Message from the President

Glenn Waller

The final curtain...

OK – by the time that you read this, I should be packing my bags, moving out of the Presidential Suite, and picking the wallpaper for the Presidential Library. Or, at least, planning a holiday. I am a bit disappointed that it looks like I will make it through the whole 13 months as AED President without being impeached, but there might still be time, if someone would like to start a campaign?

Time for a quick review of the AED year, and I will let you each decide on marks out of ten… The AED Board planned to focus on some specific targets over the past year — starting a series of webinars for members, developing our international presence and representation, and beginning to evaluate the impact and reach of the Medical Care Standards guidelines. Happily, these are all on track. Over and above those specific goals, the AED Board members and their committees have been working with the media, processing nominations for awards, organizing teaching days, planning the annual International Conference on Eating Disorders (ICED), ensuring our financial strength, maintaining scientific standards, liaising with patient-carer representatives and our Advisory Board, developing our website and online functions, enhancing our presence, and so much more. Thank you — to all of you, too.

Just in case we were in danger of getting bored, we are starting a series of webinars for members, developing our international presence and representation, and beginning to evaluate the impact and reach of the Medical Care Standards guidelines. Happily, these are all on track. Over and above those specific goals, the AED Board members and their committees have been working with the media, processing nominations for awards, organizing teaching days, planning the annual International Conference on Eating Disorders (ICED), ensuring our financial strength, maintaining scientific standards, liaising with patient-carer representatives and our Advisory Board, developing our website and online functions, enhancing our presence, and so much more. Thank you — to all of you, too.

Any regrets? I have had a few… admittedly, my job would probably have made more sense if I had understood webinars, social media, twittering, and the like. However, it has been fascinating to think that I will almost certainly be the last AED President who has no idea how his own mobile phone works. If you are wondering what happened to my picture up above, it is the one that Debbie Katzman had to use a couple of years ago at a previous ICED to show the members of the AED Board, because I had no photo online. Happy days of digital non-existence…

Before I go, a slight return to an earlier point in life… when I was interviewed for the AED Forum before I took on the role of the AED President, I was asked whether I was going to be making evidence-based practice a key issue for my time in post. I seem to have developed a reputation for that topic, and there was clearly some concern that I would spend the year preaching from my high horse (now there is an image to keep in mind while you attend the business meeting in Boston). At that time, I was very clear that I would not be preaching a personal viewpoint — that I saw the presidency as being about overseeing the broader functions and processes of the AED. I still see it that way.

However, now that I am not going to be president any more, I can get back to being clear about what I see as important for our patients. So, to finish up, please do remember that we have the ability to do great treatments and research. Let’s be the best we can, and that includes paying attention to the evidence. Personally, I am going to be spending more time researching, teaching, and delivering evidence-based therapies. If I can do it, then anyone can. Over the next couple of years, I will be part of the team (including Dasha — another former AED President) who will revise the United Kingdom’s NICE Guidelines for the treatment of eating disorders. Well, I figured that I might have some time to spare when I stop doing this job…

In case you should feel panic at the prospect of my not being the AED President anymore, don’t. I leave you in excellent hands, with an incoming AED President who will be far better than me, an AED Board full of willing and hard-working souls, and committees that do more good work than I can say. I will hope to see you all at this year’s ICED, then again in San Francisco in 2016, and in the fabulous city of Prague in 2017. Just don’t ask me to remember my year as the AED President. I plan to be enjoying myself far too much for that. And no photos, please.
Message from the Editor

It is my pleasure to welcome you to the 2015 International Conference on Eating Disorders (ICED)! This issue is the annual print edition of the Forum and, as usual, it is full of excellent articles and updates from the AED’s members, committees, and partner organizations. The Research-Practice Committee provided a thought-provoking article regarding how to close the research-practice “gap,” which is sure to spark discussion among conference attendees. The Social Media Committee wrote a great piece that described the results of their survey of the AED members’ social media use. Indeed, it seems that everyone is “tweeting” these days, including the characters on Sesame Street (see @seasamestreet) – so it is high time to join in the fun! Additional highlights of this issue include members’ perspectives on the potential role of the gut microbiota in eating disorders; a profile of our President-Elect, Carolyn Becker; and a review of the book Cognitive Remediation Therapy (CRT) for Eating and Weight Disorders, written by AED Forum Book Reviewer, Shemie Delinsky.

I would like to thank all of the individuals who submitted articles for this issue of the Forum, as well as express my sincere appreciation to the new staff at Drohan Management Group for their assistance in preparing this special edition of the Forum. I also extend a heartfelt thank you and warm welcome to Jessica Baker, who is the incoming AED Forum Editor. Jessica took the primary leadership for editing this issue of the Forum, and I have no doubt she will do an excellent job in her capacity as Editor. If you see Jessica during the ICED, please congratulate her on assembling a terrific issue!

