybe a person or two of the same. Peace, my friends.”

Member Alli Spotts-De Lazzer created a Facebook group called “Good Works During this Pandemic” that is a curated collection of heart-warming thoughts and stories. The Facebook page states: “Here’s a space to share good news and good works happening in your home, community, and around the globe! During times of fear and scary news, we will do better being reminded of how much good there is out there!” Along with glorious photos of flowers in bloom and fresh air, are stories like one about Gold Beach Books, a used bookstore that offered to give away free books to anyone in need of a good read and processed thousands of “free” orders during their forced idle-time. There are so many inspiring stories – so much kindness!

One essay I recently read was especially powerfully motivating — “A Chance to Get Globalization Right.” King Abdullah II, King of Jordan, wrote:

“I cannot recall a time when every leader on the planet had the exact same item at the top of his or her agenda. This captures how truly surreal this moment in history is. But common concern does not necessarily translate into coordinated action.

“It has been reassuring to see the global medical community working to share information as doctors and researchers hunt for a cure. Yet there is no denying that this border-blind enemy appeared just when the term ‘de-globalization’ was entering our lexicon – thanks to the rise of nationalism, protectionism, and general skepticism about cross-border cooperation of all kinds.”

Instead of this, King Abdullah II argues:

“I see us all benefiting from a ‘re-globalization’...that strengthens and builds capacities within our countries and ushers in true cooperation rather than competition...that recognizes that a single country acting alone cannot succeed. We need to create and sustain new organizations that draw on skills and resources of different sectors across national boundaries.”

I am so proud to be part of the AED. This is a community where we recognize that eating disorders exist in every country and every demographic, where we openly and enthusiastically work across borders to understand the nature of this deadly condition, and seek to find empirically-based solutions to prevent and treat these disorders. We enthusiastically share what we have learned and what we know with each other around the world.

Science knows no borders.

Ironically, thanks to this vicious pandemic that has made it impossible to convene in-person at our annual ICED, I am hopeful that we will have participation from corners of the world that have not been able to participate in the past – increasing our global reach.

Thank you for being a part of this powerful, scientific, and global community!
and authored by past president Dasha Nicholls and Philippa Diedrichs. A press release and Facebook Live interview with the authors hosted by Millie Plotkin accompanied the publication. The Educational Programming Committee also produced two well-attended webinars on weight stigma, which are archived on our website.

- We expanded and deepened connections in Asia and the Middle East. In May 2019, we began with an AED Ambassador visit to India and Singapore to meet with colleagues at the forefront of eating disorders treatment and research in both countries. We have continued building our relationships since then. Thanks in large part to the outstanding organizing efforts of Mumbai-based adolescent medicine specialist Kritika Tiwari, we will soon be welcoming a new national Academy for Eating Disorders of India to the global AED community. We have also been working closely with colleagues from the multinational Middle East Eating Disorders Association, including an AED Ambassador visit in September by past president Eva Trujillo.

- Following the lead of community organizations Butterfly Foundation and Beat with their groundbreaking reports on the cost of eating disorders in Australia and the United Kingdom, the AED joined forces with my research and training program, the Strategic Training Initiative for the Prevention of Eating Disorders: A Public Health Incubator, and Deloitte Access Economics to commission a report on the social and economic costs of eating disorders in the United States. We are thrilled to unveil this new report at the Virtual ICED 2020. Like the Australian and United Kingdom reports that preceded it, this new one for the United States will be the most comprehensive and far-reaching assessment ever produced for the nation. It will provide critical data to spark new lines of much-needed economic and cost-effectiveness research within eating disorders and inform advocacy efforts to increase federal and state funding for research, provider training, and access to care. Which country will be next? If you are a researcher or advocate interested in launching an effort to produce a similar report for your own nation, I would love to hear from you.

The Australian fires may not have stopped the ICED, but we soon realized that the pandemic could.

