Several years ago, while having dinner with a charming person, I heard a sentence that terrified me - because of its explicit meaning but more so because of what it suggested. In response to me asking about the strength of the evidence supporting a psychotherapy being offered at the clinic this person operated, they ultimately concluded, “I guess I’m just a true believer.” Delivering a treatment that, in my view, had not been thoroughly studied when other well-supported treatments were available was bothersome. It worried me, and I’m willing to bet that if you’re a member of the AED, it would have worried you, too. The ethics guiding the practice of psychology seemed relevant (in particular, sections 2.04, 2.01e, 10.01b of the APA Code of Conduct)\(^1\), but I also felt like I needed an authority to
arbitrate - my perspective on the state of the evidence wasn't being taken seriously. I thought of the various authorities (e.g., APA Division 12\textsuperscript{2}, NICE\textsuperscript{3}, Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines\textsuperscript{4}) that have summarized the evidence, but I was missing the point.

To hear someone paint their commitment to a treatment with the same brush usually reserved for religion, morality, or ideology caught me by surprise and took me time to wrap my head around. Months later when preparing for a history of psychology lecture, I stumbled across Friedrich Nietzsche's take on beliefs of this sort, and I immediately thought of that conversation. In Human, All-Too-Human, Nietzsche (1878) wrote, "Conviction is belief in the possession of absolute truth on any matter of knowledge. ...the man [sic] of convictions is not the man [sic] of scientific thought."\textsuperscript{5} With due respect to my dinner companion, this captured exactly what bothered me so much. I had incorrectly assumed that we shared the belief (yes, belief) that science forms the foundation of practice. The consequence of our disagreement on this assumption meant that there was no evidence that was relevant to our conversation. Scott Lilienfeld, a former keynote speaker at an International Conference on Eating Disorders (ICED), describes a threat to the science of psychology that is relevant here, which he refers to as postmodernism and includes skepticism about science as a "privileged means of acquiring knowledge."\textsuperscript{6} Indeed, in my view, my companion's perspective was dangerous to potentially vulnerable individuals seeking help and to the scientific standing of the field.

Many of us have faced similar situations - being put on the spot to articulate the wisdom of providing a particular treatment for a particular individual. For most of us, that wisdom is likely comprised of a composite of rational argument (i.e., theory) and evidence. Many times at the ICED, often during the Research-Practice Think Tank, the experience of wanting to reference the latest evidence for treatments for eating disorders but being too limited (usually by time) to read this literature has been expressed. There is widespread appreciation for what Lilienfeld and colleagues termed "Causes of Spurious Therapeutic Effectiveness" that leads practitioners to be rightly skeptical of their casual observations as a source of evidence, instead preferring to rely on carefully constructed research studies and experiments to provide this evidence. For folks with this experience, an authority who has convened a panel of experts to coalesce the evidence into more succinct practice guidelines can be immensely useful.

The AED has begun contributing to such guidelines through the Medical Care Standards Guide, now in its 3rd edition, but we have been more silent when it comes to psychological treatments. However, I am excited to announce the creation of the Task Force for the Development of Psychological Care Guidelines for Eating Disorders. The group will take the AED a step closer to fulfilling its mission of "Global access to knowledge, research, and best treatment practice for eating disorders." The goal of this endeavor is not to supplant other resources on evidence-based practice (e.g., those cited above) but to create a set of guidelines that are internationally relevant, widely disseminated, and useful - to practitioners, patients, parents, and advocates.

For those who seek to stay up-to-date on best practices, this will be a helpful resource. For those who advocate for individuals seeking treatment to be provided with the treatment that is most likely to help them, this will be a powerful accomplice. For anyone who relies on the power of their convictions or a selective review of evidence, this will provide accountability.

As for the views of my dinner companion from years ago and others who share that perspective, each of us is responsible for defending science's "privileged" means of discovering truth and upholding our ethical obligation to ensure that individuals who are vulnerable to practitioners in positions of power are not sold snake oil. We should empower our patients to ask what evidence supports the treatment to which they are being subjected, and we should be prepared to identify the evidence (or the guidelines based upon such evidence) rather than vaguely describing our services as "evidence-based."

\textsuperscript{1}http://www.apa.org/ethics/code/
\textsuperscript{2}https://www.div12.org/
\textsuperscript{3}https://www.nice.org.uk/guidance/ng69
\textsuperscript{4}Hay et al. (2014)
\textsuperscript{5}Zimmern (1910; p. 397)
\textsuperscript{6}Lilienfeld (2010; p. 285)
Message from the Editor

Welcome to the current edition of the AED Forum! This issue contains thought-provoking pieces from our AED leaders and updates from several of our SIGs and Committees. Many of the entries in this issue call attention to the importance of evidence-based psychotherapy practice in the field of eating disorders; specifically, how to disseminate evidence-based guidelines and how to anchor our evidence in the real world so it is useful to diverse patient populations. These articles are sure to spark discussion among our members! Another highlight of this issue is a review of *What Causes Eating Disorders and What Do They Cause* by AED book reviewer Elin Lantz.

