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Message from the President



Pamela Keel
AED President

Welcome to my final "Message from the President" and, for those reading this as part of their conference materials, welcome to the International Conference on Eating Disorders (ICED) in New York City! The return to New York City has particular historical relevance for the Academy for Eating Disorders as we celebrate our 21st birthday and reflect on this year's conference theme, "Coming of Age as a Global Field." The AED was founded in 1993 from a meeting of 33 professionals in Tulsa, Oklahoma. Dr. Pauline Powers served as its first President from 1993-1995, and, during her tenure, the membership grew from 33 to 250 members. At last count, I believe the AED has now reached approximately 1600 members. In its early years, the AED co-sponsored what was then the New York International Conference on Eating Disorders – a meeting of researchers and practitioners that was held in New York City every two years. The AED continued to hold one of its annual meetings in New York, every other year, as a transition took place in which the meeting shifted from being sponsored by the AED to becoming the AED's annual meeting. Thus, in many ways, the return of the ICED to New York City feels a bit like coming home and provides an opportunity to understand how much we have grown. The return to New York City is also relevant to my personal history in the field. The very first conference I ever attended was the Seventh New York International Conference on Eating Disorders in 1996, held at the Grand Hyatt New York and sponsored by the Department of Pediatrics Montefiore Medical Center, Academy for Eating Disorders, and the *International Journal of Eating Disorders*. Looking at my conference program (yes, I kept my conference program), Ruth Striegel Weissman was President, Tim Walsh was President-Elect, Joan Jacobs Brumberg delivered the keynote address, and I presented a poster titled, "Disordered eating in adolescent males." I do not know how many people attended the meeting, but as a 26-year-old graduate student, who had never attended a conference before, it seemed huge to

me both in size and in professional significance. I recall sticking close to my friend and fellow graduate student, Kelly Klump, as we navigated the various plenary and scientific paper sessions together and introduced ourselves to people we certainly knew of, but did not yet know.

In the years since that first meeting I attended, the AED has grown tremendously. From a meeting of 33 clinicians and researchers in Tulsa, Oklahoma in 1993, we now annually host the International Conference on Eating Disorders, and this meeting has been held throughout the United States, in Canada, Spain, Austria, and, in 2017, we plan to hold the meeting in Prague, Czech Republic. The growth of the AED has been accompanied by a tremendous growth in the field of eating disorders. This growth is evident in the record-breaking number of abstract submissions for workshop and scientific paper and poster presentations, and the variety of topics represented throughout this year's plenary sessions. As an easy "then-and-now" comparison, I reviewed the plenary topics and speakers for the 1996 and 2014 programs. For 1996, these included:

Managed Care – Adaptation and Change (Walter Kaye, Allan Kaplan, Lawrence Osborn, and Pauline Powers)

Risk and Prevention (Gloria Leon, Kelly Vitousek, Niva Piran, and Eric Johnson-Sabine)

New Generation of Treatment Studies (G. Terence Wilson, Christopher Fairburn, James Rosen, and B. Timothy Walsh)

Now, for 2014, our plenary sessions and speakers include:

Disordered Eating and the Threat of Obesity: Shared Underlying Biological and Psychological Mechanisms (Michael Rosenbaum, Susan Carnell, Yanfang Wang, and Michael Lowe)

Eating to Recover: Meal-Based Interventions and Refeeding Approaches in the Treatment of Eating Disorders (Sloane Madden, Graham Redgrave, Janet Treasure, Jenna Penelope Tregarthen)

Adolescents, Eating Disorders and the Media: The Good, The Bad and The Ugly (Michael Rich, Krisina Saffran, Phillipa Diedrichs, and Anne Becker)

continued

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A Global Perspective on Eating Disorders: Economics, Access, and Culture (Kathleen Pike, Stephanie Bauer, Federico Giosi, Ruth Stiegel Weissman)

Across topics and speakers, there is a clear increase in representation of global and interdisciplinary perspectives to better understand eating disorders. This reflects the changing composition of the AED membership and its volunteer leadership. Indeed, members of the 2014 conference program committee come from five different countries, and have worked together beautifully to develop a program that is both exciting and enriching. I want to take this opportunity to thank the program co-chairs, Phillipa Hay and Laurel Mayer, for their incredible leadership and vision in composing their committee and overseeing the immense amount of work that goes into planning a conference of this size and complexity. I also want to express my gratitude to the individual members of the program committee, Carolyn Becker, Angela Guarda, Judy Krasna, Joanna Steinglass, Wayne Bowers, Sarah Maguire, Rollyn Ornstein, Lois Surgenor, Graham Thomas, Eva Trujillo, Jennifer Lundgren, Glenn Waller, and Board Liaison Bryn Austin, for their dedication and innovation in developing the content of this program. With the number of registrants for our early registration deadline nearing 95% of our total expected registrants, this meeting is poised to break all records for the largest number of attendees. I am excited to see this year's ICED extend a tradition that I joined in 1996 to the next generation of professionals in our field.

In addition to thanking the program committee for their excellent work on the conference, I want to express deep appreciation to the members of the Board of Directors, the members of the committees they oversee, and to the professional staff of Sherwood for their unwavering service and passion for the work of the AED. Although the field of eating disorders has grown, we remain a small field in relation to professionals focused in other areas of illness. This means that each of us often wears many hats, juggling multiple responsibilities as we do what we can to help those suffering from eating disorders. I am constantly impressed by my colleagues for their own efforts to integrate treatment and research through their professional positions while dedicating so much time to an organization devoted to supporting professionals globally. Following the restructuring of the board and redistribution of committees by new portfolios, we underwent a review of all AED policies and procedures,