All of these important efforts were well underway by the time we realized our lives and our ability to carry out the AED’s mission were about change in previously unfathomable ways. The first sign for us was when the bushfires in Australia peaked in December 2019 and January 2020. In the most devastating bushfire season the country had ever endured, fires raged across 40,000 square miles of land, more than 20% of forests were scorched, and millions of wild animals and dozens of human lives were lost, with economic impact estimates approaching 100 billion in Australian dollars. The Australia and New Zealand Academy for Eating Disorders (ANZAED) and AED had been working hand-in-hand for over three years at that point, on what was to be the first co-sponsored ICED, scheduled for June 2020 in Sydney. With great courage and perseverance, our Australian colleagues pressed on through evacuations, emergency alerts, and tremendous anxiety about the fate of their communities to work with us on planning what was to be the first ICED held in Australia. The Australian bushfire disaster, which was intensified by climate change, inspired the creation of the AED’s first Climate Change Advisory Task Force to the Board, co-chaired by Rachel Rodgers and past president Susan Paxton, to advise us on how we can do our part as a professional society to be responsible stewards of our planet. Once the fires finally subsided, we were all reassured that come June, the ICED 2020 would be held in Sydney, just as planned. Then the pandemic hit.

First in China and neighboring countries, then Italy, Spain, and the United States, the COVID-19 pandemic rapidly spread around the world country by country. The Australian fires may not have stopped the ICED, but we soon realized that the pandemic could. After we all had a moment to catch our breath, we knew we would need to act fast if we were going to meet our members’ needs for information and connection and preserve our signature convening in the face of uncertainty and risk on a scale none of us had ever experienced before.

We responded in the early weeks by setting up a new AED COVID-19...
community page on our website, including general discussion threads and a number of topic-specific subsections for resource sharing. Members quickly began posting questions seeking input from their colleagues and offering suggestions and resources for managing the COVID-19 crisis within the eating disorders community. Soon after, the AED Educational Programming Committee kicked into gear, offering webinars on managing clinical care during the pandemic, which drew audiences of hundreds, our largest to date. The AED Blog, launched this past year and edited by Nadia Craddock, began a timely COVID-19 series to highlight the important work of our members to manage the crisis.

The ultimate challenge, though, was the ICED. All of us in leadership were heartbroken when we had to make the decision to cancel the in-person meeting, but none more so than the ICED Scientific Program Planning Committee, their co-chairs Jerel Calzo and Anthea Fursland, and Board liaison Ross Crosby. For the past two years, they had put their all into planning what was to be a spectacular conference in Sydney. The leadership feared making the wrong decision. Should we cancel the ICED and hope we can make it up with the ICED 2021 in Monterrey? Or should we try to reinvent the ICED as an online-only event, not knowing if speakers would agree to present or if members would register for the wholly unfamiliar conference experience? Which course of action was riskier? The AED and ANZAED had already been working well together to plan our co-sponsored conference, but could we trust each other to be fully committed to whichever decision we made with the stakes so high?

I am sure all of us in leadership had different moments when we finally felt we were on solid ground again and trusted that together we could pull this off. For me, it was a meeting near the end of March with my counterpart at the ANZAED, President Kim Hurst. We both began the meeting with some trepidation, given that this was our first time talking face to (virtual) face and what brought us together was the need to improve on communication between our organizations during this time of high stress. Over the course of our conversation, Kim’s kindness and compassion melted my tension and fear away. She half-jokingly observed that the two of us will now share a bond forever as the “Pandemic Presidents” of the AED and ANZAED. By the end of the call, I realized I had a kindred spirit in Kim, my fellow Pandemic President.

Once the decision to cancel the in-person conference was made, the dogged and determined teams of staff and volunteers of both the AED and ANZAED made an astoundingly fast pivot to transform the ICED into a dynamic virtual conference, which we will deliver right on schedule as planned. Beginning June 11 and running through June 30, our virtual conference will be more accessible for most people than the Sydney conference would have been and even more affordable. Over the past several months, our teams have been working under extraordinary pressure with creativity, grace, integrity, and unwavering can-do commitment to do everything within their power to see our organizations through this unprecedented crisis.

I could not be more proud of what the teams of AED and ANZAED volunteers and staff have achieved. I have complete confidence that the Virtual ICED 2020 will withstand what could have been a potentially catastrophic blow dealt to the AED by the pandemic and now have embarked on a winning strategy to ensure we can carry out our organizational mission in more nimble and responsive ways for the benefit of our members and the field.

