Message from the President

A Fresh Vision and Mission for the AED

With our 30th anniversary fast approaching, AED had the exciting opportunity this past summer to consider refreshing our vision and mission to reflect our current direction as an organization. I would like to take this opportunity to thank the more than 200 of you who participated in the voting process this July through September 2022. I’m delighted to share that the new vision and mission (originally proposed by our Strategic Planning Committee, then approved by the AED Board and Past Presidents) passed on September 20, 2022. The following changes will now be reflected in AED’s Bylaws and will serve to guide our priorities and activities for year to come.

AED’s New Vision: “A world without eating disorders through science and practice”

A vision statement is the why of an organization. It explains how the world would be different if the mission were achieved. It is oriented toward the future, underscoring long-term objectives from which short- and intermediate-term objectives can be derived. Once a vision has been achieved, it is no longer aspirational, and should be updated to reflect an even more ambitious goal. AED’s previous vision, “Global access to knowledge, research, and best treatment practices for eating disorders,” was highly aspirational 30 years ago. However, due to the success of AED and its partner organizations—including the annual International Conference on Eating Disorders—much of this vision has already been achieved.

AED’s new vision — “a world without eating disorders through science and practice” — is aspirational, ambitious, and powerful. It clearly states how the world would be different if we achieved it. The use of the term “world” implies that the vision is global. Furthermore, the phrase “through science and practice” the unique strength of AED in bringing scientists and practitioners together. To be clear, the vision does not mean a world without people experiencing or in recovery from eating disorders, as we welcome experts with lived experience into our global community. However, it underscores that we collectively envision a future free from the burden of suffering from these devastating illnesses, and that is why we do the work we do. I am pleased to share that the vision passed with 182 members voting yes, 17 voting no, and 4 abstaining.

AED’s New Mission: “The mission of the AED is to advance eating disorder prevention, education, treatment, and research by expanding the global community of committed professionals”

A mission statement represents the what and how of an organization. Whereas the vision is aspirational, the mission is tactical. It explains how the vision will be achieved. AED’s previous mission — “AED is a global professional association committed to leadership in eating disorders research, education, treatment, and prevention” — highlighted our core activities, but lacked a call to action. The vision described what AED is, rather than what AED does.

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AED’s new mission — “to advance eating disorder prevention, education, treatment, and research by expanding the global community of committed professionals” — highlights that our primary purpose is to accelerate the field by building our community. The mission is evergreen, as even the most advanced treatment and research could be accelerated further. The mission clarifies that the community itself is global (with members from all around the world). Also, speaking to the AED’s identity, the revised mission underscores that our primary audience is professionals and professionals-in-training. Of course, the revised mission does not exclude experts by lived experience, as we welcome their partnership with professionals, and many professionals in our community also have lived experience. I am pleased to share that the mission passed with 191 members voting yes, 11 voting no, and 1 abstaining.

In closing

I hope that our new vision and mission will inspire and motivate our global community. I look forward to your colleagueship as we work together to achieve a world without eating disorders through science and practice.

Meddelelse fra præsidenten

Jennifer J. Thomas (översättning: Gry Kjaersdam Telléus)

En ny vision och mission för AED


En värld utan åtstörningar genom forskning och klinik


Message from the Editor

Welcome to the latest issue of the *Forum*. In this edition, AED President, Jennifer Thomas shares the new AED vision and mission statements following a vote of more than two hundred AED members. Updates from various AED committees and SIGs are also featured, with information about the nomination process for open AED Board positions and the annual AED awards, and guidelines to apply for fellow status in the AED. For *Book Review Corner*, please welcome Amanda Bruening as our newest reviewer, who reviews *Exposure Therapy for Eating Disorders*. Finally, *Member’s Spotlight* features Jenny Loudon, a passionate advocate and expert by lived experience, and co-founder of the Alaska Eating Disorders Alliance.

*Member’s Spotlight* has been a wonderful edition to the *Forum*, allowing us to “meet” our fellow members while also celebrating diversity within the AED. Regrettably, few members have expressed an interest in participating. Please email *forum@aedweb.org* if you are willing to be highlighted in *Member’s Spotlight* or would like to nominate another member. Nominated members will be contacted for their agreement.