and Debbie Franko, AED Secretary, kept us on track every step of the way. Steffi Bauer has guided our organization through a period of unprecedented financial growth, with our annual budget exceeding \$1 million dollars for the 2014 calendar year. In her first year on the board, Bryn Austin has overseen the Annual Meeting Program Committee and has worked in collaboration with her committees to develop this year's conference, next year's conference, and worked with AED Staff, Glenn Waller, and AED members to finalize the location of our 2017 ICED. Guido Frank has overseen the overhaul of our website to bring our internet presence into the 21st century, with increased incorporation of social media and enhanced capability for translation and digital communication and education. Eva Trujillo has worked to increase the membership of the AED globally by identifying ways to increase the value of being a member of the AED, including our very successful and popular mentor/mentee gathering, now in its third year. Our record-breaking membership numbers are a testament to Eva's passion and dedication to increase the inclusiveness and diversity of the AED. Marian Tanofsky-Kraff has overseen a major shift from working solely with print media to now overseeing standards of excellence, which has included coordinating the review and selection of recipients of AED travel awards, grants and scholarships, and working with our journal's new Editor-in-Chief, Ruth Striegel Weissman, to further enhance the *International Journal of Eating Disorder's* ability to contribute to research-practice integration. Sloane Madden has worked tirelessly with the various committees and task forces that were transferred from the president's portfolio to his newly evolved Research-Practice Integration portfolio. In his role, he helped develop the content of this year's Clinical Teaching Day, Global Think Tank session, and has served as board liaison for the Medical Care Standards Task Force, which, as reported in my prior message, is transitioning to becoming a standing committee. As Director for Outreach, Carolyn Becker, our nominee for President-Elect, has served as a junction between various portfolios, working with her committee members to participate in the National Eating Disorders Association's lobby day, co-sponsored by the AED and the International Academy of Eating Disorders Professionals, to develop press releases for articles published in the *International Journal of Eating Disorders*, and respond to topics that gain media attention, such as First Lady Michelle Obama's controversial appearance on *The Biggest Loser*. In addition, she has worked to develop a plan to measure when and how the guide for

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early recognition and medical management of eating disorders has its greatest impact. Indeed, her work collaborating with each director of the board has prepared her well for her role as President-Elect. Finally, Donna Friedman has served as a guest to the board to provide the perspective of patients and carers in our deliberations of how to move the AED forward in our strategic plan. The work of the AED is due to the work of our volunteers from the individual committee members to the committee co-chairs to the board members, and it has been a pleasure and honor to serve with such an inspiring set of individuals this year.

Finally, I am particularly grateful to the incomparable Glenn Waller for his support, candor, and sense of humor during my year as President, and to Dasha Nicholls for her guidance and wisdom. In an attempt to ensure greater continuity across presidential terms, I have worked closely with Glenn and Dasha throughout this year. This has meant more work for both the president-elect and the past president than in prior years. However, I anticipate that this effort will pay off for the AED because the transition from my term to Glenn's presidential term will be more seamless than ever before. The picture will change (if someone can force Glenn to provide a picture – otherwise, we might have to go with a hand drawn illustration), and the "Message from the President" is sure to be far more humorous and entertaining, but the overall direction of the AED should remain on its current trajectory. Indeed, as we reflect on the field as having "come of age," we may also look forward to the continuing growth of our field, and the ways in which the AED may support and foster that future development.

Message from the Editor

Kelsie T. Forbush



Welcome to the 2014 International Conference on Eating Disorders! This issue is our annual print edition of the *Forum*, and I think you will find this issue is full of terrific articles and updates from the

AED's members, committees, and partner organizations. Jenny Thomas has written an excellent article on our President-Elect, Glenn Waller. And, despite our (unsuccessful) requests for a "selfie" (i.e., a picture taken of oneself, usually from a mobile phone), we did obtain a picture of his favorite t-shirt to accompany his profile. June Alexander has offered a member perspective on treatment 'non-compliance' and the need to better involve family members in the treatment of eating disorders. Jenny Thomas reviewed the book *A Clinician's Guide to Binge Eating Disorder*, edited by June Alexander, Andrea B. Goldschmidt, and Daniel Le Grange, which provides a multidisciplinary perspective on the history, treatment, and novel research directions for binge eating disorder. Finally, Susan Ringwood has written a beautiful article honoring the life and legacy of Charlotte Bevan, who sadly passed away from cancer in January 2013.

I would like to thank all of the individuals who submitted articles for this issue of the *Forum*, as well as express my appreciation to Lisa Kamen and the AED Central Office for their assistance in preparing this special edition of the *Forum*. Lisa and the AED Central Office staff work tirelessly behind-the-scenes to bring the AED membership quality issues of the *Forum*, and it is a pleasure to work with them. I also extend my gratitude to Jenny Thomas for serving as *Forum* Book Editor and Contributor for the past four years (she was only supposed to stay on for three years, but due to the recent changes in the AED governance structure, I convinced her to stay on for an additional year). I have had the pleasure of knowing Jenny for the past 10 years (I met Jenny when she introduced herself to me at our first ICED meeting in 2004), and I have greatly enjoyed the opportunity to work with her through the *Forum*. Please join me in thanking Jenny for her tremendous dedication and service to the *Forum*!

I encourage interested readers to submit articles, letters, and announcements for the next issue of the *Forum*. Please submit your contributions and suggestions to kforbush@purdue.edu. The deadline for submissions to the next issue of the *Forum* is May 1, 2014.

I hope you will enjoy this issue as much as I have and I look forward to seeing many of you at this year's conference!

Get Social with AED

Follow AED on Facebook, Twitter and LinkedIn, and add your voice to dynamic discussions.

Visit www.aedweb.org and access our social media channels at the links at the bottom of the homepage:



We look forward to tweeting with you soon!

Bridget Whitlow, *Co-Chair*

Lauren Muhleim, *Co-Chair*

Carrie Arnold

Elizabeth Claydon

Nicholas Hudson-Swogger

M. Joy Jacobs

Sigrun Danielsdottier

Tony Paulson

Millie Plotkin

Stacey Rosenfeld

Alli Spotts-De Lazzer

Evelyn Tribole

Ashley Solomon

Greetings from the Executive Director

Greg Schultz, Executive Director

Hopefully many of you are reading this issue of the *AED Forum* at the 2014 International Conference on Eating Disorders (ICED), where we are celebrating our 21st Annual Meeting, which has the theme "Coming of Age as a Global Field." As we look back on how far the field has come in a relatively short amount of time, several founding AED members offer their unique perspectives in a tribute video created in celebration of the AED, which will be available soon on the AED website (where there is already an excellent array of video resources) and on the AED's YouTube channel.

As we head into the 2014 ICED for a rich three-day program, we are excited to report that registration is trending at an all-time high. This meeting will offer unparalleled opportunities for education, networking, and collaboration for every attendee, and at every career level. Thank you to the 2014 Annual Meeting Program Committee for all their hard work, especially Co-Chairs Philipa Hay and Laurel Mayer.

From the AED's beginnings at the very first ICED, which was held 21 years ago in New York City, the meeting and the field have grown, as has the AED organization. What has remained the same is the commitment of individual members to participate in a worldwide community of caring professionals, bridging research and practice, improving care for patients and families, and contributing to education and prevention.

