2018 is the year of the 25th birthday of the AED and I hope that you will all join us in celebrating! In 1993, the AED was founded and started with a small meeting of researchers and clinicians in Oklahoma (USA). As described under “AED History” on our website, the founding members saw the need “for an organization of eating disorders professionals that embodied excellence in education, treatment, and research that could advocate for patients with eating disorders, provide professional training and development and, in general, represent the field of eating disorders.” The AED was formed to meet these goals which are very much in line with our vision today of global access to knowledge, research, and best treatment practice for eating disorders.

In the meantime, our membership has grown to the largest multi-disciplinary professional society in the eating disorders field with almost 1,700 professionals from over 50 countries around the world. Our members not only come from various countries and geographic regions, they also have various professional backgrounds and work in various roles within the field of eating disorders (e.g. clinician, researcher, patient-carer, advocate, or activist). This is clearly one of the AED’s unique features and most impressive accomplishments, i.e. to bring together so many experts and professionals with diverse perspectives who all work toward a better understanding of eating disorders and more successful prevention and treatment of these illnesses.

However, as an organization we should always self-critically review our achievements and development over time and identify areas where we need to do better. For example, we are aware that we need to do much better in terms of diversity, inclusion, and equity within the eating disorders field in general and also within the AED. While these topics are not new to our Board of Directors, we realized that they have not been integrated into our strategic planning and activities as much as they should have been. We are currently in the process of changing this! We recently met in a sub-group of AED Board members and staff to define objectives and practical next steps, starting with a training for Board members around diversity, inclusion, and equity at our upcoming meeting in Chicago. Our ultimate goals must be: a) to improve access to expert care for diverse populations independent of factors such as age, gender, place of living, race, ethnicity, religion, sexual orientation, socioeconomic status, physical disability or body shape and size; b) to become more diverse and inclusive as an organization; and c) to enhance education and training opportunities for students and early career researchers and clinicians from marginalized groups in order to strengthen diverse voices and build capacity in the next generation of eating disorder professionals. We are aware that these are long-term and challenging objectives—we will keep you informed and we welcome your ideas to help us achieve them!

Thinking of other important developments within the AED, I would like to briefly talk about our new website. If you haven’t done so, I recommend that you visit the new page and the new online community which represents a great...
The recent relaunch allows us to use a variety of new tools both for our communication with the public and for internal work and communication such as a dedicated virtual working space for each Special Interest Group and Committee. Huge thanks to all the volunteers and staff members who worked very hard on this project—the outcome is truly impressive!

Finally, I would like to draw your attention to the AED’s main event—the 2018 International Conference on Eating Disorders (ICED) which will be held in beautiful Chicago (April 19-21) under the theme “Innovation: Expanding our community and perspectives.” Thanks to the excellent work of our Scientific Program Committee co-chaired by Kristin van Ranson and Philippa Diedrichs, we can look forward to an exciting scientific program and a fantastic meeting. This year’s keynote entitled “Reducing the burdens of eating disorders: Beyond evidence-based interventions and their dissemination” will be delivered by Alan Kazdin (Yale University). Our plenary sessions will focus on “Strategic science to influence policy related to eating disorders,” the definition of “Eating disorder recovery,” the topic of “Engaging communities to advance eating disorders research and intervention,” and finally, “The role of the microbiome in eating disorders.” We also look forward to numerous presentations, workshops, and poster presentations covering a broad range of clinical topics and cutting edge research in the field. As in past years, the ICED will provide a unique and inspiring setting for education, but also for collaboration, discussion, and personal dialogue with colleagues from around the world. Needless to say, this year’s conference will also host special events to celebrate and say “Happy 25th Birthday” to the AED! We very much hope that you will be able to join us in Chicago!

ICED 2018 will continue finding ways to extend our work to serve our community, our patients, and families.

Enjoy your stay and this wonderful experience. Safe travels to all back home and see you next year in New York for ICED 2019!
Message from the Editor

Anna Ciao

It is my pleasure to welcome you to Chicago for the 2018 ICED! This is my first edition of the Forum as its sole Editor, and I would like to thank the AED for entrusting me with this position—I hope to serve you well over the next two years. A special thanks to our outgoing Forum editor, Jessica Baker, who provided support and editorial training over the past year.

