It’s often the more difficult path that leads to the larger reward. Hiking in the mountains proves this more often than not. Graduate/medical school is as literal a metaphor for this as exists. Coordinating care across multiple providers, bringing together stakeholders, scientists, and lawmakers to enact changes to public policy, or collaborating in research across disciplines provides strong evidence that all the effort and frustration ends with results that are greater than the sum of their parts. When different kinds of people work together – pushing past the inconveniences and disagreements that arise – good things tend to happen.

The benefits of working together (multiple perspectives, complementary strengths, many hands to make light work, comradery, and so on) are obvious, so why is it often so hard to do it? There are the practical barriers, of course: full and conflicting schedules and geographic, technology, terminology, and theoretical differences that create space between our partners and us. These can all be managed. With persistence, we find times that work, modes of communication that are reliable and efficient, and we adopt a common language. No, it’s often not the practical hurdles that prevent working together. Instead, the collaborative environment is ripe for the worst of our fears of inadequacy and our susceptibility to vanity.

We aim to be knowledgeable, we form conclusions, and we tend to defend them. Encountering a peer with a different opinion can lead to an awkward realization – one of us might be wrong. Before we know it, we’ve lost sight of our primary goal and are allocating our efforts toward disproving someone else or saving face. A few experiences like this and the reality of collaborating loses its appeal. As a provider, we press forward with our plan without consultations. As a researcher, we confine ourselves in a silo. As an advocate, we yell into the void.

“Sheesh!” you say. “What a depressing column. Why devote the last of his Forum columns as AED President to such a pessimistic take on collaborating?” Good question. I’m actually returning to a topic mentioned in my first column almost a year ago. How do we engage as a group with diverse perspectives while respecting one another and making progress toward our goals?

The AED is a large group comprised of all sorts of different people. Over 200 of the AED’s members volunteer for AED Committees, Task Forces, and the Board of Directors at any given time. I’ve been in the enviable position over the past year to interact with many of them, and what is clear is that these groups are largely immune to the poisons articulated above. Whether by Mithridatism or self-selection, the AED is rich in member-volunteers who work for the greater good, exercise humility, and are more prone to asking questions than making assumptions.

As we finish forming the inaugural Diversity, Equity, and Inclusion Committee, and many of us get together at the annual International Conference on Eating Disorders, I find myself thinking a lot about the good in coming together. The AED’s work supporting the Eating Disorders Coalition on changing public policy, and the AED and the Australia and New...
Zealand Academy for Eating Disorders’ (ANZAED) cooperation on a co-located June 2020 ICED in Sydney, Australia are potent examples of productive collaboration at the institutional level. AED members asking questions about vexing clinical or research issues on the discussion boards and having a community of peers respond with support and useful resources are others. There are more examples of members of the AED working with others, in the interest of others, than space to describe them. We are fortunate to share our passions. This, of course, is what brings us together.

However, at times, those poisons can blur our view of the mission. We get the urge to take our ball and go home when we think we might lose the game. We find more virtue in making a point than in making a friend. As a field, we get in our own way. The points of conflict often get more attention than they deserve. From the outside, we can appear fractured and disorganized. We may not project the confidence of a field that rallies together to make big changes, but this isn’t true, as I have seen so clearly over the past year (and longer). Let’s remember what AED Past-President Eva Trujillo said in her presidential address only a few years ago: “We are a family.” Let’s also remember that, as the AED, we are the leaders of our field, and the world is watching. Let’s work together and keep working together until the work is done.

Message from the Editor

Anna Ciao

Welcome to New York City and the 2019 ICED! You won’t want to miss the updates in this annual print edition of the AED Forum. Your quarterly Forum newsletter highlights the accomplishments and perspectives of the AED’s members, committees, and partner organizations.

In this issue, several SIGs and committees share their recent activities and remind us of their exciting conference events. In his final column as President-Elect, Kyle De Young reflects on the process of collaboration and working toward a common goal. Some of the recent initiatives of the AED are summarized by Executive Director Elissa Myers, with an eye to the future and upcoming changes. Finally, Camden Matherne reviews the book When Your Teen Has an Eating Disorder, written by Lauren Muhlheim.