As the ICED 2020 approaches and I prepare to pass the AED President mantle to my dear colleague Ursula Bailer, I find myself reflecting on what lessons I will take away from my year in this role. This is definitely a humbling role, abundant with lessons, but which one will be most indelible? Perhaps it is this: No matter how daunting or calamitous a challenge may seem, when you have the good fortune to work in a deeply caring community... extraordinary things can happen.
Special Interest Group and Committee UPDATES

Educational Programming Committee UPDATE

LINDA BOOIJ

The Educational Programming Committee organizes educational opportunities for AED members across the globe. These events are part of an initiative to help psychologists, physicians, dietitians, and other healthcare professionals stay up to date with the most recent clinical and research developments in the eating disorders. During the COVID-19 pandemic, having access to virtual educational opportunities is more relevant than ever. Here are a couple of our educational offerings:

International Journal of Eating Disorders Continuing Education (CE) Credits

The IJED and publisher grant open access to several articles. Readings are picked monthly based on their relevance to the AED community. We collaborate with authors to make some of the articles available for CE credits. To earn credits, members can read an article and complete a quick set of questions prepared by the authors. Articles eligible for CE credits are available here on the AED website in the Online Library, under the Resources tab.

AED Webinars

We also regularly organize webinars that focus on disseminating best clinical practices and the most recent developments in eating disorder research. Webinars are broadcast live so that participants can submit questions to the presenters and are uploaded to the AED website for later viewing. Previous presentations include evidence-based treatments, available assessment tools, and emerging and relevant clinical topics. For example, the recent webinar on telehealth considerations for eating disorder mental health providers during the COVID-19 pandemic attracted approximately 400 attendees. The webinars are open to AED members worldwide, and the committee welcomes international presenters leading webinars in different languages.

To learn more about some of the AED’s educational initiatives, visit our Online Library.

Electronic Media Committee UPDATE

DANYALE MCCURDY-MCKINNON

In this challenging time, everyone on the Electronic Media Committee would like to wish all new and sustaining members of the AED good mental and physical health. The COVID-19 crisis is incomparable to anything most of us have ever dealt with as clinicians and researchers. The AED members are compiling and continually updating resources to help navigate this unprecedented time in history. In the ‘Main Forum’ under the ‘AED Community’ dropdown menu, you will find the COVID-19 Resources for members.

In addition to these resources, there are many other online educational resources to take advantage of during this time. In the Online Library under the ‘Resources’ dropdown menu, numerous past and upcoming webinars are listed. Other educational initiatives can be found in the Events Calendar, including, but not limited to, future journal clubs, webinars, and conferences.

Like many of you, we were deeply saddened that the in-person joint AED/ANZAED ICED in Sydney was cancelled. However, we are very excited that the conference is going virtual! Please continue to check the Virtual ICED 2020 page for updates.

As always, we want to remind you to take a moment to review your profile and update your information, including your email address. You can access this from the My AED tab on the homepage. Once there, you can find a helpful “how to” if you need additional assistance. Thank you!
SIG Oversight Committee UPDATE

JULIE TRIM

The SIG Oversight Committee has been busy. As noted in the last issue of the Forum, we recently developed guidelines and requirements for SIGs to remain active. Additionally, we assisted our SIGs in holding annual elections, and we are thrilled to welcome our newly elected SIG co-chairs:

- **Assessment**: K. Jean Forney
- **Bariatric**: Lois Surgenor
- **Body Image**: Danyale McCurdy-McKinnon
- **Early Career**: Erin Reilly
- **Epidemiology**: Samantha Hahn
- **FBT**: Rachel Kramer
- **Males**: Emilio Compte
- **Neuroimaging**: Kendra Becker
- **Residential**: Eva Schoen
- **Somatic**: Kathleen Love

We also want to thank our SIG co-chairs who are rotating off this year. We appreciate all of your efforts and hope that you remain involved in the AED leadership! We acknowledge the following AED members for their terms as SIG co-chairs:

- **Assessment**: Lisa Hail
- **Bariatric**: Robyn Sysko
- **Body Image**: Elizabeth Didie
- **Early Career**: Ann Haynos
- **Epidemiology**: Katie Loth
- **FBT**: Stephanie Jacobs
- **Males**: Jason Lavender
- **Neuroimaging**: Laura Berner
- **Residential**: Susan McClanahan
- **Somatic**: Ann Saffi Biasetti

Similarly, the SIG Oversight Committee has three members rotating off our committee. Thank you Leslie Anderson, Suzanne Dooley-Hash, and Eleni Lantzouni for your excellent contributions to the SIG Oversight Committee, and we welcome Joanna Wiese as our new co-chair!