Once not even on the radar, social media and – more recently – online learning, are becoming mainstays for connecting with the AED membership and the public. Through shared articles on Twitter, Facebook, and LinkedIn, and now also via a regular schedule of "Tweetchats" on hot topics, as well as continued online learning through the AED's recent first-ever webinar, the AED is offering an increasing number of ways to connect and learn throughout the year.

Watch for continued development of the AED's online learning options.

The AED is constantly looking to enrich your membership experience by offering peer support, educational programs, networking opportunities, and career resources. Some of the current member benefits include: subscription to the *International Journal of Eating Disorders*, access to the AED listserv, member discounts to attend the ICED, ability to post on the AED Career Center, and ability to participate in over 25 Special Interest Groups and our Mentor/Mentee program. The AED Membership Recruitment and Retention Committee has been hard-at-work to make your membership more meaningful, to help members become aware of all that your membership offers, and to encourage you to reach out to non-member colleagues to encourage them to join the AED. To view the latest *AED Membership Brochure* that includes a handy *DSM-5* reference, go to the following website: http://www.aedweb.org/Join_AED.htm#.Uu1bZfmwJl5.

Recently, the AED supported the National Eating Disorders Association's (NEDA) Eating Disorders Awareness Week, which was held from February 23 to March 1, 2014, as an official partner. The AED participated by posting facts and articles about eating disorders on social media websites, acting as guest bloggers, hosting a special "Tweetchat," distributing an official AED press release, providing information on the AED website, and by sharing information via e-mail with the public and participating organizations. The theme this year was "I Had No Idea," which was designed to help educate the public that eating disorders are serious illnesses, not lifestyle choices, and to provide information regarding available treatments and support.

Even before the 2014 ICED is wrapped up, we will be working on the 2015 ICED, so mark your calendar and plan to join us April 23 to 25, 2015, in Boston. The Clinical Teaching Day will be April 22, 2015.

Update from the AED Board: Membership and Global Capacity Building Portfolio

Eva Trujillo

Greetings! The 2014 International Conference on Eating Disorders (ICED) is underway, and I have the honor of leading the Membership and Global Capacity Building Portfolio, whose members have been hard-at-work for the last few months preparing for the upcoming ICED meeting.

Membership Recruitment and Retention Committee (MRRC)

The AED continues to grow in membership, and the Membership Recruitment and Retention Committee (MRRC) is able to take much of the credit for this growth. The MRRC is led by two active Co-Chairs, Lauren Muhlheim and Robyn Mehlenbeck, who have prepared their third Mentorship Program, which will be gathering for a mentor/mentee breakfast on Friday, March 28. This breakfast will be a great opportunity for student members to be paired with seasoned AED members and receive short-term (and potentially lasting) mentorship. Cristin Runfola, who is one of the "brains" behind the Mentorship Program, will step in as MRRC Co-Chair following the March, 2014 ICED meeting.

During the ICED, the next Expand AED Today (EAT) initiative winners will be announced. For each new AED member who identifies you as referring him or her to the AED, you will receive one raffle entry. The prizes are great and include a free 2015 ICED registration! Lastly, the hard work of the MRRC has resulted in the official launch of the AED's new *Membership Brochures* at this year's ICED (the brochures also include a handy *DSM-5* reference guide). You will love them!

Partnership, Chapter, and Affiliate Committee (PCAC)

The PCAC is led by two highly efficient Co-Chairs, Ursula Bailer and Annemarie van Elburg. The PCAC asked the AED Board of Directors and we voted unanimously to change the name of our committee (formerly the Sisterhood, Chapter, and Affili-

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ate Committee). I am excited to report that the PCAC is rapidly expanding! The PCAC includes 14 partner organizations, three affiliate organizations, and one chapter. In this issue, we welcome our newest partner organization, the Swedish Eating Disorder Society. The PCAC is preparing for their fifth Annual International Breakfast of the PCAC, to be held at this year's ICED on Saturday, March 29 at 7:30 am in the Riverside Ballroom (on the third floor of the Sheraton New York Times Square Hotel). The Annual International Breakfast of the PCAC is offered to the members of our Partner and Affiliate Organizations and Chapter.

Special Interest Group Oversight Committee (SOC)

The Special Interest Group Oversight Committee (SOC) is led by two enthusiastic Co-Chairs, Anthea Fursland and Isabel Krug. The SOC has been hard at work preparing for the Special Interest Group (SIG) Chairs Organizational Meeting, which will be held on Thursday, March 27 from 8 to 9 am. The SOC will also host our SIG Annual Meetings and Discussion Panels. Please consider attending these interesting, didactic meetings, and join a SIG. We all look forward to meeting you at this year's ICED meeting! Please feel free to approach the members of the MRRC, PCAC, and SOC, and to join one of the AED's wonderful and active committees.

Update from the Electronic Media Committee (EMC)

Kyle De Young, EMC Co-Chair, and the EMC

The Electronic Media Committee (EMC) has continued its work on the redesign of the AED website (www.AEDweb.org). The EMC has been aided tremendously by the input of dozens of AED staff and volunteers, whose work on various AED committees gave them unique perspectives and expertise regarding the various strengths of the AED, and how to better serve our membership. Along with a more visually appealing and technologically functional design, the new website will include a number of new features that we believe the membership and the public will find helpful. For these reasons, we believe the AED membership and public will use the AED website as a frequent resource. Please check out our

new-and-improved website, which should be launched in time for this year's International Conference on Eating Disorders in New York!

Update from the Membership Retention and Recruitment Committee (MRRC): Member Spotlight on Gloria Dada

The MRRC



Gloria lives in El Salvador and joined the AED in October 2013. The Membership Retention and Recruitment Committee (MRRC) had an opportunity to talk with Gloria about her work and commitment to the Academy.

1. What kind of work do you do?

Three years ago I moved to El Salvador after 12 years of working in Europe as a clinician and researcher. I wanted to bring what I learned abroad and plant it in this fertile land, hoping it would grow. My colleagues and I founded Arborétum, which has two primary goals: psychological treatment and professional training. My work in the field of eating disorders focuses on providing: (a) individual and group therapy for patients and support for their families; and (b) professional training for treatment and prevention.