Thank you to all who submitted articles for this issue of the Forum. Please submit your articles, letters, and announcements for the next issue of the Forum by April 15, 2019. The next issue will feature post-conference highlights, so feel free to send summaries and photos from your ICED events. Submit your contributions and suggestions (no more than 250 words per entry) to Anna Ciao at:

Forum@aedweb.org

I hope you enjoy this issue of the Forum and I look forward to seeing many of you at the conference!
Greetings from the Executive Director

Elissa Myers

What an exciting year 2018 was – so full of new ideas and initiatives. But if 2018 was exciting, 2019 should be even more so, as many of the new ideas come into being.

Some initiatives are rolling out quickly. The AED website will include a new “storefront” where useful and important materials can be ordered – some for free, some for a small fee. Among the new offerings will be discounted online subscriptions to the Eating Disorder Journal of Treatment and Prevention and two American Psychological Association publications – the Clinician's Research Digest: Adult Populations and the Clinician's Research Digest: Child and Adolescent Populations. You also will find a collection of jewelry items from the Something for Kelly Foundation and socks from Joan Riederer – gifts that are special because they commemorate people lost to eating disorders, but also because a portion of the profits are donated to the AED Scholarship and Learning Fund. You’ll also be able to order AED publications like the Medical Care Standards Guide and recordings of individual ICED sessions or the full conference proceedings. We will be slowly adding books and other material to support your work in the eating disorders field.

In another highlight of 2018, the AED signed a statement affirming our commitment to evidence-based practice in mental and behavioral health care. This includes consideration of the best available basic and applied empirical research when making decisions about mental and behavioral health services, an ongoing evaluation of outcomes, and collaboration among providers to integrate different sources of information and different specific competencies. Furthermore, two new AED task forces were formed to help define and support the “evidence” and to actualize this commitment within the eating disorders community – the University and Nonprofit Intensive Treatment Task Force, and the Standards of Practice Task Force. The early meetings of these two groups have been exciting and their action plans seem very promising. We eagerly await the rollout of their findings.

Other ongoing developments include a Nutritional Guide from the AED Nutrition Special Interest Group, a Dental Care Standards Guide from a dental student at Columbia University, and the formation of a Middle East Chapter of the AED. The European Chapter of the AED is forging ahead with plans to roll out advocacy materials, joint research initiatives, and so much more.

There are a few great ideas that haven’t found their sea legs yet. Several that are a priority for 2019 are:

1. Developing a proactive plan to increase the diversity and inclusiveness of the AED and the field in general.

2. Developing a catalog of “expertise” so that when the AED is called from someone seeking an authority on a particular aspect of eating disorders, we have a clear sense of where to direct them. Perhaps this “catalog” can be turned into a speaker’s bureau or consultants team.

3. Specific one- or two-day educational offerings outside of the ICED – at hospitals or clinics or in communities around the world.

So many great opportunities and so much important work to be done. And this work can’t be done by a few – as my Mom used to say “Many hands make light work.”

There are two specific things I’m asking you to consider and act on – one, volunteer! Join one of the AED’s committees and bring your expertise. And second, help the AED obtain the resources to carry out some of the wonderful ideas we envision! The newest AED committee is the Development Committee. You don’t have to commit to a personal contribution to join this Committee, but you can help us identify individuals who want to make a contribution to accelerate our progress in this important field. Committee members will help us identify and articulate the reasons why someone would want to make a charitable contribution to the AED. Help us think through how best to tell our story. If you already are one of our treasured donors, consider yourself drafted. But to those who aren’t – please consider making a donation of your stories, your experiences, or your vision. If you are game to help, contact me directly at: elissa@elissamyers.org

The AED Forum

Please send all suggestions for articles, letters to the editor, upcoming events, or other announcements to AED Forum Editor:

Anna Ciao, PhD
Bellingham, WA, USA
forum@aedweb.org
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We look forward to tweeting with you soon!
SIG AND COMMITTEE UPDATES

Electronic Media Committee Update

Seena Grewal

Greetings from the Electronic Media Committee!