Please submit your articles, letters, announcements, and suggestions (no more than 250 words per entry) for the *Forum* by January 15, 2023, to *forum@aedweb.org*. 
Greetings from an AED Board Member

I have been involved with eating disorder advocacy work through the Eating Disorders Coalition (EDC) since 2001, but I did not join the AED until 2012. In my professional career as a medical librarian, I work daily with research articles and believe that having the correct information to access them is vital. My first involvement with the AED was when I sent a list of corrections to the creators of the AED’s now defunct Seminal Reading List. The list was a compilation of important research articles and there were errors in some of the citations. Reaching out mattered to me, even if it was an odd way to introduce myself to the AED!

In 2014, I saw a call for AED committee volunteers and applied to the Social Media Committee (SMC). I certainly did not expect to stay on the SMC for nine years, first as a member, then a co-chair, and now as the Portfolio Holder for the Online and Social Media Committee, a position on the AED Board. Serving the AED intersects well with my career because in both roles, the goal is to help people access the most accurate and up-to-date information available.

Another area where I now wear two overlapping hats is in representing the AED on the EDC Board. An American lobbying group with global impact, the EDC aims to protect youth from diet messaging and predatory advertising on social media. Please keep an eye out for advocacy action alerts on the AED platforms, below. Also, do not forget to tag the AED on discussions about your work and research!

Special Interest Group and Committee Updates

Educational Programming Committee Update

Linda Booij

The Educational Programming Committee (EPC) creates learning and continuing education (CE) opportunities for AED members worldwide via events that present and discuss the latest clinical and research developments in the field of eating disorders. Some educational opportunities include:

- **International Journal of Eating Disorders (IJED) CE credits.** Every month, the IJED publisher grants open access to selected articles based on their relevance to the AED community. For selected articles, CE credits can be earned upon completing a quick set of questions about the article. These articles are free and available on the AED website in the online library.

- **AED webinar CE credits -- new!** The EPC organizes monthly webinars that focus on disseminating best clinical practices and the latest developments in eating disorder research. Webinars are broadcast live, and participants can send in questions to the presenters in real-time. The events are uploaded to the AED website and remain accessible to members worldwide. Previous topics include evidence-based treatments, available assessment tools, and emerging clinical topics. We strongly encourage the participation of international presenters and welcome presentations in languages other than English. AED members get free access to our webinars and can now obtain webinar CE credits for a small fee.

To learn more about past educational initiatives within the AED, visit our online library. A schedule of upcoming webinars is available here.
How are Fellows of the Academy for Eating Disorders (FAEDs) Chosen?

The AED Fellows Committee is responsible for selecting a class of new FAEDs each year. Fellow status recognizes extraordinary contributions made by AED members to the field of eating disorders at the national and/or international level and to the AED. The committee is currently co-chaired by Marcia Herrin and Renee Rienecke.

The call for FAED applications will open on December 1, 2022, with applications due by January 15, 2023. Candidates can apply directly for FAED consideration and as of 2021, can also be nominated by another AED member. Prerequisites for consideration of FAED include maintaining continuous AED membership in good standing for at least the past five years and having made distinguished and sustained contributions to the leadership and activities of the AED. In addition, candidates should clearly make contributions in one or more of the following areas:

➢ Distinguished and sustained research-based scholarship that has significantly contributed to the professional literature.
➢ Distinguished and sustained contributions to literature designed for lay audiences (e.g., people with eating disorders, families, advocates, and activists).
➢ Distinguished, sustained, and recognized contributions to clinical services and/or prevention, nationally and/or internationally.
➢ Distinguished and sustained contributions to advocacy in the context of government and/or other major organizations.

To prepare materials for the next FAED application cycle, the Fellows Committee suggests that candidates and nominators:

➢ Study the prerequisites carefully and ensure that all are fulfilled. For example, if you have not participated in or led AED committees or served in other leadership capacities, you may not be ready to apply. If you are a senior candidate and there is a substantial gap in your involvement in the AED, consider reengaging with the AED in a substantial way before applying.
➢ Make sure that your AED membership status is up to date.
➢ Candidates, nominators, and letter of recommendation writers should clearly contextualize the applicant’s accomplishments. Describe how the applicant’s contributions are demonstrably unusual, innovative, and/or pioneering in nature. Do not assume that the applicant’s CV will tell the story.
➢ Outline the applicant’s contributions to the AED, including SIG and committee involvement, leadership, and so on.

