AED Forum
December 2012/January 2013: Inside This Issue
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1. Message from the President

Dasha Nicholls, AED President

Here in the United Kingdom, we have reached that time of year when it is dark when we get up and dark when we come home from work. Luckily for me, I love the changing seasons, the cold air, bare trees, frozen earth, and comforting food and drink. But I know not everyone thrives at these times and that the festive season can be particularly challenging for eating disorders sufferers, so my thoughts are with them and their families across the world.

First up in my update from the Academy for Eating Disorders (AED) is news that the long awaited Residential and Inpatient Standards has been published, following many years of dedicated work, rigorous consultation and review. This is truly an achievement of which to be proud. The purpose of the guidelines is to promote high quality residential and inpatient treatment for eating disorders. Specifically the guidelines are intended to safeguard patients and families seeking eating disorders residential and inpatient treatment, improve the quality of care offered by residential and inpatient treatment programs, and provide a quality of care benchmark. The AED’s role has been to collate and distil the knowledge and evidence to develop the guideline content. Thorough monitoring and evaluating the future use of the published standards and the accreditation of treatment programs according to these standards is beyond our scope as an organization. However, in the United States of America, the AED Credentialing Task Force has been working with the Commission on Accreditation of Rehabilitation Facilities (CARF) to discuss using the standards in treatment credentialing. We are delighted that the basic elements of good care for people with eating disorders have been laid out succinctly and specifically in a way that will be of use to those seeking and delivering treatment. The AED is grateful to Mary Tantillo and the AED Credentialing Task Force for all of their hard work.

The main thrust this year, in my limited time as AED President, has been to review and update our strategic plan (i.e., our Vision, Mission and Goals). We aim to improve the efficiency, effectiveness, and impact of the AED to better achieve its aims, ensuring that we are all working toward common goals. Right now, the objectives and tasks of our complex and energetic organization, incorporating the priorities that you, our members, identified in the survey earlier this year, are being reviewed and revised on the basis of feedback from the Board of Directors and our Committee and Task Force co-chairs and members. Once this process is complete, the Board of Directors will decide which objectives we want to concentrate on in the following year and in the three to five years after that. We will make sure that the Vision, Mission and Goals are communicated to all involved with AED (staff, volunteers, members and donors), so that they are constantly borne in mind as we carry out our work and projects. By early next year we will be ready to build business plans for new programs and activities and realign our working practice to meet these objectives. We hope to have a new executive director in post by then, who will continue to support the process as Greg Schultz and his team are doing now. My aim is to ensure that the AED is in a strong and healthy place as it enters its 21st year, when I handover the reins to the great Pam Keel in May 2013 as our incoming President.
On the subject of global impact, we were excited to hear that Iceland may be about to pass the first lawmakers discriminating on the basis of weight illegal. Weight discrimination has been documented as occurring in diverse settings such as education, employment, and healthcare services, and it has serious implications for the health, quality of life, and financial prospects of those subjected to it. This bold step for Iceland has largely been a result of lobbying by Sigrun Danielsdottir, psychologist and active AED member, in her capacity as President of an association in Iceland called (translated) "Association for Body Respect." By the time this issue of the *Forum* is in print, we should know whether this groundbreaking legal precedent has been set.

Meanwhile, we are in the throes of making plans for next year’s International Conference on Eating Disorders (ICED) in Montreal, Quebec, Canada. If you have not been, Montreal really is a wonderful amalgam of North American and European cultures, with elements reminiscent of Paris café culture. The conference promises to be great, too! Nadia Micali from University College London, London and Bryn Austin from Harvard University, Cambridge have been jointly responsible for putting the conference program together and overseeing the Scientific Committee, all accountable to Glenn Waller as Director for Annual Meetings. The theme for the 2013 ICED is “Crossing Disciplinary Boundaries in Eating Disorders.” There will be sessions on Binge Eating Disorder and Obesity; Biology and Medical Complications; Body Image and Prevention; Children and Adolescents; Comorbidity; Course and Consequences of Eating Disorders; Diagnosis, Classification and Measurement; Epidemiology, Gender, Ethnicity, and Culture; Personality and Cognition; Risk Factors and Eating Disorders in Underserved Populations; Risk Factors for Eating Disorders; and Treatment of Eating Disorders. There will also be special interest sessions, a session dedicated to research-practice integration, and welcome, closing, and award ceremonies. If you have not been to an AED conference, we would be delighted if you would join us there. We have already had a record number of abstract submissions, so it promises to be a lively and stimulating event.