I have been a pleasure to edit the AED Forum for the past three years. I have been amazed by the never-ending productivity, energy, and passion of the AED members. I will continue to look forward to receiving each new edition of the Forum in my e-mail inbox or with my conference welcome materials at future ICEDs.

I encourage interested readers to submit articles, letters, and announcements for the next issue of the Forum. Please submit your contributions and suggestions to Jessica Baker at jessica_baker@med.unc.edu. The next issue will feature post-conference highlights, so feel free to send your articles and photos of this year’s ICED events. The deadline for submissions to the next issue of the Forum is June 1, 2015.

Greetings from the Executive Director

On January 1, 2015, a new management company, Drohan Management Group (DMG), partnered with the AED. Thus, I write this column in my capacity as the new Executive Director of the AED. The new staff at DMG are a highly professional, dedicated, and experienced team of administrators who intend to build on the great work done by Sherwood Group to bring the AED to new heights of success.

Meet the new AED Management Group!

- Suzanne Burnett — Susan has a long history in organizational management, and spent five years as the Director of Operations for the Association for Conflict Resolution. Susan was the Vice President of an international meetings management company for 10 years.
- Monique Crowder — Monique will be handling publications and social media for the AED. She has a strong communications background and a degree in psychology.
- Lorna Valle — Lorna worked for 24 years for the Education Fund, where she raised funds to support schools. Lorna has also served as an assistant to the Sergeant of Arms of the US Senate. She will manage membership development and will support AED meetings and events.
- Kim Preiss — Kim is the AED Conference Director, and is a Certified Meeting Professional (CMP) with 18 years of experience in organizing meetings and conventions.
- Mary McCue — Mary is our “on-the-ground” Director of Support and Expansion, and is based in London.
- Ron Chatelain — Ron is the Chief Financial Officer of the AED, with more than 20 years of accounting experience.
- Overseeing the entire organization is the Founder and President of DMG, Bill Drohan. Bill has been working in association management for more than 30 years.

continued...
Greetings from the Executive Director. Donna Friedman

I am grateful to arrive each morning at a place that assigns me the task of making our mission statement come to life: to promote the art and science of medicine and the betterment of public health. Nothing could be more satisfying.” I have that same strong feeling about the AED. As the new Executive Director of the AED, I hope to complement the work of the remarkable AED members by bringing strategy, focus, and unity to the eating disorder community around the world. I hope to bring leaders of the field together to articulate and prioritize the work to be done, and to identify and “give voice” to the messages that we need to send to those that impact, or are impacted by, eating disorders. Though I have only just begun, I already feel a deep sense of gratitude each day as I come to work on the AED vision – “to ensure Global access to knowledge, research, and best treatment practice for eating disorders.”

I will be doing my best to apply my skills and experience to help the AED put in place a volunteer and staff program of work to accomplish our strategic goals. To the task, I bring 40 years of senior executive leadership. I have had the honor of working as the Vice President of the American Society of Association Executives; I have served as President and the Chief Executive Officer of the Electronic Retailing Association, an association with members on five continents; and I was the Chief Executive Officer of Partnership for Prevention, an association working to put prevention at the center of the national health agenda. I have also served as a consultant to dozens of health-care associations on strategic management and governance. I believe that associations are a powerful force to bring about sweeping and important societal change.

Our Key Priorities for Change

1. Refresh and expand the Strategic Plan put in place in 2012, in collaboration with our wonderful leadership team headed up by Glenn Waller, Carolyn Becker, and the AED Board.

2. Build communication between the communities in the field of eating disorders. This includes, but is not limited to, the: Binge Eating Disorder Association, National Eating Disorders Association, FE.A.S.T, National Association of Anorexia Nervosa and Related Disorders, International Association of Eating Disorder Professionals, the Eating Disorders Research Society, Residential Eating Disorders Consortium, Eating Disorders Coalition, and the Multi-Service Eating Disorders Association.

3. Build a truly global community. Create a comprehensive “map” of organized responses to eating disorders around the world, and identify cultural, economic, and regulatory factors that impact the effective delivery of treatments around the globe.

4. Continue to develop alliances with eating disorder organizations around the world. This will include groups like our newest partner, the French Eating Disorder Society, and others with whom we are currently working.

5. Create a prioritized global communication strategy. We will identify key partners with whom to communicate, evaluate our messages, and strategize together to effectively transmit those messages.

6. Continue to develop standards of practice and define what the AED’s role should be in “standard setting” world-wide, based on empirical, scientific information.

7. Communicate with medical professionals and others on the “front-line” of patient contact, to ensure early diagnosis and appropriate referral for eating disorders.

8. Ensure appropriate diagnosis, referral, and affordable care. We will work to develop relationships with public and private regulators around the world, as well as with the public and private medical payment systems.

9. Build membership, attendance, participation, volunteerism, and visibility for the Academy.

A part of me loves symmetry. I would love this list to go to 10. However, I know my understanding of the opportunities and challenges will grow, as will our list of priorities and activities. I welcome and sincerely invite your input. I want to hear from you and can be reached via email at elissa@elissamyers.com. I want to support your important work in addressing eating disorders!