We would like to take this opportunity to welcome all new and returning members to the AED and to bring some of our projects to your attention.

The annual ICED is an opportune time for members to revisit their online AED profile to ensure that it reflects their valuable contribution to the eating disorder field. We recently included more field options so that members can more comprehensively share their areas of expertise, clinical and theoretical orientation, certification, location, languages spoken, research focus, publications, books published, and more. To update your profile, simply log into the AED website, click ‘My AED’ on the far right of the home banner, select ‘My Profile,’ and then update and save your profile settings.

Member profiles are linked to our revised Find an Expert feature. This feature can help members to connect with colleagues by name, discipline, special interest group, location, or research topic. The Find an Expert resource can be valuable for colleagues inside and outside of the AED who wish to locate treatment providers, topic experts for speaking engagements, research collaborators, and more. We encourage new and existing members to review this exciting feature – it can be easily accessed by the tab found on the home banner of the AED website.

Recent changes were also made to our community email lists. Three new discussion groups: (1) post-doc opportunities, (2) research opportunities, and (3) referral requests were added in order to help members manage their incoming information and ensure that material being sent reaches the best-fitting audience.

We also want to remind members that we have community guidelines to ensure that the flow of information and discussion continues smoothly. These have been recently updated and will be posted soon so that members can familiarize themselves with the guidelines. According to these guidelines, all posts to post-doc or research opportunities require approval from the EMC prior to posting; otherwise, they will be removed from the online community. Requests can be submitted to:

info@aedweb.org

The EMC has been and will continue to adjust the homepage to ensure that it is user-friendly. Keep an eye out for these changes in 2019! Thank you for your time and consideration when participating in our online community. Your contribution and collaboration makes our membership with the AED valuable.

Experts by Experience Update

Judy Krasna

Thank you, AED!

I attended my first ICED in 2014. I wasn’t part of the eating disorder parent community at that time. I did know a few clinicians in attendance, but with over 1,000 people at the conference, it wasn’t so easy to find those friendly faces in the large crowd. Understandably, I was more than a little nervous about being totally out of my element at an eating disorder professional conference when I was not an eating disorder professional.

The first thing that struck me about the AED, and this is something that has only increased with time, is how incredibly nice its members are. Everyone who passed me in a hallway greeted me with a smile, everyone who sat down next to me initiated conversation, and I was made to feel welcomed and accepted from the very beginning.

It is this spirit of consideration and inclusion that makes the AED so very special. The willingness to involve patients and caregivers in every aspect of the organization, to acknowledge that we are experts in our own right, to recognize the value of our participation as a group who not only benefits, but also contributes in ways that are significant and meaningful – we take none of this for granted. I know that I speak for my entire committee when I express my gratitude to the AED for imparting a sense of inclusion and belonging upon those of us who are considered experts by experience.

Thank you, AED, for giving us a place and a voice in your extraordinary organization.
Partnership, Chapter, and Affiliate Committee and European Chapter Update

Ashish Kumar

By the time you read this, we will be at the biggest event in the eating disorder community at one of the most happening cities in the world! This has been an exciting year for our team at the newly formed European Chapter of the AED. We have strived to work closely with our partners across Europe to participate in global research, offer exchange placements to students at our research and clinical facilities, and collaborate to make the AED stronger in Europe. We started our journey in Rome in 2018, and we invite you to join our exciting inaugural European Chapter meeting at the 2019 ICED on Wednesday, March 13 at 1:00 pm.

The meeting, titled Swiss cheese and apple pies – Research to clinical practice: Latest developments in eating disorders, will feature some fabulous (and challenging – like combining unique European flavours such as Swiss cheese and apple pie) talks by Walter Kaye, Ulrike Schmidt, Angela Favaro, and others. Their expertise is sure to thrill you as they discuss recent developments in neurobiology, early intervention, cognitive-behavioural therapy, avoidant restrictive food intake disorder, neuroimaging, and global research (including the QuIPP study – examining the quality and type of interventions being used around the world – which you may want to join!).