If you have comments or questions about anything I have written please email me at d.nicholls@ich.ucl.ac.uk and I will do my best to respond. Merry Christmas, happy New Year, happy Hanukkah, St. Nicholas Day and all other imminent seasonal events!
2. Message from the Editor

Lauren Shomaker

This is the final edition of the *Forum* for which I will serve as Editor. Kelsie Forbush, *Forum* Assistant Editor, will take over the reins for upcoming issues in 2013. Kelsie, it has been terrific working with you this past year, and I am confident that the *Forum* is in great hands!

Kelsie has been shadowing for the past year and with this issue took the lead on soliciting, editing, and organizing contributions. I think you will agree that this issue is a great edition of the newsletter, packed with information and interesting articles from our members. As is often the case as the year comes to a close and another appears on the horizon, many contributions – such as AED President Dasha Nichol’s message and Executive Director Greg Schultz’s greeting – take a look back at the AED’s progress over 2012 and the course and objectives for 2013. Likewise, our sister organizations and fellow eating disorders advocacy groups – including BEAT, F.E.A.S.T., the EDC, and ANAD – provide detailed updates from 2012 and consider what is in store for 2013.

Whether you are already a social media buff or avoid it like the plague, check out the Social Media Committee’s very interesting contribution on using LinkedIn as a professional social media tool. As someone who has been hesitant to use LinkedIn and related technologies, I was particularly struck by Lauren Muhlheim’s point, “...as technology moves ahead, failing to adapt to our world in which so many individuals participate in social media could result in missed opportunities.” In another vein, Wayne Bowers, as Research-Practice Committee Co-Chair, provides a very interesting perspective on issues pertaining to civil commitment in patients with anorexia nervosa. As we have come to expect from her, *Forum* Book Reviewer Jennifer Thomas gives us an excellent overview of the recent volume, *Night Eating Syndrome: Research, Assessment, and Treatment*, edited by Jennifer Lundgren, Kelly Allison, and Albert J. Stunkard.

I hope you will enjoy this issue as much as I have. Indeed, one of the best parts about serving as *Forum* Editor has been the opportunity to learn so much more about the vibrant work and people comprising the AED and working for improvement in the prevention and treatment of eating disorders. Thank you very much for the opportunity to serve as *Forum* Editor. Wishing you and yours a very happy holiday season and health and happiness in the New Year.
3. Greetings from the Executive Director: Looking Ahead to 2013

Greg Schultz, Executive Director

The New Year brings with it great hope and a substantive list of goals and objectives for the Academy for Eating Disorders (AED). In 2012, we had more members and more participants at the International Conference on Eating Disorders (ICED), held in Austin, Texas, than ever before. A healthy and growing community is the necessary launching pad to advance the AED’s mission that centers on objectives of connecting research, education, treatment and prevention, encouraging evidence-based policies, and ultimately improving quality and access to care for those with eating disorders around the world.

Earlier this year, the AED Board of Directors embarked on a thoughtful strategic planning process that will focus and align the mission, governance and volunteer structure, activities, and perhaps most importantly, how we measure the impact and return on the investment of the AED’s resources.

The strategic planning process began by gathering quantitative and qualitative information from members, non-members, and current and former AED volunteer leaders. (See my column in the last AED newsletter for highlights of the survey results.) The process has been directed pro bono by Karine Berthou of the Succeed Foundation and AED President Dasha Nicholls. The plan will be completed in early 2013.

Many successful organizations have used strategic planning as a learning tool to create “prepared minds” within their leadership teams (to paraphrase Louis Pasteur). In this case, we expect to achieve a desired set of outcomes, a concrete action plan that will lead to these outcomes, and an informed and forward-thinking board, membership, and staff.

We look forward to working through this important process. The resulting plan will serve as the AED’s roadmap to maximize organizational effectiveness, promote excellence and best practices, and foster a supportive and dynamic community of engaged professionals.