This is the annual print edition of the Forum, and it is full of excellent articles and updates from the AED’s members, committees, and partner organizations. In her Message from the President, Steffi Bauer reflects on the 25-year history of the AED and reminds us of the AED’s current goals and priorities—including a timely focus on diversity and inclusion within our field. Several other great pieces in this issue cluster around a common theme: the importance of perspective sharing between professionals, patients, and carers to keep our focus on the “outcomes” that matter. These pieces are sure to spark great discussions at the conference!

Additional highlights of this issue include updates and ICED event announcements from many of our committees and Special Interest Groups (SIGs), and a review of the book Sad Perfect—a fictional account of a teenager with Avoidant/Restrictive Food Intake

Greetings from the Executive Director

Elissa Myers

A couple of years ago, I had the remarkable pleasure of meeting Tom Insel, who was then the Director of the US National Institute of Mental Health (NIMH). He left the NIMH and moved on to Google’s Verily health sciences division and recently moved again to become President and co-founder of Mindstrong.

His announcement on leaving Verily struck me as enormously insightful. In it he wrote, “I spent 13 years at NIMH really pushing on the neuroscience and genetics of mental disorders, and when I look back on that I realize that while I think I succeeded at getting lots of really cool papers published by cool scientists at fairly large costs—I think $20 billion—I don’t think we moved the needle in reducing suicide, reducing hospitalizations, improving recovery for the tens of millions of people who have mental illness. I hold myself accountable for that.”

His words are a profound reminder of the need for all of us—in everything we do—to be “outcome” focused.

For clinicians, that perspective is obvious—you do what you do for your patients in order to improve their personal outcomes. For researchers working on unlocking the causal secrets behind eating disorders and the curative methods to address them, it can be a little more complex. We don’t know what we don’t know, so sometimes you have to chase what looks like a rabbit down a rabbit hole only to find that it was a mirage.

But the idea of keeping the “why” of what we are doing at the forefront of our efforts is critical. And “understanding the numbers”—the epidemiology of eating disorders—must be a high priority.

NIMH has just updated its “statistics” on mental health, and I was delighted to see that there is a whole section on eating disorders.

If you follow press coverage or read the websites of the many organizations in our field, you will hear a good bit of discrepancy in the statistics quoted. To address this, the AED is working with the leaders of the major associations in our field, along with some of the leading epidemiologists in our field, to explore and test and reach an agreement on the best available statistics. We will be creating a special tab on the AED website in the coming year so that you will be able to reference the most currently agreed upon statistics when you are speaking or writing on eating disorders—and we invite you to challenge (and therefore improve) the data perpetually.

A special shout out of thanks to Craig Johnson and Millie Plotkin for support of this effort through the powerful research curation that they do through their Eating Recovery Center Foundation.

An outcome focus is not only a mandate for science—it’s a critical orientation for the associations that support the sciences, and the AED is no exception.

continued...
Greetings from the Executive Director

We try to keep our efforts focused on the vision and mission of the AED:

**VISION**
Global access to knowledge, research and best treatment practice for eating disorders.

**MISSION**
The Academy for Eating Disorders is a global professional association committed to leadership in eating disorders research, education, treatment, and prevention.

Noble and important words—but they only have meaning if we remember that everything we do should, in practical ways, “advance” their meaning. And the very best route to making sure that we, as an association, are moving in the right direction, is to ensure that we are hearing from those we aim to serve.

The AED is YOUR association—please speak up and speak out—let us know when you like what we are doing, and let us know when you don’t.

And finally, speaking of numbers, I couldn’t end this column without taking note of a really important one—it’s the AED’s 25th Birthday! Thanks to all of you who have created this wonderful, important community; you are helping to build it every day! Happy Birthday to the AED! (And if you are reading this, YOU are the AED!)

**SIG AND COMMITTEE UPDATES**

**Electronic Media Committee Update**

*Alexia Spanos*

All things new!

The AED successfully launched the new website at the end of 2017, and so we ring in the New Year with all things shiny and new! We owe a huge debt of gratitude to so many for their tireless work leading and executing this project: our new vendor, Higher Logic; our Executive Director, Elissa Myers; our Deputy Executive Director, Dawn Gannon; and our Communications and Marketing Manager, Bethany Blackwell. With the re-launch of the AED’s website, the Electronic Media Committee (EMC) would like to remind our members of some of the wonderful additions and features of this new website, particularly related to the Community.