I also am very pleased to let you know that we have been working hard at the Partner, Chapter and Affiliate Committee (PCAC) of the AED to spread the vision and ethos of the AED across the world. We have added a few new members to our growing and strong family last year (from the UAE and Ukraine). We also worked together with very strong support from AED Executive Director Elissa Myers and the AED board to offer two global bursaries to attend the ICED 2019. Please join us at our thought provoking PCAC workshop on March 16, Evidence-based care for eating disorder patients: A guidelines based approach to global trend, does it affect access to care for eating disorder patients? Our AED President Kyle De Young, Hana Papezova, Sebastian Soneira, Ashish Kumar, Cristina Segura-Garcia, and Kim Hurst will share global perspectives on this topic. Finally, I am very excited to meet you all at the 2019 ICED. I welcome you to join the European Chapter and the PCAC to become part of our global movement to contribute to better care for patients with eating disorders.

START SPREADING THE NEWS

Education, Dissemination & the Science of Eating Disorders

ICED2019

MARCH 14-16

NEW YORK, NY
The Eating Disorders Research Society (EDRS) was founded in 1995 by James E. Mitchell and a group of international researchers in the field of eating disorders interested in anorexia nervosa, bulimia nervosa, binge-eating disorder, and obesity. The purpose of the organization is to hold an annual scientific meeting during which the most recent research in the field can be presented and discussed. This research is relevant to the etiology, assessment and treatment of eating disorders; it is therefore of interest to the AED and it is relevant to the mission of the Research-Practice Committee (RPC).

As a founding member of the EDRS and the AED, as well as a RPC member, I had the good fortune to attend the 2018 EDRS annual meeting in Manly, Australia from October 25-27. Eating disorder researchers from around the world presented a smorgasbord of “cutting edge” new research. While it is impossible to fully represent the 3 keynotes, 4 symposia, 36 papers, and 82 posters, there were some highlights that particularly interested me. Cindy Bulik led an outstanding symposium entitled Anorexia Nervosa Genetics Initiative (ANGI): Advancing genomic discovery in eating disorders, in which several investigators presented an update of findings (Thornton et al., 2018). As the ANGI data continue to accumulate, the results continue to confirm the strong genetic basis of anorexia nervosa (AN), with strong links not only to other psychiatric disorders such as schizophrenia, but also to neuroticism, autoimmune disorders, and metabolic disorders such as diabetes mellitus and obesity (Breithaupt, Hubel, & Bulik, 2018; Duncan et al., 2017; Huckins et al., 2018).

In addition to an update of these genome-wide association studies in eating disorders, there was an important paper on the eating disorder-epigenetic story presented by Howard Steiger and investigators at McGill University entitled, Illness activity, plasma nutrient levels, and DNA methylation levels in people with Anorexia Nervosa. Evidence strongly suggests that AN is influenced by epigenetic processes such as DNA methylation (Booij et al., 2015; Steiger & Thaler, 2016). This study examined genome-wide methylation in people with AN, with special attention to effects of illness activity and nutritional status (reflected by plasma methionine, choline, betaine, B12 and folate levels). The investigators obtained pre-treatment methylation data from 124 actively ill women (AN-Active), 36 women in 12-month remission (AN-Remitted), and 48 women with no eating disorder history (NED). They followed 66 of the AN-Active women through partial weight restoration. Plasma nutrients were measured in a subset of 46 AN-Active, 33 AN-Remitted and 35 NED women. Ongoing sampling will increase sample sizes further as the study progresses. Interim analyses (using False Discovery Rate-corrected comparisons) identify multiple sites at which AN-Active women differ from AN-Remitted or NED women, and associate methylation changes with genes influencing serotonin and glutamate activity, lipid and glucose metabolism, and immune function. Findings associate active illness with hypermethylation and remission with de-methylation. Nutrient data show elevations of plasma betaine and B12 in AN-Active women, and inverse correlation of methionine and methylation levels in all except the AN-Active group. Their findings suggest that methylation profiles may be responsive to both illness activity and nutritional state, and point to nutrigenomic effects that could inform etiological modelling and treatment.