I want to thank every AED member for your contributions and engagement in the AED over the past year. Best wishes for a happy and healthy 2013.
4. Updates from the AED Board

**International Conference on Eating Disorders (ICED) Update**  
*Glenn Waller, Director for Annual Meeting*

The 2013 International Conference on Eating Disorders (ICED) will take place in Montreal, Quebec, Canada from May 2\textsuperscript{nd} to 4\textsuperscript{th}, with a variety of clinical trainings offered during the Clinical Teaching Day on May 1\textsuperscript{st}. The conference theme is 'Crossing Disciplinary Boundaries in Eating Disorders.' The conference Co-Chairs Nadia Micali and Bryn Austin have led the scientific committee, producing a conference that you will not want to miss. The preliminary program should be available online by the time that you read this. You will see that the keynote presentation will be given by Professor David Barlow, who will consider what we could learn about eating disorders from the treatment of anxiety-based disorders. There is a fascinating range of plenary sessions, workshops, oral paper presentations, special interest group meetings, posters and more. This year, the program is scheduled slightly differently, running some paper sessions and workshops in parallel with each other, to give more choices to those who want to follow more clinical or more academic tracks.

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5. Electronic Media Committee Update
Andrea Goldschmidt and the Electronic Media Committee

Greetings, members! The past few months have been busy for the Electronic Media Committee. The listserv has continued to generate lively and thought-provoking discussions over these past few months. Recent “hot topics” have included therapists’ experiences with blind and non-blind patient weighing, alternative therapeutic approaches for obese patients that do not focus upon dieting, and the potential effects of encouraging calorie-counting in schools. These threads continue to remind us of how difficult eating disorders are to treat and of how much additional work is required to find the most effective treatments for patients. The “reply” function we launched a few months ago is working well: listserv responses now default to replying directly to the sender as opposed to replying to the entire listserv. This function has limited the number of extraneous e-mails members receive in their inboxes. We hope that this function continues to encourage members to use the listserv to meet their clinical and educational needs!

The AED website committee is in the process of renovating the website to increase usability and attractiveness to members and non-members alike. We are updating information throughout the site so that users can access the latest and most accurate information. For example, in response to members’ requests for more teaching materials on the website, we have overhauled the “About Eating Disorders” tab so that the information presented is relevant to a broad audience (check it out here!). We are also in the process of translating the website for non-English speakers and creating distance learning opportunities for those in need of continuing education credits. Stay tuned for even more exciting projects coming your way!
6. Membership Recruitment and Retention Committee (MRRC) Update – It’s Time to Renew!

Kelly Allison and the MRRC

It is time to renew your Academy of Eating Disorders (AED) membership if you have not already! We are looking forward to 2013 being a busy and productive year for the AED membership, one that will bring lively listserv discussions, powerful presentations and workshops at the International Conference on Eating Disorders (ICED), and help facilitate many new connections among our members to keep the field of eating disorders moving forward. You can renew online at [www.aedweb.org](http://www.aedweb.org) by clicking on the link on the home page.

It is also time to register for the [2013 ICED, May 2-4, in Montreal](http://www.aedweb.org). If you are a member, you will receive a discounted registration rate. Please also look for the option of serving as a Mentor or Mentee. This new MRRC program started [last year](http://www.aedweb.org) with great success. Our mentors found it fun and rewarding to connect with the AED’s students and new professionals; the mentees found the experience exciting and helpful to meet with AED members who have been involved in the eating disorders field for many years. Please look for the option to participate on your [registration form](http://www.aedweb.org). We hope to see you there!
7. Social Media Committee Update

Mental Health Professionals and LinkedIn: Reasons to Join and Things to Consider
Lauren Muhlheim, Social Media Committee Member

The prospect of using social media is daunting to many mental health professionals, as some have concerns about patient confidentiality as well as their own privacy. Nonetheless, as technology moves ahead, failing to adapt to our world in which so many individuals participate in social media could result in missed opportunities. While many aspects of your online presence, such as YELP and other physician rating services, are beyond your control, professional networking sites are one element of your digital footprint that you can control and leverage.

Of the various professional networking sites, LinkedIn is a good site with which to start because it is free, intuitive, and easy to set up. To get started, you need only set up a brief online profile outlining your experience, education, and affiliations. After your profile is completed online (which only takes a few minutes), you can connect or “link in” to other users and start building your network.