Many applicants are excellent candidates for FAED and one of the Fellows Committee’s most difficult decisions is not conferring fellow status to an applicant. When reviewing a pool of applicants, the selection process is not a competition for a fixed number of slots. Rather, each applicant’s overall record is considered, and decisions are made case-by-case. One of the most common reasons for not awarding FAED is that a candidate does not sufficiently meet the prerequisites. More information about FAEDs can be found on the AED website.
Member Retention and Recruitment Committee Update

Sandi James

Although AED membership rates have been increasing in recent months, they remain lower than in prior years. The Member Retention and Recruitment Committee (MRRC) has identified several projects for 2022-2023 aiming to boost membership, in line with the AED five-year strategic plan. For example, to identify factors associated with this trend, the MRRC will review past AED membership surveys, including responses from past members who did not renew their memberships and members’ feedback about desired membership benefits. The MRRC will also explore avenues to improve and/or expand annual AED offerings to increase the value of membership, collaborate with the AED Online and Social Media Committee to improve the ease of accessing benefits and renewing memberships, and work with Virtual, Inc. to simplify registration processes for the annual ICED Mentor/Mentee breakfast.

We hope these efforts will contribute to renewed interest in AED membership, increased membership diversity, and greater engagement from members around the world. If you are interested in contributing to these efforts, or have suggestions or comments for the MRRC, please contact co-chair, Megan Parker at megan.parker.ctr@usuhs.edu. We look forward to contributing to the new AED vision.

Nominations Committee Update

Jennifer Lundgren

Greetings, colleagues. Have you ever wondered how AED Board members are selected? This process is explained in the AED Bylaws. In summary, the AED Nominations Committee seeks nominations for open positions, and then develops a slate of candidates, balancing several factors including diversity and inclusion goals, organizational stability, skill sets and interpersonal strengths, and previous leadership experience within the AED. The slate is put forth for a vote by FAED members at the annual ICED (or electronically in the case of virtual meetings). The slating process works best when the membership is highly engaged and outstanding nominees, who are willing to serve, are submitted. I invite you to submit nominations for two open positions on the AED Board of Directors, President-Elect (to become president in 2024) and Board Member-at-Large: Online and Social Media (to serve from 2023-2026). You are also encouraged to submit nominations for two open positions on the AED Nominations Committee (to serve from 2023-2026).

For each nominee, please submit their CV and a brief rationale for their nomination in no more than 250 words. Please also confirm their willingness to serve prior to the nomination. Nominations will be accepted until 11:59 PM Eastern Standard Time (UTC-5) on Thursday, December 1, 2022. Nominations can be submitted here.

Lastly, it is important that we recognize our colleagues who make outstanding leadership contributions to the AED and to the eating disorder field. We are seeking nominations for annual AED awards, and I encourage you to follow this link for information about these awards and past awardees. This year we are launching a new award, the AED Leadership Award in Mentorship, to honor outstanding AED members who have made significant contributions to the field through the mentorship of students, trainees, and colleagues. Thank you for your participation in this important process!
Research-Practice Committee Update

Kristen Anderson and Ashlie Watters

Thank you to the AED members who joined the first series of AED Roundtable Discussions in August and September. Sponsored by the Research-Practice Committee (RPC) and co-hosted by Drew Anderson (United States) and Kyle DeYoung (United States), the Roundtable Discussions facilitated open conversations between researchers and clinicians about practical issues with developing and maintaining researcher-clinician partnerships. Forty-four AED members from around the globe participated in at least one session and were enthusiastic and grateful for the opportunity to share ideas about these topics.

Major themes that emerged from the Roundtable Discussions included increasing opportunities for clinicians to communicate questions and observations with researchers, improving mechanisms for researchers to consult with expert clinicians in the field, and identifying ways to connect individuals across research and practice with shared interests.

Thanks to the positive feedback we received from participants, the RPC will formulate a plan for implementing future collaborations. Please keep an eye out for future opportunities for research-related trainings and discussions. If you have additional thoughts or ideas about fostering relationships between clinicians and researchers, reach out directly to the RPC via the AED Discussion Board.

Special Interest Group (SIG) Oversight Committee Update

Heather Hower

SIGs offer AED members the chance to learn about special topics, connect with others and develop collaborative, educational projects. There are currently twenty-five SIGs in the AED, focusing on a broad range of topics, including treatments and techniques, special populations, comorbidities, and advocacy. Please visit the SIG website for the full list of SIGs.