I also work with the Estima Association (which is designed to aid in prevention, treatment, and dissemination of knowledge about eating disorders) and the Salvadoran Association of Psychology (SAP). These organizations have launched strategies to raise awareness by training school counselors in the early detection and treatment of eating disorders. Initiatives for the coming year include: (a) training physicians and nu-

tritionists in the detection, screening, and referral process for eating disorders, and (b) carrying out research to identify the prevalence of eating disorders in El Salvador.

2. Are eating disorders a problem in your country?

There are no data regarding the prevalence of eating disorders among the population of El Salvador. Based on clinical observation, the prevalence appears to have increased tremendously in the last decade. However, it is difficult to determine whether this increase is due to higher prevalence or due to greater awareness about the problem.

3. How can AED support your mission?

The AED helps me keep up-to-date on the latest research findings, and learn more about evidence-based treatments for my patients. I am able to share this knowledge with my professional colleagues in El Salvador. The AED is a great platform to connect with the global multidisciplinary community of professionals in the field, learn from others, and share that knowledge.

4. How can we help you to get the most out of AED?

You already do! The academy has exceeded my expectations. Through the AED, I have access to various sources of information and resources. I also have the opportunity to consult with experts. I am looking forward to attending the 2014 International Conference on Eating Disorders (ICED) in New York. The AED keeps me highly motivated to continue my work in the field of eating disorders.

5. What made you decide to join AED?

In my country, opportunities for training are scarce, and there are few professionals with expert knowledge of eating pathology. I thought that joining the AED looked like a great opportunity to network, gain better access to research information, and increase my knowledge of resources that I could then apply to my work in El Salvador.

6. What has been the most beneficial aspect of being an AED member?

I find the Special Interest Groups (SIGs) very useful because they provide opportunities to engage with international experts.

continued

Though the SIGs, I became aware of resources, training opportunities, research, and innovations in our field.

7. Would you recommend AED membership to others?

Working responsibly requires relying on those who can teach, guide, and inspire us. It is also important to find professionals with whom to discuss ways to improve our services. Joining the AED is an excellent way to achieve this.

Update from the Special Interest Group Oversight Committee (SOC)

Alan Duffy, SOC Member, and the SOC

The Special Interest Group Oversight Committee (SOC) is responsible for coordinating the 27 Special Interest Groups (SIGs), the very beating heart of the Academy, while ensuring that the SIGs engage in activities that are compatible with the AED's mission, values, and goals. The SOC also serves as a "sounding board" for new ideas from the SIGs, while utilizing our Board Liaison to discuss the appropriateness of any new activities. The SOC has two co-chairs and four additional members, each of whom are responsible for one of the following areas: (a) collecting panel proposals for the annual International Conference on Eating Disorders (ICED); (b) the SIG section of website; (c) compiling information about the SIG's activities for publication in the *AED Forum*; and (d) collecting annual reports from the SIGs. The SOC reports to the AED Board of Directors twice a year.

The SOC reviews proposals for new SIGs and submits accepted proposals to the AED Board of Directors for approval. The SOC's main activities relate to the annual ICED — coordinating the needs of the SIGs with the ICED Program Chairs and establishing and promoting SIG meetings and SIG panels. The SOC is always open to new ideas pertaining to how we can best support the SIGs.

Proposal for SIG TweetChats

The Social Media Committee (SMC) is currently developing a partnership with the SIGs to offer exciting SIG-sponsored "TweetChats."

"TweetChats" are pre-arranged virtual conversations that happen through Twitter. The SMC successfully hosted several chats last year, which have enabled dissemination of valuable information and increased engagement with the AED members and the general public. Several general chats for 2014 are already scheduled; we hope to add additional SIG-sponsored "TweetChats" to the schedule in the near future.

The SMC is accepting proposals from the SIGs for chat topics. The SIGs are responsible for developing a topic and choosing the guest "speakers"/tweeters. If accepted, the SMC will work together with your SIG co-chairs to develop, schedule, and market the "TweetChats."

Questions and submissions should be directed to Ashley Solomon at ashleysolomon@gmail.com.

Update from the Social Media Committee (SMC): Join an #AEDchat!

Tony Paulson, Lauren Muhlheim, and the SMC

"TweetChats" are pre-arranged virtual conversations, held via Twitter. The AED Social Media Committee hosted a number of chats in the past year, which allowed for the dissemination of valuable information about eating disorders, and increased engagement with AED members and the general public. Past #AEDchat topics included: males with eating disorders, eating disorders in midlife, genetic research for eating disorders, the role of "food rules" in eating disorders, muscle dysmorphia, and the use of eating disorder recovery mobile phone applications (or "apps").

The AED has an exciting schedule of chats planned for 2014, with many prominent guests and timely topics. On April 17, 2014, Lisa Kantor, of the Kantor and Kantor Law firm, will discuss insurance advocacy. In June 2014, Cristin Runfola, from the

University of North Carolina's Center of Excellence for Eating Disorders, will discuss couples treatment for eating disorders. In September 2014, Sara Buckelew and Andrea Garber will join us to discuss re-feeding rates in treatment.

Joining TweetChats is easy and convenient:

1. Go to www.tweetchat.com.
2. If you have a Twitter account, sign in by clicking "Authorize app."
3. Enter #AEDchat next to the "TweetChat" space at the top of the page (all of our chats share this hashtag).
4. Read the related posts.

Watch the AED TweetChat page (which can be found under "Resources for Professionals" on the AED Home Page [www.aedweb.org]) and follow the AED on Facebook and Twitter to receive notifications of upcoming chats. You can also read our past chat summaries, which are listed on the TweetChat page. Please submit ideas for topics or guests for future chats to ashleysolomon@gmail.com. The AED SMC members are available to help the AED membership get started on social media.

Update from the Partnership, Chapter, and Affiliate Committee (PCAC)

(Formerly Sisterhood, Chapter and Affiliate Committee)

Ursula Bailer and Annemarie van Elburg, PCAC Co-Chairs, and the PCAC

In this issue of the *AED Forum*, we highlight and welcome our most recent Partner Organization, the Swedish Eating Disorder Society (SEDS), and report on activities of the Hispano Latino American (HLA) Chapter.