James Madara, CEO of the American Medical Association said recently, “I am grateful to arrive each morning at a place that assigns me the task of making our mission statement come to life: to promote the art and science of medicine and the betterment of public health. Nothing could be more satisfying.” I have that same strong feeling about the AED. As the new Executive Director of the AED, I hope to complement the work of the remarkable AED members by bringing strategy, focus, and unity to the eating disorder community around the world. I hope to bring leaders of the field together to articulate and prioritize the work to be done, and to identify and “give voice” to the messages that we need to send to those that impact, or are impacted by, eating disorders. Though I have only just begun, I already feel a deep sense of gratitude each day as I come to work on the AED vision – “to ensure Global access to knowledge, research, and best treatment practice for eating disorders.”

I will be doing my best to apply my skills and experience to help the AED put in place a volunteer and staff program of work to accomplish our strategic goals. To the task, I bring 40 years of senior executive leadership. I have had the honor of working as the Vice President of the American Society of Association Executives; I have served as President and the Chief Executive Officer of the Electronic Retailing Association, an association with members on five continents; and I was the Chief Executive Officer of Partnership for Prevention, an association working to put prevention at the center of the national health agenda. I have also served as a consultant to dozens of health-care associations on strategic management and governance. I believe that associations are a powerful force to bring about sweeping and important societal change.

Our Key Priorities for Change

1. Refresh and expand the Strategic Plan put in place in 2012, in collaboration with our wonderful leadership team headed up by Glenn Waller, Carolyn Becker, and the AED Board.

2. Build communication between the communities in the field of eating disorders. This includes, but is not limited to, the: Binge Eating Disorder Association, National Eating Disorders Association, FE.A.S.T, National Association of Anorexia Nervosa and Related Disorders, International Association of Eating Disorder Professionals, the Eating Disorders Research Society, Residential Eating Disorders Consortium, Eating Disorders Coalition, and the Multi-Service Eating Disorders Association.

3. Build a truly global community. Create a comprehensive “map” of organized responses to eating disorders around the world, and identify cultural, economic, and regulatory factors that impact the effective delivery of treatments around the globe.

4. Continue to develop alliances with eating disorder organizations around the world. This will include groups like our newest partner, the French Eating Disorder Society, and others with whom we are currently working.

5. Create a prioritized global communication strategy. We will identify key partners with whom to communicate, evaluate our messages, and strategize together to effectively transmit those messages.

6. Continue to develop standards of practice and define what the AED’s role should be in “standard setting” world-wide, based on empirical, scientific information.

7. Communicate with medical professionals and others on the “front-line” of patient contact, to ensure early diagnosis and appropriate referral for eating disorders.

8. Ensure appropriate diagnosis, referral, and affordable care. We will work to develop relationships with public and private regulators around the world, as well as with the public and private medical payment systems.

9. Build membership, attendance, participation, volunteerism, and visibility for the Academy.

A part of me loves symmetry. I would love this list to go to 10. However, I know my understanding of the opportunities and challenges will grow, as will our list of priorities and activities. I welcome and sincerely invite your input. I want to hear from you and can be reached via email at elissa@elissamyers.com. I want to support your important work in addressing eating disorders!

Communications Portfolio Update

Kyle De Young, Director for Communication

We are in the business of change. Even so, many of us who grew accustomed to our old listserv have had a tough time lately. I am already looking back with all the hallmarks of nostalgia — the old listserv seemed simple, reliable, and technologically quaint. But we know that changes are hard and often necessary and beneficial. The new AED Community (http://community.aedweb.org) is sophisticated, flexible, and elegant. It also had some bugs. As we refine this new social platform, which replaced our listserv, we look forward to many new opportunities for member communication. Thank you for your patience and constructive feedback and, please, if you have not yet, log onto the Community using the email address at which the AED contacts you and the password “changeme,” to set up your profile and look around — 10 minutes max — I promise. Also, if you like what you see, please thank the Electronic Media Committee for their tremendous work.

While our new platform seeks its footing, our Social Media Committee continues their impressive series of Twitter Chats in addition to their consistent social engagement across many platforms. These chats reach thousands of individuals around the world, and cover a broad range of important topics. Upcoming chat topics include exercise, couples, pregnancy, transgender issues, Orthodox Judaism, and recovery. You can join these chats as they occur (to be a part of the conversation) or read the chats after the fact (to catch up if you miss them). See the full schedule at www.aedweb.org (Go to “Education” and then select “Twitter Chats”).

Patience and constructive feedback is greatly appreciated. If you have any comments, suggestions, or feedback about the AED Community, please get in touch with me personally. I invite you to check out the new platform, and let us know what you think.
Update from the Advocacy and Communications Committee (ACC)

Ted Welzin and Kristine Vazzano, ACC Chair

The ACC is pleased to inform the AED membership of a recent initiative aimed at reducing messages that promote weight stigma and body shaming on adolescent television programming. In December 2014, we sent a letter to television executives and producers to increase awareness regarding the associations among negative messages about weight and shape, increased adolescent risk of eating disorders, anxiety, depression, and negative body image. The letter was prompted by a recent study published in the International Journal of Eating Disorders, which found that half of the popular television shows preferred by young adult study participants contained at least one weight stigmatizing situation or event.