The Find an Expert feature is now up and running smoothly and includes a Google map correlation, so you can find any AED member in a geographic area around the globe. Please attempt to locate a provider using this feature first, before posting requests for referrals on the Community. For those responding to requests for referral information on the Community, please remember to back channel directly to the person posting the request by clicking the Reply to Sender button; it also now works! The EMC also needs to approve postings for post-doc positions, trainings, and other events you would like to post on the Community, so please submit your requests to info@aedweb.org and if accepted, ensure you include in your posting that it has already been approved by the EMC. We will continue to prompt members on the best ways to use all features of the website and Community, but also feel free to reach out to our volunteers with any questions or concerns; we welcome the correspondence!
Membership Recruitment and Retention Committee Update

Marita Cooper

It has been a busy start to the year for the Membership Retention and Recruitment Committee (MRRC), with welcoming three new committee members and recording 1,220 member renewals as of the end of January 2018. We are certainly hoping that this number will grow as we get closer to the ICED this April and we hope to see all of our new and returning members at our two annual ICED events: the Non-member/SIG Meet and Greet and the Mentor/Mentee Breakfast.

The theme for ICED 2018 is “Innovation: Expanding our community and perspectives” and at the MRRC we have taken this mission statement to heart. In collaboration with the SIG Oversight Committee, the ICED 2018 Meet and Greet event aims to welcome non-members into the AED community and provide an opportunity for all to learn about the AED. A Meet and Greet desk will be set up throughout ICED 2018 in the Registration Space on Level 7 for both non-members and current AED members who would like to become more involved or meet with members of the MRRC and SIGs (check our schedule if there is a specific SIG you would like to learn more about). Please join us throughout the conference to find out about the many ways you can become more involved with the AED.

In addition to the new format for the Meet and Greet event, the MRRC is also excited to invite you to the ICED 2018 Mentor/Mentee Breakfast on Thursday April 19 from 7:30 am - 9:00 am. There is an abundance of research on the benefits of mentoring for both the mentor and their protégé, yet initiating these relationship can be daunting for early career professionals and students. In an effort to facilitate this process, the AED Mentor/Mentee event individually pairs more experienced AED members with junior members based on similar interests. We hope that this initiative will provide mentees with career guidance, encouragement, and improved insight, while mentors can gain fresh perspectives, leadership skills, and the satisfaction that comes from reinvesting in the AED community. The cutoff for this event is the beginning of April (two weeks prior to the ICED 2018) so make sure you register now—don’t miss out on this fantastic opportunity!

Finally, for all of those that have not renewed their AED membership or are wishing to sign up: as of 2018, the MRRC has initiated an anniversary year for memberships. This means that your AED membership will expire one year after joining, rather than by the calendar year, as it was previously. Remember that anyone who signs up for AED membership during the ICED will receive a 10% discount off of membership dues.

Thank you again to all of our new and renewing members for supporting the AED. We look forward to meeting you all in Chicago!

Patient-Carer Committee Update

Judy Krasna

We would like to proudly announce the creation of a new Patient-Carer SIG! It is open to any AED member who would like to join; you don’t have to identify as a patient or as a caregiver. Our first meeting will be at the 2018 ICED, on Thursday April 19 from 1:00-2:15 pm. Please check your ICED program for the exact location. We will be talking about the agenda, mission, and goals for our new SIG, and we would love to hear your thoughts on what types of projects we should be undertaking —so please join us.

The Patient-Carer Committee has been busy disseminating the World Eating Disorder Healthcare Rights. We have sent it out to professional associations and organizations across the globe in the hopes of getting these critical rights implemented into practice as soon as possible. We are doing a workshop on this topic at the ICED on Saturday April 21 from 11:15 am -12:45 pm, titled "Stakeholders united: Tools for promoting productive partnerships between professionals, patients, and carers based on the AED’s World Eating Disorders Healthcare Rights.” It is going to be a dynamic workshop with lots of audience participation and strong takeaway messages. We would love to see you there!