The SIG Oversight Committee (SOC) would like to thank SIG co-chairs for their ongoing efforts to advocate for SIG members. We are working to address these concerns, such as improving the ease of the interface between the AED website and personal email notifications. To ensure that all members receive “Main Discussion Community” and “SIG Membership” messages via personal email, notification settings on the AED website have now been defaulted to “Real Time” (i.e., one email will be sent to you in real time for each posted message). Members can change settings to “Daily Digest” (i.e., one email will be sent to you per day, containing all posted messages from the previous day) or can opt out of personal emails by selecting “No Email.” To receive timely personal email updates from SIGs of interest, we suggest that you first update your SIG memberships to include only those that you are actively engaged in. Please see below for step-by-step directions.

To change your “Main Discussion Community” message notifications:
- Log in to the AED website
- Go to the “Home” drop down menu
- Select “AED Community”
- Select “Main Forum”
- Select “Main Discussion Community Settings”
- Go to the “Settings” drop down menu
- Select messages for “Real Time,” “Daily Digest,” or “No Email”
- Any changes you make will be automatically saved

To update your SIG memberships:
- Log in to the AED website
- Go to the “Home” drop down menu
- Select “My AED”
- Select “Profile”
- Select “SIGS Interested In”
- Click the “Edit” button
- Select the “SIGS” section
- Check all of the SIGs that you are actively engaged in (and uncheck those that you aren’t)
- Click on the “Save” button

To update your SIG memberships message notifications:
- Log in to the AED website
- Go to the “Home” drop down menu
- Select “My AED”
- Select “My SIGS”
- Click on a selected SIG group link
- Click on the “Settings” drop down menu
- Select messages for “Real Time,” “Daily Digest,” or “No Email”
- Any changes you make will be automatically saved
Exposure Therapy for Eating Disorders by Carolyn Black Becker, Nicholas R. Farrell, and Glenn Waller (Oxford University Press, 2020, 220 pages)

Exposure therapy is a core element in most evidence-based treatments for eating disorders (EDs), including cognitive behavioral therapy and family-based treatment. However, exposure therapy is often underutilized or ineffectively delivered in ED treatment. Exposure Therapy for Eating Disorders arms the reader with a comprehensive knowledge of the theory, assessment, design, application (broken down by problem area), and systemic considerations to implement exposure therapy with ED populations. It is a must-read for clinicians, researchers, and trainees, and complements leading evidence-based ED treatments rooted in cognitive or behavioral theory.

The book is well-organized and serves as an easy-to-use reference for busy clinicians. It includes four sections, each beginning with an outline of forthcoming learning objectives and concluding with a bulleted summary of key take-aways. Helpful tables throughout the book highlight key concepts and treatment recommendations. These provide a comprehensive overview of various learning models and summarize how theory informs clinical practice. For example, one table lists nearly twenty avoidant behaviors (e.g., underdressing) and its typical function in EDs (e.g., to burn calories via shivering). Other tables provide specific recommendations for using exposures to target problematic ED cognitions and behaviors, such as negative interpersonal evaluations and eating only “safe” foods.

Perhaps the most thought-provoking chapter discusses novel applications of exposure therapy in ED treatment. The literature base on interoceptive and imaginal exposures is reviewed, including the rationale and recommendations in their application to EDs. For example, the authors suggest conducting exposures to fullness cues and “jiggling” body parts, encouraging clients to proactively work through barriers that may arise during food challenges and/or the weight restoration process. Strategies for imaginal exposures and addressing magical thinking are also discussed.

Case vignettes are used extensively and highlight client diversity with respect to age, sex, race/ethnicity, duration of illness, and diagnosis. Cases exemplify the critical role of avoidance in the onset and maintenance of EDs and illustrate the use of creative exposures. Sample dialogue demonstrates strategies to enhance the client’s understanding about and motivation to engage in exposures, and models interventions for specific problem areas, including fear of eating, binge eating, negative body image, experiencing difficult emotions, and navigating interpersonal interactions.

Additional topics in the book include the fundamental role of a client’s motivation to benefit from exposure and enhancing the effectiveness of exposures during weight restoration phases of treatment. A common pitfall discussed is the tendency for providers to conceptualize any difficulty faced by a client as an “exposure,” which may not be the case. Effective exposure only occurs when a client voluntarily experiences their anxiety without using safety behaviors. For example, increasing meal frequency and enhancing portion sizes is often a first-line intervention for underweight clients. Engaging in these tasks may be challenging but is only a true exposure if the client voluntarily experiences distress without using distraction.