The **Swedish Eating Disorder Society (SEDS)**, formed in 1993, has approximately 250 members, and works to improve care for individuals with eating disorders by supporting research, collaborating with international organizations, and hosting two meetings per year. The SEDS has an ongoing collaboration with the Nordic Eating Dis-

orders Society (NEDS), which is comprised of eating disorder professionals from Nordic countries, including: Sweden, Denmark, Finland, Norway, and Iceland. This year's (English spoken) conference, which is jointly organized by SEDS and NEDS, will take place in Stockholm, Sweden, from September 17 to 19, 2014 (<http://nedconference.com>). The program is entitled, "Life Changes and Eating Disorders," and will emphasize a developmental perspective on illness and treatment.

The **Hispano Latino American Chapter** gathered to have their ninth Congress on Eating Disorders and their first International Conference on Eating Disorders in Lima, Perú, from November 28 to 30, 2013, hosted by Nelly Canción Suárez. Eating disorder specialists from Argentina, Brasil, Colombia, Chile, Ecuador, México, Perú, Spain and the United States of America presented an interesting overview of eating disorders in Latin America. It was a wonderful conference that offered a sensory overload of compelling "must-see and must-do" opportunities, including: outstanding plenaries, poster sessions, networking, and delicious and amazing Peruvian dinners! At the annual meeting of the HLA Chapter, the locations for upcoming conferences were chosen (Quito, Ecuador from November 12-15 in 2014, Mendoza in 2015, Colombia in 2016, and México in 2017).

The **Austrian Society on Eating Disorders** (ASED) is pleased to announce the 22nd International Conference "Eating Disorders Alpbach 2014," which will be held

from October 16 to 18, 2014, in Alpbach, Tyrol, Austria (<http://www.netzwerk-esss-toerungen.at/kongress14/index.html>).

AED Member Viewpoint: Taking Issue with the Term 'Non-Compliant' in Eating Disorders Care

June Alexander

"'J' has been sent home from the hospital as 'non-compliant'. We have nowhere to turn; every hospital and clinic in our state has given up on 'J'. She has had anorexia nervosa for the past 15 years; we are frightened we will lose her. 'J' has lost everything, financially ruined, her car was repossessed, she is medically unfit to work and a danger to herself; she has no relationships; people ignorant of her illness judge her emaciation. At times 'J' asks us to let her just die because she feels she cannot fight anymore. We, too, are exhausted emotionally and financially, and her siblings are suffering."

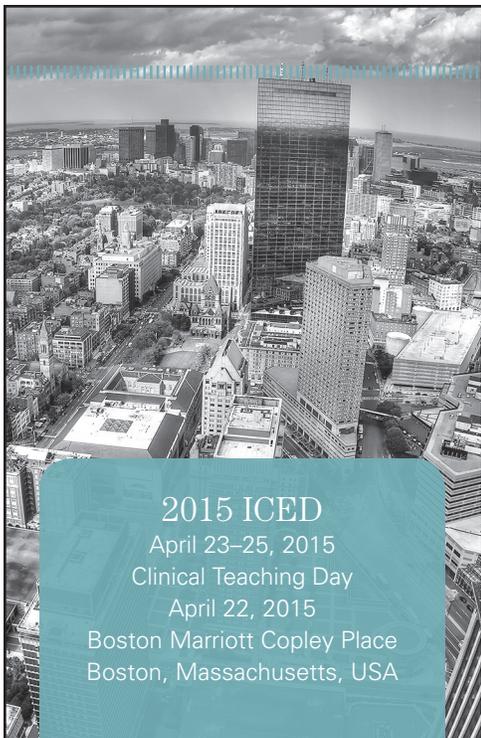
– Mother, Western Australia*

Dictionary definition of "non-compliant:" failing to act in accordance with a wish or command. So, a chronically ill woman is discharged from a hospital, sent home because she refuses to obey "get well" orders is "non-compliant?" Hello? This is 2014. I am enraged. Let us delete the word "should" and rephrase – true stories like this must not be allowed to happen today. Below I provide my perspective on how we can reframe our focus on "non-compliance" on the part of the client to one of action on the part of the eating disorders research and treatment community.

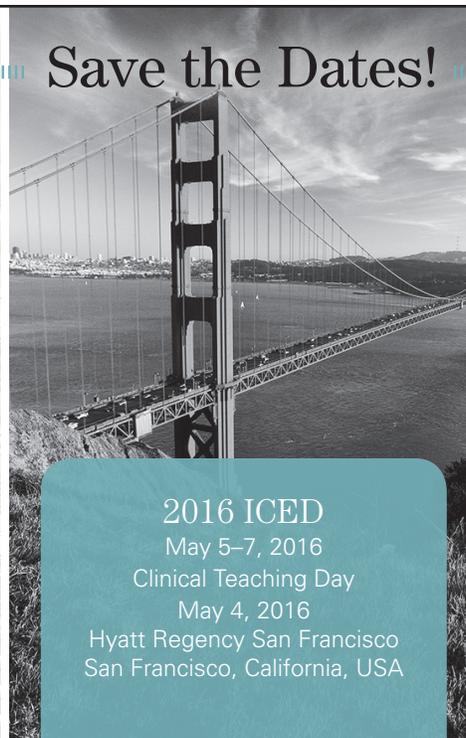
Eating Disorders are Family Illnesses

Although multi-family therapy for adolescents with anorexia nervosa has shown promising results, this therapy is not yet available in Australia. Although this therapy is not a panacea for anorexia nervosa, the majority of the families I have interviewed in the United Kingdom, United States, and Canada have applauded this treatment because it has helped them learn about the illness, progress toward recovery, collaborate with the treatment team, and strengthen their family unit (1). Knowledge is power in fighting an eating disorder. I believe that our field needs to continue to advocate for sufferers and their families, partners, and children to have the opportunity for early intervention and step-up and step-down programs in family-based care.

continued

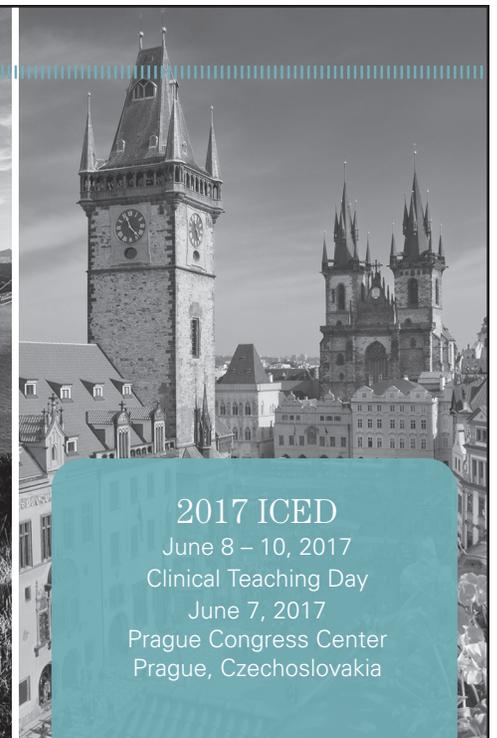


2015 ICED
 April 23–25, 2015
 Clinical Teaching Day
 April 22, 2015
 Boston Marriott Copley Place
 Boston, Massachusetts, USA



Save the Dates!