The letter also included our recommendations to promote informed programming in order to positively influence the public’s understanding of body image concerns in our society. The AED was pleased to receive support and to collaborate with several like-minded organizations including the National Association of Anorexia Nervosa and Associated Disorders (ANAD), Binge Eating Disorder Association (BEDA), National Eating Disorders Association (NEDA), the website bingebehavior.com, and the Rudd Center for Food Policy and Obesity at Yale University, all of whom contributed their input and signatures on the final letter.

For questions, feedback, or additional information about the ACC’s advocacy projects, please contact Kristine Vazzano, Chair (kvazzano@mindfullness.com).

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

Ursula Bailer and Annemarie van Elburg, PCAC Co-Chairs

This column welcomes our most recent partner organization, highlights a recent conference, and announces the PCAC’s workshop at this year’s International Conference on Eating Disorders (ICED).

The Czech Eating Disorders Association (CZEDA) is part of the Psychiatric Association of the Czech Medical Association, with 30 members, including psychiatrists and psychologists. CZEDA provides educational platforms for professional dialogue between medical and non-medical professionals, training, and collaboration through its publications and the bi-annual International Conferences and clinical teaching days. CZEDA’s goals are to: generate knowledge, integrate interdisciplinary expertise, and foster “best practices” for the treatment of eating disorders.

The Eating Disorder Association of Canada (EDAC) held their biennial conference from October 6-7, 2014. The conference was titled, Innovation and Integrations in Eating Disorders, and had over 250 delegates in attendance. Keynote speakers included Dianne Neumark-Sztainer and Josie Geller. An important portion of the conference was a discussion about Canadian Clinical Guidelines. The discussion focused on the positives, negatives, benefits, and pitfalls of adopting national guidelines in Canada. The EDAC also organized an Art Show and Public Forum, titled, You are Already Enough.

As part of the new Global Inclusion Initiative, the PCAC will provide a workshop titled, Partnership Chapter and Affiliate Committee: A Worldwide View on Specific Challenges Eating Disorder Societies Face in Facilitating Treatment for People Suffering from an Eating Disorder, which will take place on Saturday April 25 from 1:15-2:15 pm at this year’s ICED (see your conference program for details). The workshop will include interactive discussion of the main issues many eating disorder societies face, including the: 1) lack in funding and lobbying; 2) gap between knowledge from research and application in clinical care; 3) treatment modalities and the transition from one to the other; 4) and access-to-care. The final portion of the workshop will be designed to create a collective statement for the AED Board.

Spotlight on Patient-Carer Committee (PCC) Members

Judy Krasna, PCC Co-Chair

Over the next few AED Forum editions, we would like to introduce the members of the AED’s recently formed PCC. This edition’s spotlight is on Kaeko Nomura (Japan/Norway) and Nicole Cifra (USA).

Kaeko Nomura is a sociologist who recovered from an eating disorder after a 10 year illness. Kaeko currently lives in Norway and works for Ryukoku Corrrections and Rehabilitation Center in her native Japan. In addition, Kaeko conducts cross-cultural research on eating disorders in Japan and Norway. Following her recovery, Kaeko founded a self-help group for eating disorder sufferers. She has also written two books on eating disorders; one as a sole author, and another in collaboration with a psychiatrist. Kaeko’s ultimate goal is to build a network comprised of patients, families, professionals, and self-help groups that will serve as an “information station” for those seeking eating disorder treatment in Japan.

Nicole Cifra is a third year medical student at Upstate Medical University who is excited to be serving on her first AED committee. As a student in a combined MD/MPH program, she has devoted a great deal of her public health work to the fields of eating disorders and mental health. Nicole is a member of Ophelia’s Place, a non-profit organization dedicated to serving individuals affected by eating disorders. Nicole plans to specialize in adolescent medicine.

Stay tuned for further introductions to the members of this globally diverse, cohesive, and connected committee.
The Membership Recruitment and Retention Committee (MRRRC) is excited to share two events at this year’s International Conference on Eating Disorders (ICED):

- **Non-Member Meet-and-Greet.** Along with the New Investigator and Student SIGs, the MRRRC is sponsoring a new event, which takes place 30-minutes before the ICED opening reception. Many conference attendees are non-members, and our hope is to create a welcoming experience from the start. Attendees will be presented with information and guidance about AED membership, and introduced to the many benefits and ways to get involved in the AED community. In addition, AED President Glenn Waller and President-Elect Carolyn Becker will be in attendance. Please encourage non-member colleagues who are attending the conference to sign up!