Lastly, the text offers guidance for factors that can hinder exposure implementation or treatment outcomes, including the use of cognitive strategies, reducing client reluctance, involving social networks, and addressing clinician avoidance. Challenges often overlooked in other manuals are also presented, including barriers within broader clinical systems and supervisory relationships. For example, clinicians may be discouraged from conducting in-session weighing or may be prohibited from conducting lifestyle exposures off-site (e.g., eating at a restaurant, going grocery shopping). To address these challenges, the authors suggest identifying the treatment team’s fears of change, providing education, and testing their expectancies.

In sum, Exposure Therapy for Eating Disorders is a comprehensive supplement to evidence-based ED treatment and a helpful reference for clinicians, researchers, and trainees. It is easy-to-read, highly informative, and useful for clinical practice.
I am a pastoral mental health counselor who works with clients with eating disorders. I am also an eating disorder survivor. Between my clients, my peers from treatment, and my own journey, I thought I had encountered almost every obstacle that could jeopardize the recovery process.

Then I got pregnant.

Long before my partner and I decided to begin our family, I suspected that pregnancy might be uniquely challenging for someone like me. The last time my mind and body underwent a dramatic change was in the throes of my illness. I have maintained a strong recovery over the years, but I have always remained mindful of the triggers that could reactivate those old pathways in my brain.

And so, when I saw “+” light up on the pregnancy test, I looked down at my body -- the one I had painstakingly learned to nourish and care for -- and realized that we were marching into exciting yet uncertain territory.

Having neither personal nor clinical experience in perinatal issues, I assumed that the greatest challenges would revolve around weight -- namely, weight gain during pregnancy and the pressure to lose it postpartum (“get my body back”).

However, as it often happens in the eating disorder psyche, weight was merely a proxy for the deeper, more complex transformation that I was grappling with. Had I been actively sick or in early recovery, the following situations could have proven calamitous.

- **Food restrictions.** Pregnant women are counseled to avoid or limit certain foods due to the risk of foodborne illnesses to the fetus. After years of learning how to eat intuitively, I suddenly had to eliminate a number of my staples. Beyond the inconvenience, this felt uncomfortably similar to restriction. In early recovery, it would have been tempting to capitalize on these dietary changes.

- **Minimal time for self-care.** All I wanted to do after giving birth was rest and recover. Instead, I was busier and more sleep-deprived than ever, with hardly enough time to prepare a meal or even notice if I was hungry. Without my fine-tuned self-care routine, it took extra effort to ensure that I was nourishing my body enough to support breastfeeding and my recovery from childbirth. For someone with an eating disorder, neglecting nutritional needs can quickly become a slippery slope.

- **Medical complications and birth trauma.** I experienced a spate of complications initially postpartum, resulting in unexpected doctor visits, one elective procedure, and one emergency surgery. I struggled with acute stress symptoms in the wake of these health scares. Most people know about postpartum depression, but fewer are aware of postpartum post-traumatic stress syndrome following a birth trauma, such as an emergency C-section, preterm labor, or a NICU stay. Researchers estimate that up to twenty-five percent of new mothers experience some symptoms of postpartum post-traumatic stress disorder. This can be deeply problematic for someone who previously used an eating disorder to cope with trauma.

- **Body control.** Eating disorder recovery taught me to trust my body’s intuitive wisdom above all things. Once I became pregnant, however, the priority shifted to giving my unborn child the optimal space to grow. The body-trust I had cultivated over the years was now pitted against medical recommendations on food, biometrics, sleep, exercise, and other activities. For the sake of my baby, I had to take a greater degree of control over my body. This can easily create a backdoor for obsessive-compulsive tendencies, which often underlie and sustain eating disorder pathology.

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Joanna K. Mercuri

*Pregnant in Recovery: Thoughts from a Lived Experience Professional*

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➢ **Weight-centric healthcare system.** I prefer not to know my weight. I established this habit early in recovery to keep me attuned to my actual body rather than a number on a scale. When I disclosed this to my midwife, she said apologetically that she could not omit weight and BMI from my chart. The only way not to see this data would be to avoid my patient portal, which would then deny me access to my healthcare team’s discharge instructions and visit summaries. If remaining ignorant of my weight were to have been critical for my mental health, I hope we could have worked harder to find a solution. Still, this would have placed the burden on me to be my own patient advocate, a skill that clients in early recovery may still be learning.