We would like to say goodbye to our committee members who will be stepping down in 2018 and to say thank you for your dedication and commitment over the past three years. We are a close-knit group, and it’s hard to say goodbye, but we are excited about welcoming our new committee members and moving forward to accomplish great things together in the future.
Research Practice Committee Update

Karen M. Jennings and Ann F. Haynos

Researchers are critiqued for being out of touch with clinical questions and realities. To promote research-practice integration, the Research-Practice Committee’s Think Tank at the 2018 ICED hopes to expand attendees’ perspectives through a lively discussion of “The Clinical Perspective on Eating Disorders Research: A Symbiotic Relationship.” In this session, we will explore perspectives on How to Integrate A Clinical Perspective into Research. Please join us on Saturday, April 21 at 4:00 pm for a highly interactive and constructive session with three discussants (recovered patient/advocate Kristina Saffran, full-time clinician Andrew Wallis, and clinician-investigator Carol Peterson), where clinicians and investigators will exchange views about how clinical viewpoints can be more routinely incorporated into research.

As a starting point for this conversation, we have generated a list of barriers that may prevent researchers from integrating a clinical perspective into their work:

1. Researchers’ and clinicians’ financial (e.g., funding opportunities) and time (e.g., academic responsibilities) constraints
2. The complexity of real-world data gathering (e.g., diverse samples, incomplete data)
3. Lack of researchers’ understanding of day-to-day clinical practice realities (e.g., billing for time, feasibility of research protocols in clinical setting)
4. Difficulty establishing relationships with clinical sources (e.g., limited access to clinical practice)

In addition to discussing these and other barriers, we aim to generate potential solutions to encourage progress towards optimally clinically-informed research practices. Come share your views as we work toward increasing collaboration between clinicians and researchers!

Social Media Committee Update

Jessica Barker

In January, the Social Media Committee launched the “AED’s 2nd Saturday Series.” Each month, a series of articles will be posted on Facebook and Twitter on a single relevant, current, or controversial topic in the eating disorders field. The series, which had its inaugural feature on January 13, hopes to deepen the conversation and understanding around issues in the field while being conscientious of historical perspectives and views from the academic, clinical, and patient-carer communities. We also seek to clarify where the research is compelling in certain areas and where further research is needed.

The series idea came about after Social Media Committee member Jessica Barker presented a series of articles looking at level of care decisions in treatment; she found that any one article alone could be confusing sometimes, especially in the online community.

AED’s Facebook following has grown to over 11,000+, most of whom are not AED members. This represents an opportunity to disseminate the work the AED is doing. With the Facebook following growing exponentially in the past few years, it also seems important to present historical articles that have led to current best practices.

Examples of topics to be presented include “Exercise and eating disorders” and “Ethical issues in eating disorder treatment.” The series hopes to provide a place for discussion and the fostering of respectful exchange on difficult and timely issues in the field of eating disorders.

If you have an idea for a topic or article for inclusion in this series, please e-mail Jessica Barker at: barke040@umn.edu
Special Interest Groups Update

Kelly C. Allison

We have been working hard to use the new AED online community to communicate with our Special Interest Groups (SIGs) and make sure the Co-Chairs for each SIG are also able to use it. We are hoping the new online community will encourage more SIG activity! The online community has many features that the SIGs will find useful, including a platform for hosting webinars for SIG members. For those of you looking to get involved in a SIG, representatives from the SIGs will hold a Meet and Greet at the opening reception of the International Conference on Eating Disorders. Come by and see which ones might interest you!

SIG liaisons from the SIG Oversight Committee have been assigned. If you are a Chair of a SIG, you should be hearing from your liaison soon. The oversight committee will also be instituting periodic calls with the co-chairs to facilitate communication. Several of the SIG co-chairs will be ending their terms at the ICED, and elections for new co-chairs will be held. If there are any questions, the liaison assignments are as follows:

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1. Who are you?  
I am Tigest Ajeme. I earned my MPH with a specialty in Nutrition from Addis Ababa University in June 2017, and I have worked in hospital and health center settings in urban and rural parts of Ethiopia.

2. Where do you live and go to school/work?  
I live in Addis Ababa, the capital of Ethiopia. I work as a Research Assistant in the Nutrition Unit of the Addis Ababa University School of Public Health.