Finally, we will be holding the SIG Annual Meetings at the Virtual ICED 2020 online through Zoom. To make the process easier, we are giving the SIG co-chairs increased flexibility when they hold their meeting. We will be in touch with co-chairs about next steps. Be well and hope to “see” you at the ICED 2020!

A Landmark Article about Anorexia Nervosa: How New Concepts may Advance the Understanding and Treatment of Anorexia Nervosa

WALTER KAYE

The journal *Science* published the article *Rethinking Anorexia*, by Jennifer Couzin-Frankel, in their April 10, 2020 issue. The subheading states that by “challenging long-standing theories about the eating disorder, new research suggests biology is a powerful driver.” *Science* is one of the most respected and influential journals in the world. Such feature articles serve to translate new scientific findings into simpler language and concepts so that professionals in other fields and the public can learn about important progress. Briefly, the article covered the following topics: an overview of anorexia nervosa (AN) symptoms; progress on animal models; new findings in genetics; and new insights into brain circuitry. For example, the brain biology underlying aberrant eating behavior may result in altered reward, motivation, and decision making about food.

The article highlights that “evidence is mounting that biology is at the core” of AN. However, insufficient funding from the National Institutes of Health in the United States, compared with other serious psychiatric disorders (e.g., schizophrenia), hinders greater progress. The article also discussed limitations of current treatments, potential new therapies, and the struggles experienced by significant others. It further suggested that the eating disorders field is increasingly applying scientific methods to AN. However, we need additional insights into the biological mechanisms of AN to develop more effective treatments.

In summary, it is highly recommended that AED members read this article to learn about these new concepts and how they may advance the science and treatment of AN.
ACT for Anorexia Nervosa: A Guide for Clinicians

ACT for Anorexia Nervosa: A Guide for Clinicians is a comprehensive clinical resource that tailors acceptance and commitment therapy (ACT) for clients with anorexia nervosa (AN). For those unfamiliar, ACT is a third-wave cognitive behavioral therapy (CBT) that conceptualizes maladaptive behaviors resulting from psychological rigidity. As opposed to modifying irrational thoughts, ACT embraces the acceptance of painful internal experiences, while concurrently acting in line with one’s values. This book has many strengths and is a “must-read” for clinicians who practice within an ACT framework. At its outset, the authors provide a compelling rationale for the use of ACT in the treatment of AN, noting that many individuals with AN struggle with cognitive rigidity, emotional avoidance, and fears of uncertainty. Initial interventions encourage the client to recognize that illness symptoms often function as a short-term “solution” to avoid painful thoughts and feelings. Interventions target psychological flexibility, including skills to interact with internal experiences in a way that reduces their impact on behavior, “sit with” painful thoughts and feelings, detach from painful self-talk, practice mindfulness, and identify and act in line with personal values.

The book offers in-depth clinical guidance in user-friendly language. For some, ACT concepts may seem cumbersome and difficult to grasp. However, the authors do a remarkable job presenting theoretical concepts and clinical guidance in an engaging and understandable way. The book is highly organized and informative, consisting of eleven chapters that highlight unique treatment topics, such as the conceptualization of AN from an ACT perspective, weight restoration, creating a context for change, and helping clients author and engage in personal values. Chapters are divided into clinical goals and contain an abundance of case vignettes, therapist scripts, useful metaphors, and client handouts. Common treatment challenges are considered throughout the text, such as working with clients who are resistant to weight gain, and strategies to compassionately navigate these situations are identified.