- **Mentorship Program.** The fourth annual “Membership Program” event is scheduled for Friday, April 24. Complimentary breakfast will be served at 7:30 am, followed by the program from 8:00-9:00 am. As a reminder, this is a member-only event requiring advanced registration, aiming to facilitate short-term and potentially lasting mentoring relationships. All AED Past-Presidents, Fellows, Board Members, Committee Chairs, and seasoned professionals with five or more years experience in the eating disorders field are eligible to serve as mentors.

Additionally, the MRRRC and Electronic Media Committee have created six short videos in three different languages, available on the AED’s YouTube channel, featuring members sharing why they value their participation in our community (to view the videos, go to the www.aedweb.org and scroll to the lower right-hand of the homepage). We encourage you to share on social media to inspire others who may be considering membership.

We also are working on a page for the website with resources and links tailored to students. Stay tuned for this new feature!

---

**Special Interest Group (SIG) Updates**

**Alan Duffy, SIG Oversight Committee**

The Special Interest Groups (SIGs) are getting ready for their biggest presence ever at this year’s International Conference on Eating Disorders (ICED)! All 24 SIGs will host annual meetings, and there will be a record 10 SIG-sponsored panels during the ICED.

Two brand new SIGs are the “Epidemiology and Public Health Practice” and “Somatic and Somatically Oriented Therapies” SIGs. The Epidemiology and Public Health Practice (EPHP) SIG seeks to unite researchers and practitioners with an interest in understanding the distribution and determinants of disordered eating within the general population. The EPHP SIG is co-chaired by Alexis Duncan and Kendrin Sonneville. The Somatic and Somatically Oriented Therapies (SSOT) SIG seeks to bring together therapists and researchers currently using, or interested in using, somatic-based therapies. The SSOT SIG is co-chaired Laura Weisberg and Adrienne Ressler.

Existing members, new members, and first time conference attendees are encouraged to attend the SIG annual meetings at the ICED. SIG Meetings will take place Thursday, April 23 from 1:15-2:15 pm and Friday, April 24 from 1-2 pm. In addition to an opportunity to connect with colleagues working in specialized areas of the field, the annual meetings have some guest speakers. For example, Tracey Collander, Executive Director of Behavioral Health Accreditation with The Joint Commission (TJC) will be coming to the Inpatient/Residential SIG meeting to discuss the work of TJC on standardizing care. The Substance Use Disorders SIG meeting will engage a discussion on clinical management, integrated treatments, and the model of eating disorders as a “food addiction.”

A keystone of the ICED will be the record 10 SIG sponsored panels. The panels will represent collaborations from 15 of the SIGs, and feature experts from around the world in critical, detailed discussions about area-specific advances in the field. Some of these topics include: Assessment and Diagnosis of Men with Eating Disorders; Combining FBT and DBT for Adolescents with Eating Disorders; and An Examination of Clinician, Researcher, and Patient Perspectives on What Constitutes Success in Eating Disorder Treatment. For full details about all SIG-sponsored panels, please review your conference program.

The SIG Oversight Committee looks forward to welcoming everyone to become involved in the variety of SIG activities at this year’s ICED.

---

**Update from the Social Media Committee (SMC)**

**Ashley Solomon, SMC Co-Chair**

As our world becomes increasingly connected via social media, the AED is committed to using these platforms to advance knowledge in the field of eating disorders. However, social media in the AED does not just involve a single committee – it is built on the collective voices of our entire membership!

The SMC recently invited AED members to participate in a short survey exploring their social media use, comfort, and interests. We appreciated the wonderful response to the survey, which provided us with some valuable information about how to better serve the needs of our membership.

We wanted to share with you some of the interesting results of the survey:

- Facebook was the most popular medium, with 83% of respondents having an account. Participants who completed the survey reported that 78% use LinkedIn, 47% Twitter, and 34% Google Plus. Facebook was also the most frequently checked platform.

- Our members are blogging! Some respondents (13%) have their own blog.

- Privacy was the most widely cited concern of social media use, with 62% identifying privacy as a concern.

- 44% of respondents are interested in participating in “tweetchats.”

- Ideas for support from the SMC included: 1) how to use Twitter and 2) how to use social media for professional purposes.

- Ideas for things the SMC could offer included webinars and a blog.

The SMC will use the data gathered through our survey to improve our outreach, design programs, and tools to become even more useful to members and the community. Stay tuned!

---

**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:

- Bridget Whitlow, Co-Chair
  https://twitter.com/bridgetwhitlow
- Ashley Solomon, Co-Chair
  https://twitter.com/nourishthesoul
- AED Headquarters
  https://twitter.com/aedweb

We look forward to tweeting with you soon!
Thoughts on the Research-Practice Gap

Members of the Research-Practice Committee

Despite the shared aim of research and clinical practice to diminish the suffering of individuals with eating disorders, a gap remains between researchers’ and clinicians’ views about treatment “best practices.” We have collected the following thoughts from members of the Research-Practice Committee on the research-practice gap, and how we can work toward closing it:

• One problem is that the words “research” and “evidence-based” often call to mind manualized treatments studied in randomized controlled trials, which may suggest that clinicians should be practicing certain techniques in a formulaic way. In fact, flexibility is essential, while holding fast to key principles of change. The trick is, when and how much should we “flex” when tailoring a treatment to a particular individual?