Thank you to all who submitted articles for this issue of the *Forum*. I encourage interested readers to submit articles, letters, and announcements for the next issue of the *Forum* (no more than 250 words per entry); the deadline for submissions for the next issue is **November 15, 2018**. Please submit your contributions and suggestions to Anna Ciao at *Forum@aedweb.org*.

Greetings from the Executive Director

I recently found myself as a source of support for a young woman from the other side of the U.S. whom I had never met. She reached out to me to say that she was on the brink of suicide in desperation over her struggle with eating disorders. She is still suffering, but she is still with us in this world. The experience for me was overwhelming. It profoundly deepened my appreciation for the challenges - the heart break, the frustration, the victories, and the hard work - that all of you who are a part of the AED community experience daily.

Trying to know how to be helpful, I reached out to some of the wonderful members of the AED, and I had a crash course in making sense of some of what I was seeing. I saw first-hand the generosity and compassion that characterizes members of the AED. Perhaps the most powerful insight came from Walter Kaye. I told Dr. Kaye that this young woman’s insurance had been depleted, as had her personal resources. She’s been struggling for at least twenty years - perhaps longer - and still she suffers. “How can it be?” I asked Dr. Kaye. “Someone has to help her!”

Dr. Kaye responded: “Unfortunately we lack effective treatments for many of the most severely and chronically ill people with eating disorders. It has been noted in terms of medical care that 5% of patients make up 50% of the costs, and this is probably true for eating disorders. We certainly need more of a focus on the problems and treatments of this small, but difficult and costly, severely ill group of people who are the most likely to die.”

We know that early and effective evidence based treatment is critical to full physical and psychological recovery from eating disorders. But we know too that there are an inadequate number of trained professionals to diagnose and treat eating disorders. I started doing some digging, and stumbled on a remarkable study done by the National Association of State Mental Health Program Directors, *Trend in
According to the study, "As of 2014, the year for which the most recent data on specialty mental health providers are available, there were over 170,000 residents in inpatient and other 24-hour residential treatment beds on any given night, an average of over 53.6 patients per 100,000 population. Although 170,000 residents in 24-hour treatment beds every day may seem a large number, it reflects a 64 percent decrease in psychiatric residents from 1970. When data are adjusted for the growth in the population of the United States since 1970, the decline in beds is an even greater 77.4 percent."

The authors further noted that "It is true that state and county psychiatric hospitals and VA Medical Centers have experienced large reductions in psychiatric capacity, while private psychiatric hospitals and general hospital specialty units have increased over time. However, both the state mental health and VA systems have drastically reorganized their approaches to providing care over the past 44 years, shifting resources and workforce to focus on delivering community-based outpatient services that have included intensive evidence-based services."

The full study is worthy of a careful reading, and you can view it [here](#), but my big take-away is that long-term care for seriously chronically ill mental health patients isn't getting better - despite the wonderful achievement in passing the 21st century Cures Act - it's getting worse.

The National Alliance on Mental Illness offers these statistics:

- An estimated 26% of homeless adults staying in shelters live with serious mental illness and an estimated 46% live with severe mental illness and/or substance use disorders.
- Approximately 20% of state prisoners and 21% of local jail prisoners have “a recent history” of a mental health condition.
- 70% of youth in juvenile justice systems have at least one mental health condition and at least 20% live with a serious mental illness.
- Only 41% of adults in the U.S. with a mental health condition received mental health services in the past year. Among adults with a serious mental illness, 62.9% received mental health services in the past year.
- Just over half (50.6%) of children with a mental health condition aged 8-15 received mental health services in the previous year.
- African Americans and Hispanic Americans each use mental health services at about one-half the rate of Caucasian Americans and Asian Americans at about one-third the rate.
- Half of all chronic mental illness begins by age 14; three-quarters by age 24. Despite effective treatment, there are long delays-sometimes decades-between the first appearance of symptoms and when people get help.

I was in the middle of swimming in research and statistics when an AED member sent me a link to the new film, Going Sane. In the film, featuring some of the superstars in our field - Cynthia Bulik, JD Ouelette, Joan Riederer, and others - the narrator says that there are 8 million deaths a year in the U.S. alone directly attributable to mental illness, despite the fact that spending on mental health treatment grew from $32 billion in 1986 to $200 billion in 2016.