3. What is your discipline/major/area of focus?  
I conduct research focused on unhealthy weight control practices among female high school adolescents.

4. Why are you interested in eating disorders?  
Following the emergent problem of overweight/obesity in Addis Ababa, different weight loss strategies are being promoted. However, the effectiveness and possible side effects of such promotion, such as unhealthy weight control practices and eating disorders, are given no or little attention.

5. What's one thing most people don't know about you?  
I don’t give up on anything that I believe is important.

6. Why did you join the AED?  
Because the AED facilitates an unending transfer of knowledge, and is one of the most committed global professional associations that works to improve the quality of research, clinical practice, and prevention in the eating disorders field.

7. How do you/would you like to contribute to the AED's Vision & Mission now or in the future?  
By raising awareness of eating disorders and sharing knowledge for proper diagnosis of eating disorders in developing countries like Ethiopia.

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Book Review Corner

Camden Matherne, AED Book Reviewer

Sad Perfect written by Stephanie Elliot (Farrar, Straus and Giroux, 2017, 310 pages).

The designation of Avoidant/Restrictive Food Intake Disorder (ARFID) as a formal diagnosis in the DSM-5 has established the clinical significance of this disorder, clarifying that this is not simply “picky eating,” but a serious disorder that is most common in childhood but certainly impacts individuals across the age span. For those less familiar with this newer diagnosis, the DSM-5 describes ARFID as involving persistent failure to meet nutritional/energy needs due to a lack of interest in eating or food, difficulty with the sensory characteristics of food, or concern related to aversive consequences of eating, with clinical presentations varying widely. As an illustration, some example clinical presentations I have seen in recent years include a 7-year-old girl with high sensitivity to food smells and significantly limited food intake, resulting in anxiety around eating and subsequent school lunchroom refusal, as well as a mid-40s woman who developed extreme food avoidance after experiencing significant nausea post-bariatric surgery, resulting in nutritional deficiency and significant anxiety around social eating.

continued...
While ARFID is increasingly being recognized, diagnosed, and treated, it remains relatively underrepresented among books about eating disorder recovery. For this reason, I was excited to read and review Sad Perfect, a book about 16-year-old Pea, her life with ARFID, her initial treatment process, and the relationships that motivate her in the recovery process. While Pea’s story is fictional, it is based on the author’s personal experience with her daughter’s recovery from ARFID.

Sad Perfect is told from a 2nd person point of view (e.g., “But you want to be able to enjoy it (food) someday. When you are older, you want to go to functions like weddings, parties, and business meetings and not feel socially awkward.”). While I initially found this style to be somewhat distracting, Pea’s story is complex both emotionally and relationally, and I eventually found myself drawn in to the narrative.

Sad Perfect begins in the summer, at Pea’s best friend’s river tubing birthday trip. From the onset, we see how Pea’s eating disorder impacts her life—she feels incredibly anxious and spends most of the day ruminating about how to manage lunch, which will inevitably involve making an excuse about why she isn’t eating the foods offered. While on the trip, Pea meets Ben, with whom she is immediately smitten. Pea’s story then transitions to her home, where eating-related stress continues. Pea’s mom asks her to join the family for dinner, and an uncomfortable push-pull ensues, where Pea refuses to go to the table, and her mom tries to bargain with Pea to get her to eat something—a struggle Pea and her mom have been at for years. We learn that Pea’s mom has made an evaluation appointment at Healthy Foundations. At this point, Pea expounds on why an appointment is needed—Pea describes her eating disorder, which she refers to as “the monster”—which includes not liking or enjoying most foods for as long as she can remember, without any motivation coming from shape or weight concerns.

Pea describes the drastic impact eating difficulties have had on her emotional, social, and family life. While Pea’s mother has expressed concern to her pediatrician many times, Pea has been under-diagnosed and under-treated because her weight has always remained within a healthy range.