• Whereas most committee members agreed that existing treatment research helps to guide clinicians about how to start in their case conceptualization and treatment planning, our current knowledge has limited applicability. Although manualized treatments may improve treatment adherence, minimize dropouts, and improve the “core psychopathology” of bulimia nervosa and binge eating disorder, manualized protocols have not been consistently superior to other interventions such as Non-Specific Supportive Management for adults with anorexia nervosa. The results obtained in treatment trials need to be carefully considered in light of the specific methods used, which may help explain inconsistent or otherwise puzzling findings.

• There is agreement that the field of research-practice integration must develop efficacious and effective methods of training clinicians to integrate evidence-based therapies into their daily practice.

AED Member Viewpoint: Could the Gut Microbiota Have Relevance for Eating Disorders?

Hunna Watson, Camden Matherne, and Susan Kleiman

Do you know where the densest ecosystem on earth is believed to lie? It’s inside you — that’s right, inside you! Your gut houses the intestinal microbiota, a thriving, vibrant powerhouse that plays a critical and dynamic role in human health and wellness. An idea gaining scientific momentum — aided by doors opening with advances in sequencing technology and bioinformatics — is that the intestinal microbiota could play a causal or maintaining role in psychiatric disorders.1

This theory is supported by emerging evidence from animal research showing the role of the intestinal microbiota in the hypothalamic–pituitary–adrenal (HPA) axis and stress reactivity.2,3 Research further suggests that altering the composition of the intestinal microbiota (for example, by introducing pathogens or administering specially formulated probiotics) reduces anxiety- and depressive-like behaviors in mice.2 Although we have known that our brain, as part of our central nervous system, directly influences our gut, this body of research suggests our gut may also influence our brain!

Our understanding of how the bi-directional relationship in the gut-brain axis may lead to eating disorders is still emerging. The intestinal microbiota produces proteins that may interact with brain neuropeptides impacting hunger and satiety, such as melanocyte-stimulating hormone (MSH) and ghrelin.4 In response to stressors (i.e., infection, psychological distress, dietary changes), the intestinal microbiota may also interact with the immune system in a way that directly impacts the central nervous system, thus affecting appetite and mood.

So how might these new discoveries assist those with an eating disorder? Among healthy adults, compared with individuals taking a placebo pill, those taking specially formulated probiotics for a period of time experienced a reduction in general psychological distress.5 Similar results have been reported for adults with chronic fatigue syndrome, suggesting that altering microbial composition may


Book Review Corner

Sherrie Delinsky, AED Book Reviewer

Cognitive Remediation Therapy (CRT) for Eating and Weight Disorders, Edited by Kate Tchanturia (Routledge, November 2014, 254 pages).

Cognitive Remediation Therapy (CRT) for Eating and Weight Disorders is a landmark book detailing novel interventions that target purported cognitive mechanisms of eating disorders, with particular relevance to anorexia nervosa (AN). A culmination of nine years of diligent efforts by Tchanturia and her colleagues, this is the essential guide to CRT. Highly accessible and grounded in research, this book is a "must-have" for clinicians and researchers alike.

CRT for eating disorders was born from a dire need for effective treatments for adults with AN, coupled with emerging research on the unique cognitive styles of individuals with AN. Recognizing that CRT was a logical approach for certain cognitive styles, and that it held promise with its motivational focus on factors other than eating disorder symptoms, Tchanturia and her colleagues adapted CRT from the field of psychosis. They have continued to adapt and test CRT in different formats, and with different populations, which are detailed in the book's four sections: 1) CRT in individual format in complex cases; 2) Randomized controlled trials; 3) Adaptations of CRT in young people with AN; and 4) New developments/ideas worth researching: CRT in the context of family therapy.

One of the most useful sections of the book explains the neurocognitive style typical among persons with AN, and how this style may make engaging in conventional psychological therapies difficult, and also may maintain the illness. Research is presented on the primary difficulties in cognitive processing — namely set-shifting and weak central coherence — and how these difficulties may hamper a patient's ability to change. Set-shifting, which reflects flexibility in thinking, is compromised in individuals with AN, and may be an endophenotype of the illness. Similarly, central coherence, the ability to see the big picture (rather than the small details), is also compromised among patients with AN, and, thus, CRT is designed to target both set-shifting and central coherence difficulties through a variety of creative games and exercises. The book also provides a psychoeducational component, which explains the rationale behind the intervention to patients.