We have a crisis in mental health recognition and treatment in the U.S., and while the crisis isn't confined to the U.S., it's clearly severe here. And as Walter Kaye said, we need to focus on the problems and treatments of the small but difficult and costly severely and chronically ill group of people who are the most likely to die.

We in the eating disorders community are only a part of the problem, and we can't solve it alone - we need to strengthen our alliances across the field of mental health, and create a health care-wide voice to keep millions of people from dying every year! Let's find a compassionate solution for my new friend across the country, and for the millions of others like her - and the many more family members and loved ones - who are suffering!
Medical Care Standards Committee Update

*Michael Spaulding-Barclay, MD and Rebecka Peebles, MD*

The Medical Care Standards Committee continues to work diligently on several current projects. The 3rd edition of the AED Medical Care Guidelines, now titled *Eating Disorders: A Guide to Medical Care, 3rd Edition* is available [here](#) on the AED website in English, Spanish, Portuguese, Brazilian-Portuguese, Japanese, Italian, and Turkish. Translations into more languages are ongoing and preparations for the next edition are underway for 2020!

Dr. Angela Guarda just completed a recent webinar on the medical complications of eating disorders (it is available on the AED member website), and Dr. Ovidio Bermudez will be doing a Spanish speaking version of a similar webinar shortly. Learn more about these webinars by visiting the [AED Online Library](#). Further webinars or teaching modules are being considered.

We also continue to work with the Research-Practice Committee and the Electronic Media Committee to help update some of the resources and suggested readings on the AED website.

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Membership, Retention, and Recruitment Committee Update

*Vivienne Hazzard*

The hard work of the Membership Retention and Recruitment Committee (MRRC) has been paying off! The AED currently has 1,674 members, up by 8% from 1,545 members this time last year. To continue this upward climb, the MRRC is working to understand how AED member benefits help to attract new members and retain current members. Keep an eye out for a survey on this topic coming your way!

Although overall membership is up, for folks outside North America, membership has declined by 17% since this time last year. The AED's vision and mission emphasize its role as a global professional association, and without good representation of researchers, clinicians, students, patient-carers, and individuals with lived experience outside North America, we miss out on vital insights in the eating disorders field. Therefore, a key priority of the MRRC is to make membership attractive to individuals outside North America. Stay tuned for developments on this front!

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Patient Carer Committee Liaison Program

*Ashley Solomon, PsyD*

The aim of the Patient Carer Committee is to represent a vital contingent of AED stakeholders in conversations about our field and the direction of our organization. Our approach in this aim is to develop partnerships that allow the wisdom and expertise of patients and carers to be leveraged. We have recently developed a liaison program in which members of the Patient Carer Committee will be joining meetings of our fellow AED committees. The goal of the liaison is to help facilitate exchange of information, projects, and perspectives among AED committees. We believe that this mutual exchange of ideas will help foster stronger relationships and lead to more effective initiatives. Several AED committees have already welcomed this project, and we are excited to be part of other committees in coming months as well. We extend our sincere appreciation to those who are uplifting the voices of patients and carers.
Research Practice Committee Update

Rachel Presskreischer, MS, LMSW, PhD Candidate

Evidence-based practices for eating disorders exist, but their use is far from ubiquitous. To examine challenges and facilitators that contribute to the uptake of evidence-based practices, the Research Practice Committee’s proposed Think Tank for the 2019 ICED will focus on implementation science. According to Bauer (2015), implementation science is “the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice, and, hence, to improve the quality and effectiveness of health services.”

Through an interactive discussion of Bringing Evidence-Based Practices to the People and Places that Need Them: Diverse Perspectives on Implementation Science, the 2019 ICED Think Tank will explore how collaboration among researchers, clinicians, and consumers in the field of eating disorders can facilitate the uptake of evidence-based practices internationally, in a variety of settings, and with diverse populations. Six discussants representing full-time clinicians, consumers, and researchers will speak about their experiences with implementation science. Topics may include accessing evidence-based treatments suited to specific settings and populations, adapting interventions to real-world populations, and conducting research with consideration of future implementation. Panelists’ comments will initiate a lively discussion highlighting constructive ways of improving dissemination, uptake, and acceptability of evidence-based practices in the field of eating disorders.

Electronic Media Committee Update

Jessica Van Huysse, PhD

Greetings from the Electronic Media Committee!

If you have not yet checked it out, please try the Find an Expert feature on the AED website, which will allow you to find AED experts around the globe! To use the Find an Expert search function, visit the AED homepage and select “Find an Expert” from the top navigation bar. You can search for providers by name, location, and/or specialty. Please search for providers using this feature before sending an email seeking referrals. We are excited to share that we will soon be adding additional fields to our Find an Expert search function, including research expertise, recent books or publications, languages spoken, theoretical orientation, and certifications. Be sure to search for yourself using the Find an Expert page to ensure the correct contact information is posted for you!