LinkedIn presents an easy way to maintain a presence on the Internet. Even if you don’t have a website, you can post your curriculum vitae on LinkedIn for both colleagues and potential clients to learn a little more about you. LinkedIn has professional functionality that is useful even if you maintain a personal website:

- It is a convenient virtual rolodex in which to collect and track work relationships you have developed – far easier than sorting through a library of business cards. Many mental health professionals use Facebook to keep up with friends and post family photos. If you prefer to keep your connections with colleagues in an entirely separate realm, LinkedIn provides that opportunity.
- It can help you find a job: LinkedIn allows you to post a resume, as well as recommendation letters from bosses and coworkers. Recruiters frequently search LinkedIn for potential job candidates and post information regarding open positions.
- You can join groups (such as the Academy for Eating Disorders’ LinkedIn group) and participate in discussions. The group discussion interface on LinkedIn is organized by thread and is user-friendly and interactive. For example, you can respond to posts by liking, commenting, flagging or sharing.
- LinkedIn provides a forum to share articles that you have written and research that you have published. You can post previews of articles and links to them.

As with any social media site, if you use your LinkedIn site to establish your professional identity and/or to attract clients, it is part of your professional space and therefore governed by legal and ethical guidelines. As such, it is not wise to connect with current or former clients on LinkedIn because it violates their confidentiality - one’s list of contacts is visible to anyone. It is
helpful to have a social media policy that is shared with clients so that they do not feel hurt if you turn down their requests to connect.

Join the AED LinkedIn Group:

The Academy for Eating Disorders LinkedIn Group is a “members only” group so there is a low risk of running into clients via participation in the site. To join the AED LinkedIn site, go to the AED home page at www.aedweb.org and click on the LinkedIn icon on the bottom left. Once you are on the LinkedIn page, request to join. It may take up to seven days to be officially added to the group.

Resources:

There are numerous resources for gaining comfort and experience in using social media sites. Some helpful resources include:

http://drkkolmes.com
http://www.zurinstitute.com
http://www.apait.org/apait/resources/articles/kolmessocmed.pdf
8. Research-Practice Committee Update
Wayne Bowers and Howard Steiger, Research-Practice Committee Co-Chairs

The Research-Practice Committee has been working on the next Think Tank for the 2013 International on Eating Disorders (ICED) in Montreal, Quebec, Canada. The Research-Practice Committee is planning another panel involving distinguished leaders in the eating disorders field to offer their thoughts about the 2013 ICED at the end of the meeting. In keeping with the 2013 conference theme, the Think Tank panel will be multidisciplinary and will address such topics as “trans-disciplinarity” in the eating disorders world. Additionally, the Research-Practice Committee will be sponsoring a workshop at ICED 2013 focused on how to integrate research into clinical settings. The workshop will focus on the benefits of a researcher-practitioner partnership, present strategies for developing researcher-practitioner partnerships, and discuss the challenges researcher-practitioner partnerships present in a variety of settings.

In 2013, the Research-Practice Committee will participate in a Webinar with a specific focus on research-practice integration. As a committee we will be looking for new members who may be interested in being involved in helping support and promote the “cause” of research-practice integration. One effort is to bring research-practice integration to the forefront of AED activities and encourage reflection and dialogue among AED members on this important issue. We are also doing what we can to get this dialogue beyond the AED sphere, so as to stimulate reflections on research-practice integration elsewhere in the field.
A problematic characteristic of anorexia nervosa is the reluctance of patients to accept treatment even when they are very low in weight and at significant physical and psychological risk. Although patients with anorexia nervosa typically deny intent to harm themselves, their actions can result in life threatening medical complications. Reluctance to accept treatment can lead to difficult confrontational situations among patient, family and health care provider. Severely ill patients may lack the capacity to make competent treatment decisions, and situations may arise when involuntary weight restoration and other life saving procedures are justified. When a patient’s life is in imminent risk, civil commitment may be indicated. Supportive involuntary treatment in an expert behavioral specialty program can be life saving. There is uncertainty, however, regarding when and for whom involuntary treatment may be justified.

Involuntary commitment should be used only as an approach of last resort under the following conditions: i) life threatening anorexia nervosa with the need for 24-hour inpatient nursing supervision, ii) imminent danger-to-self, iii) unwillingness or inability to be admitted voluntarily, and/or iv) no less restrictive form of care or treatment meets the patient’s needs.