Another highlight of the EDRS conference was Evelyn Attia of Columbia University and colleagues reporting the final results from their multi-site, double-blind, placebo-controlled trial of olanzapine in 152 adult outpatients with AN (Attia et al., in press). Olanzapine was found to have a modest but significant therapeutic effect on weight; however, no benefit was found for psychological symptoms. Notably, there was no psychological treatment administered or higher levels of care delivered. The frequency of several somatic symptoms was significantly reduced at the end of study in the olanzapine group compared with the placebo group, e.g., trouble concentrating, difficulty sitting still, trouble falling asleep, and trouble staying asleep. This suggests that olanzapine may have relieved some of the physical symptoms often experienced by individuals with AN. In addition, there were no significant differences in the frequency of any metabolic abnormalities, e.g., concentrations of cholesterol, triglycerides, high-density lipoproteins, low-density lipoproteins, liver enzymes, etc.

It is gratifying to see science marching on and that our understanding of the etiology and treatment of eating disorders continues to grow, slowly but surely. The RPC looks forward to ongoing conversations about this research and we eagerly anticipate the new research being presented at the 2019 ICED!

References


Social Media Committee Update

Jessica Barker

New Ways to Connect

It’s been a great year for the Social Media Committee (SMC)! We have been working on several initiatives over the past year to increase the reach of our message to as many people as possible. This has included adding Instagram (follow us at aed_iced) and finding new ways to utilize our other channels like Facebook, Twitter, LinkedIn, Instagram, and YouTube. We hosted our first Facebook Live chat with our own Vikas Duvvuri, which was a great success, and had our first post go viral on Facebook, with a reach of almost 500,000 people. If you have content from a committee or Special Interest Group that you would like to see posted on AED Social Media or if you would like to participate in a Facebook Live or Twitter Chat, please let any one of the committee co-chairs know or post to the AED Community and we will take it from there!

Honing Our Message on Social Media

We have been working to increase content that supports the direct mission of the AED, and provide the content that is most relevant to our members and followers. This includes highlighting events and workshops and working to balance content covering clinical perspectives, research findings, and client/consumer stories. We have also been working on diversifying the format of our posts from text and links to provide more photos and interactive posts.

Join Us for a Tweet Up at the 2019 ICED

Thursday, March 14 | 10:45-11:15 am

Meet the SMC and learn how to use Twitter and other social media platforms.
Hello! We’re looking forward to seeing many of you in the Big Apple for the 2019 ICED. We are especially looking forward to the many excellent panels to be presented by Special Interest Groups (SIG). We also will staff our “Meet and Greet” booth where conference attendees can get more information about all of the AED SIGs. Please stop by to check out the information and to enter our raffle for great prizes.

We are also welcoming members of the newly formed and approved Cognitive-Behavioral Therapy SIG which will be led by inaugural co-chairs Rebecca Murphy and Suzanne Staebler.

In addition, the ICED traditionally marks the end of the current leadership cycle and beginning of the next for SIGs and committees. We’d like to thank all of the outgoing SIG co-chairs for their leadership during their tenures (Anne Cusack, Katie Loth, Zeynap Yilmaz, Amy Olson, Christina Wierenga, Julia Cassidy, Dana Satir, Heather Thompson-Brenner, Laura Moretti, Sean Kerrigan, Julie Trim, and Emmy Lu Henley). We would also like to welcome newly elected co-chairs, Anita Federici (DBT & Suicide), Katherine Schaumberg (Genes & Environment), Daniela Gomez Aguirre (Medical Care), Stephanie Brooks (Nutrition), Douglas Bunnell and Marissa Sappho (Psychodynamic & Integrated Psychotherapies), Sasha Gorrell (Sport & Exercise), Karen Mitchell (Trauma & Eating Disorders), and Kathryn Huryk and Roxanne Rockwell (Universities).

Below is a listing of the 2018-2019 SIG Oversight Committee members and the individual SIG Co-Chairs.

Please visit: https://www.aedweb.org/getinvolved/ for information on the 2019-2020 SOC and SIG Co-Chairs.