2016 ICED
 May 5–7, 2016
 Clinical Teaching Day
 May 4, 2016
 Hyatt Regency San Francisco
 San Francisco, California, USA



2017 ICED
 June 8 – 10, 2017
 Clinical Teaching Day
 June 7, 2017
 Prague Congress Center
 Prague, Czechoslovakia

Support the Carers

We need a safe place where families can come for an intensive four or five day treatment, and experience therapy in “real time,” under expert supervision and support, with other families. The evidence-based research on family collaboration in the treatment of eating disorders urgently needs to be implemented in practice. We need to help the patient and educate the family and carers – and this applies to the family and carers of both child and adult sufferers.

“Battery Caged Chicken” being “Force-Fed”

Too many hospitals and treatment centers continue a “revolving-door” practice in which they treat the clinical symptoms, (“I feel like a battery caged chicken being forced fed,” one patient said), but not the illness, which I believe is based in the brain, and send the patient home without coping skills. This often results in rapid weight loss and poor long-term outcomes.

Flexible Discharge a ‘Must’

To guard against relapse, we need a healthcare structure that is more flexible with regard to discharge. We also need housing support so that families can learn and support their loved one during that first week out of the hospital or clinic. Step-up and step-down programs are needed to enable the patient to continue their progress and maintain support networks. In Australia, some private units use fixed short admission times (even though they may plan readmission after a short discharge). I believe that clinicians and health services must look at how they can do things more effectively. For instance: (a) advise the family to relocate temporarily so that they can access a day hospital program; (b) find other ways to overcome potential insurance company road blocks (e.g., arrange nearby accommodation for the family or partner, plus step-down care services, to support the patient between admissions); and (c) integrate temporary discharges into city-based day hospital programs to benefit patients, especially those from rural areas.

Family Support is Crucial

I feel that many clinicians of adult eating disorder patients are caught up in managing the individual, but ignoring their family (or worse, seeing the family as a hindrance to recovery). Those same clinicians would not expect someone with psychosis or marked anosognosia from a stroke to recover without support. Families often tell me they have never heard of family-based treatment, the New Maudsley Approach, or Uniting Couples in the Treatment of Anorexia Nervosa (UCAN). This makes me wonder whether some of our eating disorders specialists have not heard of these evidence-based treatments either, for surely they would be recommending them to their patients and the patients’ carers. These carer support models can make all the difference between coping and not coping, between recovery and relapse. Healthcare providers and clinicians need to implement step-down care, involve and train parents and partners as resources to help recovery and improve outcomes, and provide more home-based support. Fast. Such care and support will save lives and money.

This article is dedicated to “J” and her loving family. I pray that “J” will get to experience the peace and happiness for which she yearns. It is not “J” who is “non-compliant.” It is her illness.

* Quotation modified to protect the patient’s confidentiality. Written permission from the patient’s mother was obtained to print this quote.

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The AED’s Next President: Glenn Waller

Jennifer Thomas

Dr. Glenn Waller, Professor of Psychology at the University of Sheffield in the United Kingdom, will succeed Dr. Pamela Keel as the Academy for Eating Disorder’s (AED’s) next President in March 2014. Dr. Waller, who is known for his quick wit, hilarious t-shirts (his favorite? “You can prove anything with facts”—spoken with a sneer), and thought-provoking commentaries on empirically supported treatments, will take the AED reins at the end of our New York meeting.



According to long-time colleague and AED Fellow Patricia Fallon, “Having shared decades of intellectual discussions, coffees, debates, and podiums with this brilliant friend and colleague, I am thrilled he will be leading the AED.” Ever the contrarian, Waller himself quipped: “I was the only person who voted against my candidature; do not say you were not warned.” No wonder AED Administrative Director Annie Cox counted Dr. Waller’s “wonderful sense of humor” among his finest qualities.

In preparation for his new leadership role, Dr. Waller spoke candidly with the AED Forum about his career, values, and presidential vision.

The Accidental Eating Disorder Therapist

Dr. Waller recalled that he fell into the eating disorder field quite by accident. Inspired by his initial training as a psychiatric nurse, he decided to pursue a doctoral degree in clinical psychology, which required additional real-world experience. "I was originally going to do a placement in family therapy, but three days beforehand, my final placement fell through," he recalled. "What happened to be available was an eating disorder placement in Liverpool, so I thought, 'I will give this a try for a while.'" Lucky for the field, he did.

The 'Least Worst' Therapy

Although many of us know Dr. Waller as a champion of cognitive-behavioral therapy (CBT), he recalls receiving just six hours of CBT training in graduate school—"two of which were cancelled," he was quick to point out. "I was in the generation in which CBT was something you made up out of principles, rather than reading out of books," he said. This, in part, ultimately inspired him to co-author his own CBT handbook, entitled, *Cognitive Behavioral Therapy for Eating Disorders: A Comprehensive Treatment Guide* (Cambridge University Press, 2007).

Just as former British Prime Minister Winston Churchill famously described democracy as the worst form of government, except for the other forms that have been tried – Waller called CBT the "least worst" form of therapy for adults with eating disorders. "I do not like pretending that we can get everybody well," he said. "But instead of just inventing new therapies, why not do the ones we have better?"

Hate Mail is the Sincerest Form of Flattery

According to Fallon, who convinced Dr. Waller to join the AED in the first place, "Glenn has contributed a wealth of articles on clinical interventions with eating disorders and the therapeutic relationship between the clinician and patient. His academic work, as well as his Academy impact, focused on bridging the research-practice gap long before it was an objective of the AED."

Of his 240 peer-reviewed papers, 20 book chapters, and two books, Dr. Waller shared that his 2009 *Behaviour Research and Therapy* paper on therapist drift generated the most "hate mail." A subsequent *Journal of Consulting and Clinical Psychology* pa-

per (2012) described a study of therapeutic techniques among 80 qualified clinicians, reporting that eating disorder therapists who were older, more anxious, or more experienced were significantly less likely to implement specific CBT interventions, such as weekly weighing, food diaries, cognitive restructuring, and exposure. According to one clinician, who gave him feedback on the 2009 article, "Reading one of your papers is a bit like reading something and then slowly realizing that you are being insulted."