Research on the outcome of involuntary treatment for anorexia nervosa is limited and long-term follow-up subsequent to mandated or “coerced” treatment is needed¹. Importantly, however, case-control studies of involuntary compared to voluntary inpatients treated in specialty programs suggest that discharge body mass index is equivalent for both groups, although weight restoration may be slower for involuntary cases.² Furthermore, involuntary patients retroactively judge being detained in inpatient treatment as justified and helpful.²³ Although patients with anorexia nervosa treated on an inpatient basis report a stronger sense of coercion during active treatment,⁴ one inpatient study found that a majority of patients who initially reported high perceived coercion and denied a need for admission, “converted” within two weeks of hospitalization to agreeing that they did need inpatient treatment.⁵

With the greatest risk of relapse occurring during the first year following discharge from initial treatment,⁶ civil commitment purportedly may assure greater adherence to treatment and afford better long-term outcomes. Kaplan et al.,⁷ for instance, identified predictors of weight maintenance over six to 12 months. Both weight restoration at the conclusion of acute inpatient treatment and the avoidance of weight loss immediately following intensive treatment predicted a better outcome. Given these data, it could be argued that civil commitment should be maintained for at least one month after the end of inpatient weight restoration.

How might the use of involuntary commitment assist in the treatment of anorexia nervosa? For the patient, continued civil commitment offers the opportunity to maintain treatment
and work toward both physical and psychological wellness. The health care professional can use civil commitment as another means to address life threatening medical problems when the patient does not agree with a professional’s assessment. For the family/significant other, civil commitment can potentially reduce the stress that family/significant others feel and reduce their realistic fears about the health of their loved one. As a tool toward effective care, civil commitment must be considered when there is an imminent risk of physical or psychological danger.

References

10. Updates from the Special Interest Groups (SIGs)

Family-Based Treatment (FBT) SIG
Therese Waterhous, Melissa Coan, and Lauren Muhlheim, FBT SIG Co-Chairs

The Family-Based Treatment (FBT) Special Interest Group (SIG) is in its first year and we are pleased to report a growing membership. We have recently offered members the opportunity to be added to an online Dropbox folder containing resources relevant to the practice of FBT. The SIG welcomes anyone interested in learning more about FBT for eating disorders.

The FBT SIG is sponsoring a discussion panel at the 2013 International Conference on Eating Disorders (ICED) in Montreal, Quebec, Canada. The title of the panel is “Family Based Treatment from Different Perspectives: The Experiences and Roles of Clinician, Psychiatrist, Physician, Dietitian and Parent."

The lineup of speakers includes:

Clinician: Kara Fitzpatrick  
Psychiatrist: Jennifer Derenne  
Physician: Cynthia J. Kapphahn  
Dietitian: Therese S.Waterhous  
Parent: Laura Collins Lyster-Mench

We hope you will join us!
The Sisterhood, Chapter and Affiliate Committee (SCAC) is pleased to announce two new Sisters to the AED: Félag fagfólks um átraskanir (FFÁ) (Icelandic Eating Disorders Association; IEDA) and Ogólnopolskie Centrum Zaburzeń Odżywiania (Polish Centre for Eating Disorders).

The following are updates from our Sisters in Australia/New Zealand and Canada:

**ANZAED**
The Australia and New Zealand Academy for Eating Disorders (ANZAED) held its 10th annual conference in Adelaide, Australia in late August 2012. Highlights were keynote addresses from Carolyn Black-Becker (“Envisioning the Future of Eating Disorders Prevention”) and Marika Tiggemann (“Objectification Theory”), invited addresses from Howard Steiger and Mimi Israel, and a plenary debate. Attendees had opportunities to present their work, hear recent research findings, discuss issues in service provision, and participate in many interactive workshops. The conference engaged professionals from all disciplines working in the eating disorders field in Australia and attracted international visitors.

**Eating Disorders Association of Canada/Association des Troubles Alimentaires du Canada**
The 3rd Biennial Eating Disorders Association of Canada/Association des Troubles Alimentaires du Canada Conference was held in Halifax, Nova Scotia, in October 2012, and the conference was very successful. The theme "Eat, Play, Live," was woven into the fabric of the conference with a focus on broadening perspectives of healthy outcomes and the role of support and emotional connection in recovery. Keynote addresses were presented by Janet Treasure ("Collaboration in Care: Sharing Skills and Mobilizing Motivation") and Gail McVey ("Reframing and Balancing the Obesity Prevention Messaging: Implications for Research, Practice and Policy"). Dena Ashbaugh screened her documentary film, "No Numbers: Identity Beyond Measure," for conference participants, as well as for a public audience. Through a partnering initiative with the AED SCAC, the AED was one of the exhibitors at the conference.