Pea begins treatment with an initial evaluation with Shayna, a therapist at Healthy Foundations. Pea’s description of her reaction to this first evaluation was on point—she describes with accuracy the anxiety and exposure many patients feel when discussing their eating disorder for the first time, as well as the mixed emotions adolescents experience when hearing a parent tell an honest account of their eating history (humiliation and frustration mixed with relief and gratitude). We also see the way a skilled clinician can manage these dynamics to effectively engage both patient and parent. Pea’s treatment proceeds from here—she experiences significant relief at just receiving a diagnosis, and she begins weekly Cognitive-Behaviorally-based individual therapy with Shayna as well as a process group with other adolescents with eating disorders. The evolution of Pea’s relationship with Shayna is lovely—she goes from suspicion toward real engagement that breeds hope for recovery. Her experience in group therapy seems particularly realistic. Pea is the only adolescent in the group with ARFID (all others are Anorexia Nervosa/Bulimia Nervosa/Binge Eating Disorder-type presentations), which initially makes her feel ostracized, but with more engagement, she and the other group members see how Pea’s eating disorder is as severe and functionally impairing as their own.

At first, Pea’s recovery goes very well. She’s engaged in treatment, which is greatly facilitated by encouragement from Ben, who becomes her boyfriend. Pea discloses her eating disorder to Ben and his family, who are incredibly understanding and supportive. Then, Pea makes a vital mistake that we see too often clinically—she starts to feel better and decides that she no longer needs to take her anti-depressant, right at the return to school following summer break where she is confronted with academic and social stressors. This leads to a significant downturn in Pea’s symptoms—she begins pushing Ben away, her mood declines significantly, and she turns to negative coping strategies to manage negative emotion. Symptoms catapult to the extent that Pea’s school becomes worried, resulting in an evaluation for and subsequent psychiatric hospitalization. Notably, and a point of caution for patient recommendation, Pea’s hospitalization is traumatizing—her therapist is minimally consulted and she is not treated ethically or empathically by some members of the team, which prompts her parents to remove her from the facility. Pea’s inpatient stay is a violation of patient rights on many levels and grounds for legal action. As an aside, inpatient care has advanced considerably, and I hope hospitalization is a positive, therapeutic experience for most patients. However, as a provider and a parent, this section was incredibly difficult to read, and it highlights the need for continued work in ensuring patients are treated ethically and therapeutically in a hospital setting. This being said, the positive result of Pea’s inpatient stay is that it garners appreciation from her supportive family and social network, increases her insight into her role in her recovery, and renews her desire to get well. The book concludes with an air of hope—with Pea and her family re-committed to the recovery process.

From the standpoint of scientific and clinical accuracy, there were a few points in the book that gave me pause. There are times that potential hypotheses about the etiology of ARFID are presented as fact—for example, that patients with ARFID have fewer taste buds than those without, and that ARFID may be caused by trauma in utero. However, based on my review of the literature, these
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Or, scan the QR code below to go directly to the AED website now.

Don’t forget to bookmark AED!

Book Review Corner continued

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statements do not have consistent (if any) scientific merit, which may add to the list of myths about the “causes” of eating disorders. Moreover, I appreciate how Pea’s boyfriend and close friends serve as a motivator in her recovery—certainly familial and social relationships can be an integral factor in facilitating recovery. However, there are times in the book that Pea’s boyfriend responds with an unrealistic level of maturity and understanding—in a way that is probably atypical for the average adolescent. For vulnerable adolescent patients, I would worry that this idealized relationship could create a fairytale-type recovery story that does not translate to reality.

In sum, I enjoyed reading Sad Perfect—Pea’s story is well-written, riveting at points, and paints a fairly accurate picture of the peaks and valleys of recovery. Due to the presentation of Pea’s experience, I would recommend that any clinician read the book in full and consider patient and/or parent impact before recommending this book clinically. Overall, I appreciate the attention this book brings to ARFID as a clinically significant disorder, and I hope it generates additional treatment and recovery books to continue de-mystifying ARFID and support the recovery process for patients and families.

Member’s Viewpoint: Invite Us to Join your Workshop Panels for ICED 2019!

Judy Krasna, Patient-Carer Committee co-chair

Here we are in Chicago for the ICED 2018! I am very excited to be here with all of you, though I will admit that I am a little nervous about presenting at two workshops this year. As the mother of a daughter with an eating disorder, and a self-proclaimed non-professional, let’s be honest—I am not someone who comes to mind as anyone’s first choice of a presenter at an eating disorders conference. However, if you think about it, having a caregiver join a workshop panel and offer their perspective adds an additional dimension to professional material—bringing it to life, so to speak. While I may not be a professional, my lived experience as a caregiver to a child with an eating disorder has professional value, and offers unique insights into many areas of the field of eating disorders, both clinical and research. Therefore, despite my nervousness, in the interest of sharing the lessons that I believe that my personal narrative can teach, I will be sitting at the table alongside esteemed professionals and talking about topics that I believe are impactful and important.