Yet, Dr. Waller, who views himself as residing in a proverbial glass house, is careful not to throw stones: "I have done worse CBT in my life than anyone who will read my articles. It is very easy to screw it up." Readers interested in learning more about how to prevent manual drift in their own therapeutic endeavors should consider attending Dr. Waller's 2014 ICED workshop entitled, "How and why to weigh adult eating disordered patients within cognitive behavior therapy (and why most CBT therapists avoid doing something so very essential)."

Vision for AED

Despite Dr. Waller's personal passion for evidence-based treatment, he assured the AED *Forum* that his presidential goal "is not to make the AED in my own image or turn it into a personal soapbox." Instead, in 2014-2015, Waller hopes to increase the diversity and global reach of our membership: "I'd like to go out of my time on the AED board knowing fewer members of the AED than I did when I went in."

According to AED Fellow Carolyn Black Becker, who co-chaired the 2012 ICED meeting in Austin, Texas with Dr. Waller, her fondest memory of working with him was "Deciding on our committee for the ICED 2012. Turns out we were both raised on James Bond. So while we first agreed that we were selecting our committee members based on past evidence of a willingness to get things done and done well, we also made a pact to push the James Bond bad guy button and send people into the pool of sharks if they did not pull their weight. Fortunately, we picked so well (thanks committee members!) that we did not need that mythical button."

Of the 2015 meeting, Fallon shared that "I, for one, am looking forward to his 'presidential t-shirt' as Glenn is famous for his wardrobe." Dr. Waller shared that he has already picked out the prophetic tee for his presidential address, but is not ready to dis-

close the slogan. Obviously the big reveal is just one more reason to attend the Boston meeting next year!

Book Review Corner

Jennifer Thomas

A Clinician's Guide to Binge Eating Disorder

Edited by June Alexander, Andrea B. Goldschmidt, and Daniel Le Grange (Routledge, 2013, 256 pages)

Published in 2013—the same year that binge eating disorder (BED) was dubbed an official *DSM-5* eating disorder diagnosis—*A Clinician's Guide to Binge Eating Disorder* is an extremely timely book. This edited volume answers the question, "Nearly 20 years out from the initial recognition in 1994 of BED as a syndrome of interest that merited inclusion in *DSM-IV*, what do we now understand, and what challenges await us?" (p. xxvii).

The book's comprehensive coverage is divided into two sections. Part I, "The Search for Causes," synthesizes the state-of-the-art in classification, clinical characteristics, genetics, special populations, and comorbidity. Part II, "The Search for Solutions," highlights innovations in assessment, psychotherapy, pharmacology, prevention, and advocacy.

Particular strengths of the book include the historical context, multi-disciplinary perspective, focus on novel treatment strategies, and future research directions.

Historical Context

Many of us in the field cannot remember a time when BED was not at least listed in the appendix of *DSM-IV*. However, *A Clinician's Guide* reminds us that, not so long ago, most people had never even heard of BED. The book includes transcripts of hypothetical clinical intake calls—one in 1990, when an individual with chronic binge eating would have been turned away from an eating disorder clinic, and one in 2013 when the same individual would be offered a panoply of evidence-based treatment options. What a difference 20 years makes!

continued

Multi-Disciplinary Perspective

As is typical of Alexander's books, this rich volume brings together a multi-disciplinary group of authors—ranging from scientists, to clinicians, to advocates, to patients. In particular, Judith Banker's "Closing the Research-Practice Gap" chapter should be required reading for AED members. She deftly highlights how, when it comes to the dissemination of empirically-supported treatments for BED, the traditional "top-down, one-directional path to knowledge transfer, from laboratory to clinical practice, is not working" (p. 102). According to the United States of America's Institute of Medicine, the path from treatment discovery to incorporation into routine care takes up to 17 years. To replace the "vicious cycle" of conflict and misunderstanding between clinicians and researchers, Banker proposes a "virtuous cycle," in which "clinical observation and experience, including the knowledge and experience of patients and carers, is as important as data from research laboratories. Knowledge can be introduced into the cycle at various entry-points, but then becomes part of an iterative process of constant evaluation and improvement" (p. 105). All I can say is, 'bravo'!

Novel Treatment Strategies

A Clinician's Guide describes dialectical behavior therapy (DBT) as a potential intervention for individuals who do not respond to traditional BED therapies, such as cognitive-behavioral therapy, interpersonal psychotherapy, and behavioral weight-loss treatment. The chapter entitled, "Dialectical Behavioral Therapy for Binge Eating Disorder" (by Kay Segal and colleagues) provides a detailed description of both group and individual DBT approaches. Perhaps more importantly, it provides interesting

clinical insights for therapists who are not part of a formal DBT team, but would like to implement fresh, empirically-supported principles. For example, what patient would not benefit from the following pearl of wisdom? "Dialectical abstinence is a synthesis of 100 percent commitment to abstinence and a 100 percent commitment to relapse prevention strategies. Before a patient engages in binge eating, there is an unrelenting insistence on total abstinence. After a patient has engaged in binge eating, however, the emphasis is on radical acceptance, nonjudgmental problem-solving and effective relapse prevention, followed by a speedy return to an unrelenting insistence on abstinence" (p. 132).

Future Research Directions

In their fascinating "Afterward," Michael Devlin and colleagues expertly summarize the book's main points and highlight directions for future research. Among the most intriguing research questions are the following:

- Is loss-of-control eating a specific risk factor for binge eating disorder, or a more general vulnerability for disorders of impulsivity (e.g., gambling and substance abuse)?
- Why are recipients of Roux-en-Y gastric bypass particularly vulnerable to developing alcohol use disorders post-surgery?
- How can we integrate the prevention of obesity and binge eating disorder into a single program that does not stigmatize either problem?

In summary, reflecting its authorship and content, *A Clinician's Guide to Binge Eating Disorder* is an interesting read for anyone interested in BED—from clinicians, to researchers, to those who struggle.

Update from Families Empowered and Supporting Treatment of Eating Disorders (F.E.A.S.T.)

Leah Dean, Executive Director, F.E.A.S.T.