<table>
<thead>
<tr>
<th>SIG Oversight Committee Liaison</th>
<th>SIG</th>
<th>Co-Chairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kelly Allison</td>
<td>Assessment and Diagnosis</td>
<td>Brittany Kay Bohrer, Lisa Hail</td>
</tr>
<tr>
<td></td>
<td>Bariatric</td>
<td>Robyn Sysko, Colleen Schreyer</td>
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<tr>
<td></td>
<td>Genes and Environment</td>
<td>Shannon O’Connor, Katherine Schaumberg</td>
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<tr>
<td></td>
<td>Universities</td>
<td>Kathryn Huryk, Roxanne Rockwell</td>
</tr>
<tr>
<td>Leslie Anderson</td>
<td>Dialectical Behavior Therapy and Suicide</td>
<td>Kim Claudat, Anita Federici</td>
</tr>
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<td>Suzanne Dooley-Hash</td>
<td>Technology and Innovations</td>
<td>Limor Weinstein, Tara Deliberto</td>
</tr>
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<td>Trauma and Eating Disorders</td>
<td>Kathryn Trottier, Karen Mitchell</td>
</tr>
<tr>
<td></td>
<td>Universities</td>
<td>Norman Kim, Tiffany Rush Wilson</td>
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<tr>
<td>Marci Gluck</td>
<td>Early Career</td>
<td>Kathryn Coniglio, Ann Haynos</td>
</tr>
<tr>
<td></td>
<td>Epidemiology &amp; Public Health Practice</td>
<td>Carly Pacanowski, Katie Loth</td>
</tr>
<tr>
<td></td>
<td>Neuroimaging</td>
<td>Laura Berner, Ann Haynos</td>
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<tr>
<td></td>
<td>Neuropsychology</td>
<td>Lisa Anderson, Alix Timko</td>
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<td>Weight Stigma &amp; Social Justice</td>
<td>Erin Harrop, Rachel Millner</td>
</tr>
<tr>
<td>Elizabeth Holm</td>
<td>Nutrition</td>
<td>Stephanie Brooks, Elizabeth Holm</td>
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<tr>
<td></td>
<td>Sport &amp; Exercise</td>
<td>Jennifer Harriger, Sasha Gorrell</td>
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<td>Substance-Related &amp; Addictive Disorders</td>
<td>Gina Bongioimo, Christina Segura-Garcia</td>
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<td>Eleni Lantzouni</td>
<td>Family Based Treatment</td>
<td>Stephanie Jacobs, Roxanne Rockwell</td>
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<td></td>
<td>Medical Care</td>
<td>Brooks Brodick, Daniela Gomez Aguirre</td>
</tr>
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<td>Stakeholders United</td>
<td>Judy Krasna, Ashley Solomon</td>
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<tr>
<td>Lauren Muhlheim</td>
<td>Body Image &amp; Prevention</td>
<td>Elizabeth Didie, Tiffany Brown</td>
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<td>Cognitive-Behavioral Therapy</td>
<td>Rebecca Murphy, Suzanne Staebler</td>
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<td>Psychodynamic &amp; Integrated Psychotherapies</td>
<td>Douglas Bunnell, Marissa Sappho</td>
</tr>
<tr>
<td></td>
<td>Somatic &amp; Somatically Oriented Therapies</td>
<td>Angela Derrick, Ann Safi Biasetti</td>
</tr>
<tr>
<td>Joanna Wiese</td>
<td>Child and Adolescent Eating Disorders</td>
<td>Jessie Menzel, Julie Lesser</td>
</tr>
<tr>
<td></td>
<td>Males and Eating Disorders</td>
<td>Jason Lavender, Scott Griffiths</td>
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<td>Residential and Inpatient</td>
<td>Wayne Bowers, Susan McLanahan</td>
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AED Board Liaison: Annemarie van Elburg a.van.elburg@altrecht.nl
Stakeholders United Update

Judy Krasna

You may have seen the name “Stakeholders United” on the list of SIG meetings for the 2019 ICED and wondered, “what is the Stakeholders United SIG? What does that name even mean?”