And so, as we move forward after this wonderful experience in Chicago with eyes toward the ICED 2019 in New York, as you are developing your abstracts and your presentation ideas, I would encourage you to please consider adding someone who has experienced eating disorders as a patient or as a caregiver to your workshop panel. Our perspectives will take your ideas to places that you can’t reach alone, and will make your workshops so much richer, more potent, and more dynamic.

Meanwhile, enjoy the:

ICED 2018 INNOVATION EXPANDING OUR COMMUNITY & PERSPECTIVES

April 2018

Editor: Anna Ciao

www.aedweb.org
Eating Recovery Center & Insight Behavioral Health Centers
ICED 2018 Presentations & Events

Learn from and connect with Eating Recovery Center and Insight Behavioral Health Centers leaders developing standards of excellence and driving innovation in the treatment of eating disorders.

Please check ICED schedule for session locations.

Tuesday, April 17th
12:30 – 5:30 PM  Binge Eating Treatment and Recovery – Clinical Teaching Day and Facility Tour for HLA Educational Congress
Julie Friedman, PhD; Jean Curran, RD, & Laura Lange, LCSW – Eating Recovery Center, Chicago, IL, USA

Wednesday, April 18th
Clinical Teaching Day  Nutrition Essentials for Clinicians Treating Eating Disorders
Maria Teresa Rivera, MS, RD, CEDS, CEDRD, FAED; Eating Recovery Center, Dallas, TX, USA

Thursday, April 19th
2:15 – 3:45 PM  Exploring the Efficacy of Dietitians Using Family Based Treatment Practices
Russell Marx, MD; Eating Recovery Center, Denver, CO, USA

Friday, April 20th
LUNCH  Book signing with Dr. Philip Mehler
2:00 – 3:30 PM  Novel Damaging Variants in the SLC17A7 Gene are Associated with the Risk of Developing Anorexia Nervosa
Michael Lutter, MD/PhD; Eating Recovery Center, Dallas, Plano, TX, USA
2:00 – 3:30 PM  Safety as an Outpatient: Assessment, Conceptualization and Treatment of Suicidal and Self-injurious Behaviors in Adolescents and Adults with Eating Disorders across Levels of Care
Ellen Astrachan-Fletcher, PhD, CEDS; Eating Recovery Center, Illinois & Insight Behavioral Health Centers, Chicago, IL, USA

Saturday, April 21st
9:45 – 11:15 AM  Parental Self-Efficacy in Two Family Therapies for Adolescent Anorexia Nervosa
Craig Johnson, PhD, FAED, CEDS; Eating Recovery Center, Denver, CO, USA
11:15 AM – 12:45 PM  Stakeholders United: Tools for Promoting Productive Partnerships between Professionals, Patients, and Carers Based on the AED’s World Eating Disorders Healthcare Rights
Ashley Solomon, PsyD; Eating Recovery Center, Ohio, Cincinnati, OH, USA
12:45 – 2:15 PM  Beyond Treatment Outcomes: Predictors of Patient Satisfaction with Intensive Treatment for Eating Disorders
Susan McClanahan, PhD, CEDS; Eating Recovery Center, Illinois & Insight Behavioral Health Centers, Chicago, IL, USA
2:15 – 4:00 PM  Listening to the Gut: The Role of the Microbiome in Eating Disorders
Philip S. Mehler, MD, FACP, FAED, CEDS; Eating Recovery Center, Denver, USA

Book sales available at ERC booths #201/203.
Proceeds from book sales benefit the Eating Recovery Foundation (ERF). ERF is dedicated to saving lives and supporting families impacted by eating disorders. Learn more about the ERF at www.eatingrecoveryfoundation.org.
For questions or to schedule a meeting at ICED 2018 with Julie Holland, VP, Foundation and International Relations, please contact julie.hollandfaylor@eatingrecovery.com | 919-606-6099