An additional strength of ACT for Anorexia Nervosa is its applicability to a diverse array of clients, in terms of age, symptom severity, and motivation to recover. The initial chapters focus on assessment and case conceptualization, which inform treatment goals and priorities. Rather than using a one-size fits all approach, ACT encourages the clinician to flexibly introduce ACT processes based on a client’s readiness and individualized needs. For example, some clients may not recognize the negative consequences of AN behaviors. Instead, they may believe the symptoms align with personal values. In this case, the clinician would postpone values and focus on helping the client recognize that symptoms are causing impairment. For malnourished clients, weight stabilization may be necessary prior to focusing on ACT skills, and the guide provides behavioral interventions to navigate this process for youth and adult clients. Also of importance, this book offers guidance on including family and multidisciplinary team members to best support the client’s needs.

A unique feature of this book is that it encourages everyone participating in therapy to use ACT skills. Having a loved one with AN can be devastating and is often accompanied by many painful thoughts and feelings. For example, it is not uncommon for youth with AN to act out by refusing to eat, lashing out at family members, and denying that symptoms are problematic. In these cases, the book guides the clinician to increase parental awareness and acceptance of their personal internal experiences, like fear, guilt, and anger, and to act in line with parenting values (e.g., prioritizing health and safety, while treating their loved one with compassion and respect). For clinicians, working with clients with AN can be quite rewarding. However, it is also challenging, and can be fraught with uncertainty, fear, frustration, and discomfort. Emphasis is also placed on the clinician’s own use of psychological flexibility, including recognizing experiential avoidance in therapy (e.g., choosing not to challenge a client when doing so could provoke an emotional reaction, getting “stuck” in personal narratives like “It’s my fault that she’s not getting better”).

In summary, ACT for Anorexia Nervosa: A Guide for Clinicians is an invaluable resource for clinicians who already practice within an ACT framework and for those interested in learning more about this treatment approach.
Why Being Global Makes Sense

About a year ago, when New York City was still its usual pulsating self, we were having breakfast on 7th Avenue, close to the ICED 2019 conference center, discussing the responsibility of becoming co-chairs of the Partners, Chapters and Affiliates Committee (PCAC). The PCAC is a forum for collaboration, welcoming eating disorder professional organizations from all over the world, carrying out globally applicable projects. Our monthly meetings provide a fantastic opportunity to discuss and share experiences with individuals from different countries. For example, at our April call, we discussed problems related to the COVID-19 lockdown and its effect on our patients and colleagues, sharing our experiences and concerns.

In addition to regular PCAC work, our first annual project has been creating a “Minimum Standards of Care” document. We designed this document, which describes the minimum actions needed for providing eating disorders treatment, for healthcare professionals not specialized in administering eating disorder treatment. We will formally present this document in June during the Virtual ICED 2020 workshop, “Going Global – A Transnational Approach to Guidelines for Eating Disorders with the AED, Partnership, Chapter & Affiliate Committee”. This workshop will highlight challenges non-specialized healthcare professionals around the world may face, provide available transnational guidelines, and have a plenary discussion of whether the concept of cross-cultural standards is applicable on a global scale.

Heterogeneity of members is our strength — we embrace all categories of eating disorder professionals elected to represent their organizations, while including professionals from public, private, and university settings around the globe.

European Chapter UPDATE

ASHISH KUMAR

It is an unprecedented time for all of us, including our patients and families. I am touched by the extent of loss of human life and devastation caused by COVID-19. It was inspiring to learn during our European Chapter Board and Medical Care Standards Committee meetings in April that professionals from across the world are doing their best to help our patients and their families. These meetings gave our global community of clinicians an opportunity to support and reflect with each other.

When we planned the European Chapter half-day conference on June 10, 2020 at the ICED 2020, no one knew that we would do it virtually. However, thanks to Elissa Myers, we have made a “virtually” impossible task a very successful one. The theme of the European Chapter meeting at the Virtual ICED 2020, “Helping Eating Disorder Patients without the Boundaries” which we chose many months ago, sounds so apt now. Join us via Zoom on June 10th, 2020 to hear our world-class panel of speakers, including Cynthia Bulik, Fernando Fernandes-Aranda, Janet Treasure, and Glen Waller, discuss their latest research on metabo-psychiatric factors, treatment efficacy and complexities after COVID-19, severe and enduring eating disorder, and reassurance seeking for eating disorders, respectively.

We will also launch our European Chapter Newsletter and release our inaugural edition in near future. We are looking for contributions from our esteemed members and experienced colleagues working in this field. I welcome you all during our virtual AED European Chapter and ICED 2020 conference.