Generally speaking, AED SIGs focus on a specific area of the eating disorders field. Stakeholders United is slightly different in that our focus is on building a coalition of varied stakeholders to address broader issues that impact the eating disorders field as a whole, and to facilitate dialogue and communication between all of the different stakeholders who comprise the AED. We want to get everyone in the same room, either literally or figuratively, and talk. The collective wisdom gained from our multiple and diverse perspectives will lead to something productive and actionable.

As we are still in our first year, Stakeholders United is a new SIG, which means that you can help us build it up from the ground level and contribute as an equal. One of the other great things about Stakeholders United is that every single AED member can participate and contribute, regardless of what discipline you study or practice (or don’t practice at all!) It’s open to all.

If this sounds interesting to you, please join us at the ICED on Saturday, March 16 at 1:30 p.m. Check your program for the exact location.

We look forward to seeing some new faces at our meeting this year, and we hope that you will join us in developing Stakeholders United into a SIG that is active, vital, dynamic, constructive, and fruitful.

Book Review Corner

Camden Matherne, AED Book Reviewer

When Your Teen Has an Eating Disorder written by Lauren Muhlheim
(New Harbinger Publications, 2018, 168 pages)

Supporting a teenager in recovering from an eating disorder is one of the greatest challenges a parent can face. Moreover, the stress of having an ill child can be exacerbated by the difficulty of finding a provider who can accurately diagnose and provide evidence-based care. In When Your Teen Has an Eating Disorder, Dr. Muhlheim provides a guide for parents in supporting their adolescent through eating disorder treatment using a Family-Based Therapy (FBT) approach. Although Muhlheim states that FBT is best implemented with a clinician trained in this technique, her treatment guide is written to be implemented without therapeutic support in the event that a trained clinician is not available. To that end, the book is very...
thorough, providing detailed education on the symptoms and consequences of eating disorders, a background on the development of FBT, and a guide for FBT implementation.

The initial chapters provide education on eating disorder symptoms and characteristics. In these sections, Muhlheim synthesizes the biological processes associated with eating disorders (e.g., malnutrition’s effect on cognitive functioning, the restriction-binge-purge cycle) in a way that is easily understandable to a lay parent. She further highlights that an adolescent’s inability to make change or seek help is symptomatic of eating disorders. After laying this foundation, she provides an overview of FBT as a treatment. In true FBT style, these initial chapters serve to increase parental concern (and motivation for change) and empowerment while decreasing adolescent responsibility and blame.

In outlining the initial steps of implementing FBT, Muhlheim discusses the nuts and bolts of normalizing eating, including general guidelines (e.g., 3 meals and 2 snacks, employing all of the food groups), as well as practical tips for effective implementation, such as meal-planning and techniques for condensing calories for refeeding. She also problem-solves issues that are common early in treatment, including supervision of eating outside of the home and effectively responding to extreme behaviors (e.g., food throwing, threats to harm self), among other topics. Importantly, Muhlheim makes it explicitly clear that parental normalization of eating (and refeeding) is a challenging process that interrupts typical family dynamics and can be incredibly anxiety-provoking for parents. Her transparency is helpful in normalizing this process (in the context of recovery) and encouraging parents to persist in their efforts.

One of my favorite chapters in the book essentially focuses on parental dos and don’ts of mealtimes, encapsulating much of the problem-solving work done in the initial weeks of FBT. For example, she provides techniques for increasing mealt ime compliance, such as employing distraction for anxiety reduction and using rewards and consequences. In my experience, one of the most common parent traps at mealtimes occurs when parents seek to reason or rationalize with their child in order to reduce distress, which has the counter-effect of increasing anxiety. Muhlheim addresses this directly by providing specific examples of common teen verbal reactions at mealtimes (e.g., “This is too much food. I can’t possibly eat all of it. I won’t eat it all.”), the reactive parental argumentative response, (“It’s not that much food. It’s only one serving of each portion. I’ll check and make sure; maybe it’s not right.”), the interpretation of what the teen actually means, (“I’m scared to eat this. I don’t trust that you know what to give me. I’m scared of being fat.”), and the recommended parental supportive response, (“This is exactly the right amount of food. I know what you need.”). The combination of concrete behavioral and verbal techniques offered in this chapter is certain to help parents more effectively navigate the mealt ime experience.