For information about the AED’s many other Sister organizations, please visit: [http://www.aedweb.org/Sister_Organizations/2102.htm](http://www.aedweb.org/Sister_Organizations/2102.htm).
12. Book Review Corner

Jennifer Thomas


With the DSM-5 scheduled for publication in May 2013, Night Eating Syndrome (NES) will soon become a designated subtype of our field’s residual diagnostic category, Feeding and Eating Disorder Not Elsewhere Classified. Therefore, the recent release of the edited volume, Night Eating Syndrome: Research, Assessment, and Treatment, was perfectly timed. “Designed to be a resource for both scientists and practitioners” (p. 10), Night Eating Syndrome: Research, Assessment, and Treatment is a comprehensive synthesis of all that is currently known about this intriguing pattern of nocturnal ingestions and evening hyperphagia.

The book is divided into sections including Introduction and History; Biology; Relation to other Clinical Syndromes; Assessment; and Treatment. Integrating data from the authors’ own research and practice, case examples throughout the book bring the symptoms and suffering of individuals with NES to life. For example, Kelly Allison shares a particularly poignant patient reaction to a diagnosis that, until now, was little known to the general public: “Thank goodness I have discovered that [NES] is a real disorder. I feel like a pig and somehow—I am embarrassed about my lack of self-control and angry that I am sabotaging my health and my weight loss goals with this behavior” (p. 231). Similarly, Albert Stunkard’s standout chapter entitled, “A History of Night Eating Syndrome: The First Patient,” provides a dramatic account of his discovery of NES during residency training, leading to his seminal 1955 paper in which he described the syndrome for the first time.

Eating disorder specialty clinicians who begin asking their current patients about night eating may be surprised to know that the behavior is not uncommon. In a chapter entitled “Night Eating Syndrome and other Eating Disorders,” Yael Latzer and Orna Tzischinsky discuss the overlap and differential diagnosis between NES, anorexia nervosa, bulimia nervosa, and binge eating disorder. Their bulleted list of directions for future research raise intriguing questions for the field, including whether evening hyperphagia, a hallmark symptom in NES, is a variant of bulimia nervosa or binge eating disorder, in which late-night overeating is also common.

If you are wondering whether a current patient has NES, or would like to screen for the disorder in an upcoming research study, Jennifer Lundgren and colleagues’ chapter on “Assessment Instruments for Night Eating Syndrome” is a must-read. It describes the similarities and differences between existing NES self-report questionnaires and a new semi-structured interview. Importantly, the chapter features copies of several assessment instruments—conveniently ready to slip into an existing clinical measurement battery or research protocol.

Perhaps most relevant to clinical practice, Kelly Allison’s chapter “Cognitive-Behavioral Therapy and Night Eating Syndrome,” contains the first publication of a 10-session NES treatment manual. Allison describes the treatment in enough detail that a trained CBT practitioner could
readily implement the techniques. This manualized treatment for NES draws on basic therapeutic principles such as self-monitoring, stimulus control, dysfunctional thought records, progressive muscle relaxation, sleep hygiene, and phase-shifting calories from night to morning. NES-specific stimulus control techniques with which eating disorder practitioners may not yet be familiar include selecting a time for the kitchen to be “closed” and putting painter’s tape across the entrance of the kitchen to prevent nighttime entry. Similarly, thought records for the NES patient may include automatic thoughts that spuriously link eating to sleep (e.g., “If I just eat something I will be able to sleep. My stomach bugs me—if I don’t eat, I will just keep getting up,” p. 237). This chapter also includes blank self-monitoring records that could easily be photocopied for in-session use, as well as examples of pre-filled forms from example patients to illustrate the effective use of CBT techniques.

Night Eating Syndrome: Research, Assessment, and Treatment is packed full of useful information for professionals. This volume may be somewhat dense read for a lay audience. Readers interested in a more general overview of the same topic might prefer the 2004 self-help book Overcoming Night Eating Syndrome: A Step-by-Step Guide to Breaking the Cycle (by Kelly Allison, Albert Stunkard, and Sarah Their) which is intended for a broader readership.

Night Eating Syndrome: Research, Assessment, and Treatment ends with an inspiring invitation for future research. As the editors themselves point out, most NES findings are based on just one or two studies. Thus, the authors “encourage readers to take the torch and shed their own light on NES” (p. 288).
Beating Eating Disorders (BEAT) has just begun an exciting new project supporting transitions. To date, it is being piloted in the London area, but we are confident that we will be able to demonstrate significant benefits that will lead to it being implemented across the United Kingdom.