Speaking of contact information, now is a good time to update your AED online profile, especially if you may have moved or changed jobs in the past year. The contact information in your profile feeds the Find an Expert search, so ensuring that your information is updated will also enhance the ability of others to search for you. Update your profile by logging in to the AED homepage, clicking “My AED” and then “Profile.”

We appreciate that members continue to be mindful of our community guidelines in order to keep the community functioning smoothly. We have been working to update and clarify some of the policies within our community guidelines, and the updated policy will soon be posted to the community page. Please keep in mind that advertising events or trainings is not permitted without prior approval. You are invited to submit advertising requests to info@aedweb.org for review.
SIG Oversight Committee Update

Annemarie van Elburg, MD, Professor, FAED

Most of you will know that SIG stands for Special Interest Group. And most of you will also know that any member of the AED can enlist in as many SIGs as you like. Some SIGs are very active; some even activist! They have lively discussions online and ‘live’ at ICED meetings. Other SIGs lead an almost dormant life. Some SIGs are predominantly North-America based; others are highly international. To me, SIGs are the backbone of the AED. Listening to what SIG discussions are about and what SIGs put forward in abstracts for the ICED should tell us what our members are busy with. Do new members understand the AED ‘system’ and join one or more SIGs? Do people still experience problems getting into a SIG or getting online messages? After the AED website change, some members experienced problems with the new system, but these issues have been resolved; if difficulties are encountered, members can ask AED Headquarters and receive answers any time of day! The SIG Oversight Committee (Kelly Allison, Leslie Anderson, Lauren Muhlheim, Marci Gluck, Eleni Lantzounis, Suzanne Dooley-Hash, Elizabeth Holm, Joanna Wiese and myself) is very active, and in my experience, a very approachable group of women. We continually think about ways to energize our SIG co-chairs, asking about plans to organize tweetchats and webinars, suggesting topics for AED organized webinars, and generally informing them about co-chair elections. Last but not least, we strive to make our SIGs more global. So join one or more SIGs if you have not done so already - you can [join here](https://www.aed.org/memberwebsite/).

Association Updates and Other News

Book Review Corner

Elin Lantz, AED Book Reviewer


*What causes eating disorders - And what do they cause?* by Guido Frank provides a reader-friendly overview of the diagnoses, possible causes, and potential consequences of eating disorders. This book could serve as a useful companion for people looking for an introduction to the world of eating disorder treatment. This compact book tackles several questions, including what sparks symptoms, what keeps disorders going, and which patients are likely to benefit from various treatment settings. In attempting to answer some of these questions, the book delivers a range of perspectives on eating disorders, including those of researchers, clinicians, and patients. It also describes information in simple terms that accommodates any level of expertise.

Given that it can be overwhelming for families to navigate a constantly changing course of treatment and various levels of care, Dr. Frank's book could benefit patients and their loved ones. Specifically, it may be helpful for those who want a better understanding of potential causes of eating disorders and for those who want a feel for what real treatment settings look like and how they function. The book may also be particularly beneficial to clinicians who are new to working with patients with eating disorders or medical professionals who are interested in obtaining a broad background in eating disorders.
Given the complex biological factors that influence eating pathology, the book is helpful in explaining neurobiological theories of eating disorders simply and comprehensively. Its chapters review changes in brain volume, taste-reward processing in the brain, and neural networks relevant to eating disorders. To combine this information in a relatable way, the book proposes an integrative developmental model of eating pathology, and gives a succinct yet thorough view of how predisposing biologically-based traits, precipitating biological events (e.g., puberty), and environmental influences converge to spur eating disorder symptoms. It then describes how anorexia nervosa, binge eating disorder, and bulimia nervosa maintain themselves over time through "vicious cycles."

To illustrate the treatment process, Dr. Frank offers a description of treatment approaches and the decision-making behind different levels of care, such as general guidelines for when patients tend to step down from inpatient treatment. It provides a description of the treatment protocol at his home hospital, Children's Hospital Colorado, while also providing a general description of outcomes for evidence-based treatments.

Near the end of the book, several personal accounts of eating disorders are provided, including stories about patients' journeys through treatment and even a slam poem. These accounts give a face to these disorders and emphasize the potential personal impact of eating disorders in a moving and honest way. Perhaps its most useful aspect is how brief yet thorough the book is - it offers a brief yet thorough understanding of commonly-asked questions about eating disorders and leaves readers feeling more comfortable as consumers of eating disorder research and treatments.