➢ **…And the weight comments.** The obstacle I anticipated did, in fact, show up in the form of weigh-ins, discussion of my caloric intake, and weight “goals.” It was bewildering to be immersed once again in language and habits that I now regard as disordered. Also, it was impossible to escape the unsolicited commentary dressed up as compliments and cautions (“Good job mama, you are so tiny!”, “Oh that must be a boy in there, you’re so big!”). As an eating disorder therapist, this aggravated me. Had I been in early recovery, it would have been devastating.

Above is a mere snapshot of the challenges that pregnant and postpartum individuals with eating disorders could face. Of course, it is not an exhaustive list. Experiencing some of these issues firsthand has made me consider what would have been helpful to me and might be helpful to pregnant and postpartum individuals with eating disorders in a similar situation.

➢ **Preparation.** Help anticipate the upcoming physical, emotional, and environmental changes. For example, regarding anxiety about gaining weight, “coping ahead” with imaginal exposures might be helpful.

➢ **Postpartum sessions.** It may be difficult to keep scheduled appointments amid the chaos of those first few weeks after giving birth. Consider discussing this ahead of time and strategizing ways to keep in touch when the unexpected happens.

➢ **Postpartum body image work.** The body can take weeks to recover, all while under the physical stress of sleep deprivation and caring for a newborn. Physical changes, not feeling like oneself, and the sudden return of diet-culture-centric comments around “getting your body back” may need to be processed therapeutically.

➢ **Nutritional counseling.** Formulate a meal plan that will help avoid caloric deficit on the days it is too busy to sit down and take a breath. This especially matters for those who are breastfeeding, which increases caloric demand.

➢ **Screening.** Not just for postpartum depression and anxiety, but also for post-traumatic stress symptoms. This is important both for individuals who experience birth trauma and for those with pre-existing trauma histories.

Above all, it is important to meet pregnant and postpartum individuals where they are. Although they may face similar challenges, each person’s response to these challenges -- whether they are perceived as impediments or growth opportunities -- will be uniquely their own.
Member’s Spotlight: Jenny Loudon

Abigail Matthews Hamberg

Jenny Loudon is featured in this Member’s Spotlight. She lives in Anchorage, Alaska, USA and has been an AED member for two years. Jenny currently serves on the AED Advocacy and Communications Committee and the Experts by Experience Committee.

➢ Why are you an AED member?
I am one of the co-founders of the Alaska Eating Disorders Alliance along with Beth Rose. We started the organization to improve access to eating disorder resources for Alaskans after experiencing difficulties navigating the system with our own loved ones. I got to know Kym Pyekunka through this work, and she highly encouraged me to join the AED. She thought it would help connect me with people and resources that I could help bring to Alaska. She was right!

➢ What is one thing that you are passionate about in the field of eating disorders?
In Alaska, eating disorder resources are scarce. There are no family-based therapists and only one Certified Eating Disorder Specialist dietitian in the whole state. Outpatient treatment is the only level of care available in Alaska so people must travel thousands of miles if they need more intensive services. I am passionate about growing capacity in our local health care system. We need more providers who can diagnose, assess, refer, and treat eating disorders.

➢ In your region/country, what is one thing that is positive/working well in eating disorders treatment and/or research?
Alaskan providers are interested in receiving local, high-quality trainings to gain skills and knowledge to help those with eating disorders. We are growing the alliance of Alaskans dedicated to decreasing the suffering involved with eating disorders -- and people are showing up! Just this week, the Alaskan Eating Disorders Alliance started a 6-session Project ECHO (Extension for Community Healthcare Outcomes) to broaden collaboration and training in eating disorders through didactics and case presentations. While we hoped that twenty providers would attend the first session, over two hundred did! More than one thousand professionals have registered for future sessions. This gives us a lot of momentum to build on.

➢ How many countries and cities have you lived in, and which was your favorite?
I grew up in Hemet, California and went to college in Redlands, California. I attended graduate school in Seattle at the University of Washington. I spent a semester living in Salzburg, Austria and another six months in Washington, DC. I also spent some time in Spokane, Washington before landing in Anchorage, Alaska in 1996. Each location was just what I needed when I was there.

➢ What is your dream job?
I would be a musical theatre actress on Broadway!

If you would like to participate in or nominate a fellow AED member for the Member’s Spotlight column, please e-mail the Forum editor at forum@aedweb.org.
Between July and October 2022, sixty-five new members have joined the AED, representing nine countries including Estonia, Portugal, and the United Arab Emirates. Welcome new members!

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