In all versions of CRT, the therapeutic stance is playful and lighthearted, with the aim of engaging the patient in treatment and building motivation to approach other aspects of recovery work. The authors describe CRT as a motivational-enhancement intervention, and also as an adjunctive intervention to the more traditional weight-restoration and eating-normalization interventions delivered in the context of AN. In many studies reported in the book, CRT was delivered as an adjunct to treatment-as-usual among severely ill (i.e., very low BMI), chronic (i.e., long duration of illness), and highly comorbid persons with AN, especially those with obsessive-compulsive disorder. This is one of the most notable strengths of CRT: that it can be used with severely ill populations prior to nutritional and weight rehabilitation, when few other methods of therapeutic engagement are possible.

Quantitative and qualitative data are reported on the acceptability, feasibility, and effectiveness of CRT in individuals and groups, with adult and adolescent populations. Much of this research is taking place across the globe, with studies in the United Kingdom, Germany, United States, Netherlands, and Australia. What is most striking about the data, especially given the usual challenges with treating individuals with AN, is that patients find CRT engaging, agree that it makes sense for their style of thinking, and feel understood. Perhaps most importantly, patients with AN find the tasks of CRT manageable and are willing to participate, including applying the principles of flexibility and bigger picture thinking to their real-world lives. Clinicians delivering CRT describe it as "a safe and gentle therapy" and "an introduction to therapy, reflection, and experimentation." The authors report empirical support that CRT leads to improvements in cognitive flexibility and quality-of-life in adults, although the data with adolescents are more preliminary. Adaptations for use with families and with obesity are also described.

The authors note the need for further research to compare CRT's efficacy to that of other therapies, to explore how cognitive improvements are related to broader eating disorder outcomes, to examine dosage and format of CRT, as well as cognitive and functional brain changes following CRT. Additionally, they suggest developing a "user-friendly" mode of CRT to be delivered by caregivers.

In sum, CRT for Eating and Weight Disorders is a breakthrough for a field in need of more efficacious and effective treatments, especially for adults. This book is a welcome addition to the eating disorder specialist bookshelf, and is poised to expand the reader's thinking, as the creators of CRT would have intended.

Update from Beat

Susan Ringwood, CEO of Beat, UK
Susan Ringwood and the BEAT, UK Team

This is my farewell piece for the AED Forum. I will be leaving Beat, UK at the end of February, after 12 amazing years as CEO of the UK's leading charity supporting people affected by eating disorders, and campaigning on their behalf.

It has been such a privilege to be a part of a growing international movement of advocacy and action. I have met some truly inspirational people along the way — all true friends now. Kitty, Laura, Carrie, Joan, and June — you know who you are! All power to you for your efforts to change the world, and it is already a better place because you are in it.

A lot has changed in those 12 years, too — a welcome growth in the understanding of eating disorders, by the public and in the medical world. I have noticed a trend for more accurate and compassionate reporting in the media, and less of the trivialization and sensationalism that were featured when I first started this work. It has been a long time since anorexia nervosa was called "the slimmer’s disease," as it was during the BBC’s prime-time news in my first few weeks at my desk. Calling the news desk directly, and getting the whole interview re-recorded between the 6 pm and 8 pm newscasts remains one of the personal achievements of which I remain proud.

So, what is next? Beat, UK will have a new CEO appointed sometime in the summer, and I wish him or her all the very best. I know the new CEO will find a warm welcome in the eating disorders community.

As for me, I do not have a plan yet — other than to restore some balance in my life, and to continue to make what contribution I can to this most challenging of issues — beating eating disorders.
National Association of Anorexia Nervosa and Associated Disorders (ANAD) Update

Molly McClure, ANAD Support Group Coordinator

The National Association of Anorexia Nervosa and Associated Disorders (ANAD) is an organization devoted to eating disorder awareness, prevention, and recovery. We achieve our organizational goals by supporting, educating, and connecting individuals, families, and professionals. We invite members of the eating disorders community to share in our journey by becoming ANAD professional members. Contact Deb Prinz, Community Organizational Manager, at deb.prinz@anad.org or 630-577-1333 for more information. Below we describe some of the recent events and activities with which ANAD has been involved:

ANAD organized activities and events for Eating Disorder Awareness Week. Our theme for 2015 was End The Cycle, Freedom To Be... The goal was for people to feel free to discover who they are outside of their eating disorder or the expectations of society. ANAD released, via social media, a series of “mindful moments” that could be applied to everyone, not only those recovering from an eating disorder.

ANAD’s Junior Board is celebrating its first anniversary. The Junior Board supports ANAD’s mission through advocacy, education, and awareness. Junior Board members are busy planning the second annual ANAD Bandstand Benefit, which will feature the talents of individuals who have recovered from an eating disorder, and celebrate their recoveries.

ANAD will participate in Giving DuPage’s fourth annual Human Race, which is set for April 25, 2015. The Human Race is a 5K run/walk and community event that will bring people together in support of several nonprofit organizations in DuPage County, Illinois.

Please follow us online! ANAD is on Facebook at facebook.com/ANADHelp; Twitter at @anadsupport; Tumblr at anadhelp.tumblr.com; Instagram atinstagram.com/anadhelp; and Pinterest atpinterest.com/anadhelp.