The next several chapters cover topics common to the remainder of phase one of FBT, such as integrating fear foods, targeting poor body image (and associated behaviors), and realistic expectations for the recovery process. Muhlheim speaks directly to fears parents often experience during the first phase of treatment (e.g., fear that FBT will destroy their relationship with their teen) and discusses the research evidence and clinical experience counter to these fears. She also emphasizes the importance of effective parent and child coping and self-care during the recovery process and offers a number of strategies in this domain. The final chapters cover returning control of eating to the adolescent (FBT phase two) and an overview of relapse prevention. Although Muhlheim does not cover the range of adolescent developmental issues commonly targeted in in phase three of FBT; doing so would be beyond the scope of this book, and she refers the family to seek more generalized treatment for issues remaining after eating disorder behaviors are under control.

In summary, When Your Teen Has an Eating Disorder provides a thorough overview of the biological processes involved with eating disorder behaviors, insights into the mindset of an adolescent suffering with an eating disorder, and a plan for implementation of family-based treatment. The book is written in an honest and directive, yet supportive and empowering way that I expect will be well-received by parents. For families engaged with a therapist, I think this book is an excellent therapy support, particularly for parents to reference between sessions (I have already begun recommending it!). Most importantly, I am relieved that we have a resource to offer families who do not have access to evidence-based care, and I would encourage other providers within the field review the book for their own treatment and referral purposes.

Please see the AED website (www.aedweb.org) for more information about upcoming events.
The University of North Carolina Center of Excellence for Eating Disorders is now accepting applications for our Summer Research Fellowship.

Summer research fellowships are highly competitive positions open to undergraduate, postgraduate, and graduate students. These positions are open for applicants interested in an 8-week, 40 hours a week research experience working in the Center.

Those accepted to the program will receive a one-time $2,500 stipend. Fellows are given research project and faculty assignments based on their experience and interests. Fellows also attend research meetings, journal club, and didactic research seminars, shadow clinical care in our inpatient and outpatient programs, and attend an expert lecture series offered to the fellows by research faculty. This series offers fellows an introduction to a wide range of topics in the eating disorders field (e.g., genetics, bariatric surgery, family-based treatments). One to two summer fellows are selected each year.

More information and the application form can be found on our website: unceatingdisorders.org. Questions should be directed to the fellowship coordinator, Dr. Jessica Baker at: jhbaker@med.unc.edu

Applications are due by: APRIL 1

Interviews are conducted in April
2019 ANZAED
Conference Proposal Invitation

The 17th Annual Australia & New Zealand Academy for Eating Disorders (ANZAED) Conference will be held on **August 23-24, 2019** in beautiful Adelaide, South Australia. The theme of the conference is **The Future—New Approaches to Prevention, Detection, Diagnosis, Treatment, and Recovery**.

Conference chairs Randall Long and Tracey Wade invite our AED colleagues to submit an abstract for a 15-minute Oral Presentations, 90-minute workshops, or a Poster. The deadline for submissions is **March 31** for Workshops and **April 7** for Oral Presentations and Posters. The submission portal can be found at: [https://conference.2019.anzaed.org.au](https://conference.2019.anzaed.org.au)

**Ulrike Schmidt** from Kings College, London will present a keynote address on novel brain approaches and a workshop on The Maudsley Model of Anorexia Treatment for Adults (or MANTRA) with Tracey Wade. **Peter McEvoy** from Curtin University, Western Australia will present a keynote address on imagery in psychotherapy and a workshop on imagery rescripting in eating disorders.

The 2019 ANZAED conference will showcase a high-quality program and will also give delegates an opportunity to share their latest insights. We look forward to seeing you in Adelaide, Australia!

Please visit us at the **ANZAED/AED 2020 table** at the **2019 ICED** in NYC—OR—contact **Jeremy Freeman** at: anzaed@anzaed.org.au with any inquiries.
When it comes to accessing a higher level of care for patients struggling with an eating disorder or other mental health illness, you and your patient don’t have to navigate it alone. Eating Recovery Center and Insight Behavioral Health Centers are your partners in providing your patient with comprehensive, integrative treatment across the continuum of care.

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