We are offering tours of our residential facilities!
Visit the ERC booth #201/203 or call Julie Naylor at 312-989-2035 to schedule a tour.
Upcoming Conferences, Meetings, and Seminars

**1st International Conference of the Eastern European Eating Disorders Network**

**Severe and Enduring Eating Disorders and Co-Morbidity**

**JUNE 29-JULY 1, 2018** | **Kaunas, Lithuania**

More information about the EEEDN 2018 is available at: [https://eeednconference.com](https://eeednconference.com)

Organized by the Federation Global Initiative on Psychiatry in collaboration with Vytautas Magnus University

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**F.E.A.S.T of Knowledge: Partners in Care Forum**

**APRIL 22, 2018**

10:00 am - 3:30 pm (CT)

Conference Center at University Center
Chicago, Illinois

One Day Forum for Parents, Supporting Family Members, and Treatment Providers

$50 Registration | Lunch is Provided


OR email: Laura@feast-ed.org

*Held the Day After the Academy for Eating Disorders International Conference on Eating Disorders*
Important Dates to Remember

JUNE 1 - JULY 31, 2018 | Abstracts Open

JULY 1 - AUGUST 31, 2018
Applications Accepted for AED Fellowships, Grants, and Scholarships, and AED Fellow Status

NOVEMBER 15, 2018 | Registration Opens

START SPREADING THE NEWS
Education, Dissemination & the Science of Eating Disorders

ICED 2019
MARCH 14-16
NEW YORK, NY

Clinical Teaching Day/Research Training Day March 13
Did you know that April 15-22 is National Volunteer Week in the United States? This week celebrating volunteerism was first recognized in 1974 by the Points of Light Foundation. They wanted to create an opportunity to recognize and thank volunteers who lend their time, talent, voice and support to causes they care about in their community to say thanks... and to inspire others to find ways to take action that creates change.

A study commissioned by and published by the U.S. Department of Labor in 2016 reported that in 2015 there were 62.6 million volunteers in the United States. The report contains some really interesting data about those volunteers:

— Volunteers come in all ages—about 28.5% of adults between the ages of 35-54 volunteered in 2015, but teenagers weren’t far behind at 26%, and those over 55 were just slightly less likely to volunteer at 25%.

— The median hours spent volunteering was 52, and that’s a lot of time—3.25 billion hours of volunteer time—or the equivalent of 371,000 years of labor (at 8560 hours in a year). Can you imagine the world without that productivity?

— While many of the volunteer hours are spent working for religious or civic organizations, more than half are spent on professional, medical, technical, and trade associations.

— One of the statistics that jumps out of the report is that those who are full-time employed are just slightly more likely than all others to volunteer—proving the observation that iconic American Comedian Lucille Ball made, “If you want something done, ask a busy person to do it. The more things you do, the more you can do!”

I never get tired of celebrating the men and women who work with passion for pay, and then turn around and work as volunteers with even more passion shoulder to shoulder with their colleagues or competitors to change things and make them better.

As my good friend Susan Neely said recently “The freedom to associate has always been one of our most cherished rights and among our greatest strengths. The suffragettes formed the American Equal Rights Association in 1866 to organize competing voices under a single banner and amplify their cause. And more recently, the NAACP helped unify disparate voices throughout America in a convincing call for racial justice. When companies or individual professionals join forces for a common cause, they, too, demonstrate the impact of collective action.”

The concept of voluntary associations is credited to the birth of the trade and professional guilds of Europe. The Royal College of Surgeons of England is claimed to have been founded in 1368, to advance standards of surgical care.

This IS what associations do. Beyond all the mechanics of building a member database or keeping minutes of board meetings; beyond the bylaws and the events management, great associations mobilize the exceptional talent and wide reach of their members to build a stronger nation and world. The American Society of Association Executives calls this “The Power of A”—or the Power of Association. I think that’s something to celebrate!

So here’s an enthusiastic round of applause for all of the volunteers who are making things better and stronger through their associations around the world! Bravo!

And most of all thank you to the AED volunteers and leaders that are making the world a better place for those who suffer from an eating disorder, and the families and loved ones that support them. I am honored to watch you give selflessly of your time and talent every day! What a community!