Update from the Binge Eating Disorder Association (BEDA)

Michelle Ervin, Director of Marketing & Communications, BEDA

BEDA has been busy behind-the-scenes building our infrastructure this past year. We are adding to our team, so we can continue to grow and offer more support and new resources to the community of those who struggle with binge eating disorder (BED), their loved ones, and professionals who treat those with BED.

New initiatives in 2015

Among the initiatives BEDA is introducing are a new website, a new membership program, a helpline, an expansive online resource center, an education recognition program, and a nationwide network of support groups. Another important area we have been working hard to address is access-to-care.

2015 events

Our sixth annual conference will be this November 5-7, 2015, in Florida (United States) at the Diplomat Spa & Resort. Many Paths, One Journey is our theme. We are lining up speakers to educate and empower attendees on their journey with BED. Clinicians can look forward to the latest in research findings, approaches to treatment, and tools for recovery. Our fourth annual Weight Stigma Awareness Week will be September 21-25, 2015. Weight bias and weight stigma have an enormous negative impact on those who live in larger bodies. BEDA is committed to raising awareness of these issues and empowering victims of weight bias to rise above the shame they experience.

For updates on the BEDA community, watch our website (http://bedaonline.com/), follow us on Facebook and Twitter, and sign up for our newsletter on our website.

Top 10 Things to Do and See in Boston

Karen Mitchell

1. Walk through the Public Garden and Boston Common. Public Garden attractions include the Swan Boats and Make Way for Ducklings statues.
2. Indulge in the many retail shops along Newbury and Boylston Streets.
3. Explore Beacon Hill, one of Boston’s oldest neighborhoods. Highlights include the many historic houses, the gold-domed Massachusetts State House, and Antique Row on Charles Street (the area includes more contemporary boutiques, as well).
4. Check out Fenway Park. Although the Red Sox do not have any home games scheduled during the International Conference on Eating Disorders (ICED), baseball fans will appreciate the opportunity to view the “Green Monster” at the oldest Major League Baseball stadium in the United States.
5. Visit the Museum of Fine Arts. Admission typically is free on Wednesdays, and the Museum of Fine Arts’ celebration of spring titled, Art in Bloom, opens on Saturday, April 25, in case you are still in town.
6. Go for a walk or run by the Charles River. The Esplanade is a three-mile public park from the Boston University Bridge to the Boston Museum of Science.
7. The 119th Boston Marathon will take place on April 20, in case you arrive early. ICED attendees can view the finish line on Boylston Street, across from the historic Boston Public Library.
8. Tour the Sam Adams or Harpoon Breweries and taste some of the locally made beers!
9. Explore the North End, Boston’s oldest residential community with a large Italian American population. The North End is home to Paul Revere’s House and the Old North Church of “one if by land and two if by sea” fame.
10. Walk the Freedom Trail, a two and a half mile marked route through Boston and Charlestown that passes by 16 historic sites, including the USS Constitution, Bunker Hill, Old North Church, and Paul Revere’s House.
Upcoming Conferences, Meetings, and Seminars

The Australia and New Zealand Academy for Eating Disorders (ANZAED)

ANZAED 2015 Annual Conference
Gold Coast: Riding the Waves to Recovery — August 20, 2015 (pre-conference workshops) and August 21-22, 2015 (full conference)

Surfer’s Paradise Marriott Resort and Spa, Queensland, Australia

The program has both clinical and research components with a large number of pre-conference, in-conference, and post-conference workshops scheduled. Topics will include family therapy and multi-family therapy, managing severe and enduring eating disorders, research principles, and much more. The keynote speakers will be Professors Ivan Eisler and Stephen Touyz. Abstract submissions are now open for 15-minute oral papers, posters and 90-minute workshops. To submit an abstract, please go to: http://conference.anzaed.org.au/abstract-submissions.html.

Details are available on the conference website, http://conference.anzaed.org.au, or by emailing jeremy.freeman@anzaed.org.au.

Please see the AED website (www.aedweb.org) for more information about upcoming events.
Save the Dates

2016 ICED

May 4, 2016
Clinical Teaching Day

May 5–7, 2016
Hyatt Regency
San Francisco

San Francisco

2017 ICED

June 7, 2017
Clinical Teaching Day

June 8–10, 2017
Prague Congress Centre

Prague
The AED Forum

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

Kelsie Forbush, PhD
Editor
Assistant Professor
University of Kansas
Department of Psychology
1415 Jayhawk Boulevard
Lawrence, KS 66045
Phone: +1-785-864-6525
Fax: +1-785-864-9043
Email: kforbush@ku.edu

Go Mobile with AED

AED’s website (www.aedweb.org) is compatible with smartphone and tablet. Responsive design allows you to see all of the content, navigation, and images on whatever mobile device you’re using — iPhone, Android, tablet, and more.

Or, scan the QR code below to go directly to the AED website now.

Don’t forget to bookmark AED!