F.E.A.S.T. held its third Annual Conference in Dallas, Texas (USA) at the end of January 2014. The event featured two days of talks and breakout sessions by eating disorder professionals and eating disorder advocates. Caregiver and clinician attendees were able to share valuable experiences and information with each other. The theme of the conference was: "Connecting the Dots: Expanding the Knowledge Base and Extending the Circle of Care." For those who did not attend, you can access the conference videos on F.E.A.S.T.'s website – www.feast-ed.org.

One of the sessions at the F.E.A.S.T. conference was a live-streamed Webinar entitled, "Ask a Parent: What Clinicians Can Learn from Caregivers." The session was a joint effort between the AED and F.E.A.S.T., and was organized and moderated by the AED's Family-Based Special Interest Group (SIG) leaders, Therese Waterhous and Lauren Muhlheim. Over 130 people from 14 countries registered and submitted questions in advance, which were answered by a panel of parent caregivers who used FBT as a treatment method with their own children.

F.E.A.S.T. is also proud to announce the publication of two new **Family Guide Booklets**. *Port in a Storm: How to Choose an Eating Disorder Treatment Provider in the U.S.*, was released in January at the 2014 F.E.A.S.T. Conference. A guide entitled, *Down the Rabbit Hole: Coming to Terms with an Eating Disorder Diagnosis*, is being released at this year's International Conference on Eating Disorders (ICED). Both booklets were a collaborative effort between F.E.A.S.T. and an editing team of eating disorder professionals, led by Walter Kaye of the University of California San Diego. The booklet is available to print from the F.E.A.S.T. website, and **printed booklets are available at the 2014 F.E.A.S.T. ICED exhibit table.**

Update from the National Eating Disorders Association (NEDA)

Maggi Flaherty, NEDA Communications Manager

National Eating Disorders Awareness Week

National Eating Disorders Awareness Week was February 23 to March 1, 2014; the theme of the NEDA's Awareness Week was "I Had No Idea." The theme's goal was to promote awareness about the dangers of eating disorders, address common misconceptions, and provide individuals with resources for professional help.

We encourage professionals to get involved in future Awareness Weeks by becoming volunteer speakers for events in their area. Many event organizers are in need of a professional speaker and someone to share a story of hope. Volunteer speakers are invaluable to outreach and educational efforts and NEDA provides speaker outreach tools, training, and presentation guidelines. Professionals can also host events, join social media campaigns, or provide resources to the public. Additionally, organizations can become official NEDA Awareness Week partners and make a difference in their communities.

Our combined efforts will help bring attention to the seriousness of eating disorders, the need for early detection and intervention, and provide help to those affected. To learn more or participate in future Awareness Week activities, please visit www.nedawareness.org.

Solutions through Advocacy and Reform (STAR) Program Update: Exciting Legislation Introduced in Pennsylvania

State Representative Steve Santarsiero introduced legislation that will require schools to provide the parents of children in grades 5-12 with information about eating disorders. The legislation (H.B.1959) will also create guidelines for local school boards that want to develop an eating disorder screening program. The NEDA's STAR Program advocates, led by Emily Rosenberg, have been working hard to make this happen. Pennsylvania Residents: Urge your representative to support the bill at www.nationaleatingdisorders.org/get-involved/star-program.

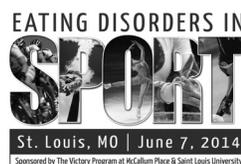
Upcoming Conferences, Meetings, and Seminars

The Victory Program at McCallum Place and Saint Louis University Conference: Eating Disorders in Sport

June 7, 2014

Saint Louis University, St. Louis, Missouri, USA

This conference will include workshops, 15-minute paper presentations, and posters regarding eating disorders in athletics. For more information, contact rsheer@thevictoryprogram.com or visit http://thevictoryprogram.com/eating_disorders_in_sport.html.



The National Association for Anorexia Nervosa and Associated Disorders (ANAD) 2014 Event Conference: Wellness, Not Weight

September 19, 2014, from 8 am to 5 pm.

Marriott Naperville, Naperville, Illinois, USA

This conference is designed for healthcare providers or people affected by eating disorders. Be on the "look-out" for registration and session information, which will be posted on our website (www.anad.org) by August 1. Contact our Community Organizational Manager at Donna.Rostamian@anad.org with any questions.

View more upcoming events at www.aedweb.org/souce/events.

In Memoriam: The Life and Legacy of Charlotte Bevan

Susan Ringwood, Chief Executive, Beat

The world of eating disorders advocacy lost a powerful voice when Charlotte Bevan died from cancer on January, 13, 2014.



Charlotte was a tireless champion of families, active worldwide, ever vigilant for an opportunity to help someone, challenge a stigma, and willing to fight on behalf of patients and their families for access to treatments.

Her determination was relentless and her forthright "British-ness" cut through protocol, pretension, and pomposity. Wife of a farmer (although do not ever think of calling her a farmer's wife...), she had the kind of no-nonsense approach that got results. You did not mess with Charlotte.

Motivated by hard won insights from her own family's experience with an eating disorder in their midst, she inspired countless others to get organized and become part of the solution. Despite knowing that her time was limited, before she passed away, she helped found "Charlotte's Helix" (www.charlotteshelix.net) – an appeal for funds for the "AN25K challenge" led by Cynthia Bulik. "Charlotte's Helix" has the ambitious goal of collecting 25,000 DNA samples in order to "crack the code" to understand what makes some people predisposed to an eating disorder.

Charlotte was a beacon of solid common sense, warmth, and generosity. She was an astonishing force for good in a world where too many people still suffer and die from an eating disorder. Beat (a charity based in the United Kingdom that is focused on "beating eating disorders") is honored to be sponsoring "Charlotte's Helix" by helping to gather the funds needed for this important research. It is a fitting memorial for a very special woman. We mourn her passing and are thankful, too, that her very great suffering is over.

Donations to honor Charlotte Bevan's memory can be made to "Charlotte's Helix" <https://www.charlotteshelix.net/donate-to-the-helix.html>.



Academy For Eating Disorders
 111 Deer Lake Road, Suite 100
 Deerfield, IL 60015

The AED Forum

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Kelsie Forbush, PhD
Editor
Assistant Professor
 Purdue University
 Department of Psychological Sciences
 703 Third Street
 West Lafayette, IN 47907
 Phone: +1-765-494-6982
 Fax: +1-765-496-2670
 Email: kforbush@purdue.edu

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