We know from our daily contact with people affected by eating disorders and their families that leaving intensive inpatient treatment and returning home (or back to college) can be a very difficult and risky time. Few services in the UK are configured with a ‘step down’ structure that would allow someone to transition from intensive inpatient to outpatient treatment in stages. Parents can be overwhelmed when they need to take over the full responsibility for supporting a loved one who has been so very ill and may not even be fully weight restored when they are discharged.

The Transitions Project involves peer mentors who have recovered from an eating disorder and who are trained to provide individual, on-line support for people leaving the hospital. BEAT staff collaborate with the major treatment centers in London and work with our volunteers to coordinate and match mentors to mentees.

The project is in its early stages. The contacts are being established and mentors recruited. We are hopeful that a significant research grant will be secured with the BEAT Transitions Project and we look forward to reporting back when we have some outcomes to share.
On Thursday, November 29, 2012, F.E.A.S.T. (Families Empowered and Supporting Treatment of Eating Disorders) and the Eating Disorders Coalition (EDC) coordinated with the office of Senator Tom Harkin to sponsor a Congressional Briefing designed to call attention to the high death rates associated with eating disorders. Entitled “Ten Percent is NOT Acceptable,” the briefing featured six speakers representing eating disorder clinicians, families, and advocates. Marc Chavez, of the National Institute of Health, Bethesda, Maryland, presented on the mortality statistics associated with eating disorders and Julie O’Toole, of the Kartini Clinic, Portland, Oregon, discussed pediatricians’ potential to save lives through better training leading to early intervention.

Parent Amy Snyder spoke about her experiences navigating diagnosis and treatment options for her seven year old daughter’s eating disorder. Another parent, Joan Riederer, spoke about how despite many difficult years of hard work and continued treatment, her daughter Erin eventually lost her life to anorexia nervosa in 2010, at the age of twenty-eight. Ms. Riederer reinforced the briefing theme: "Ten Percent Mortality is Unacceptable."

Laura Collins, Executive Director of F.E.A.S.T., spoke about the powerful role that families can play in effective treatment, as well as the obstacles parents face in finding evidence-based treatment models that have promising success rates. Jeanine Cogan, Policy Director of the EDC, closed the briefing with her remarks on how Congress can address the problems that lead to ineffective care and the unacceptably high death rate for eating disorders through the FREED Act.

Over 80 parents, clinicians, and congressional staff attended the briefing and many went on to join the EDC after lunch for an Afternoon of Advocacy at the United States Capital. For more information, please visit our website at www.feast-ed.org.
One of Eating Disorders Coalition’s (EDC’s) very first efforts was advocating successfully for the inclusion of an eating disorders objective in “Healthy People 2010,” the federal roadmap that consists of hundreds of objectives with the overall target to improve the nation’s health. National data sources are required to document improvement. For the Healthy People 2010 initiative, the EDC labored in our efforts to convince stakeholders to include an eating disorder objective. After much effort, the following objective was included: “Reduce the proportion of adolescents who engage in disordered eating behaviors in an attempt to control their weight,” using the Youth Risk Behavior Surveillance System as the data source. Eating disorders are the only specific mental disorder that has its own objective besides depression.

For “Healthy People 2020,” the EDC built on this objective by submitting comments during the open comment period that urged the inclusion of another objective to measure the proportion of adults with eating disorders or engaging in disordered eating behaviors. In the June Forum newsletter, I reported on the success the EDC had with getting a congressional directive in a bill that urged the National Institute of Health to expand, intensify, and coordinate its research on eating disorders. After an initial meeting with National Institute of Mental Health (NIMH) staff, we hope to create a mechanism for better communication among the agencies on eating disorders research. EDC is at the beginning of these conversations and we will continue to see how NIMH and other agencies can best expand and coordinate eating disorders research.

The EDC put forth a strong effort in 2012 for better implementation of parity by working with former Congressmen Patrick Kennedy and Jim Ramstad on their parity field hearings to bring attention to what has happened with insurance since The Mental Health Parity and Addiction Equity Act passed in 2008. The goals of the parity field hearings are: 1) to put public pressure on the administration to promulgate final rules for parity and 2) to bring public attention to insurance companies who are still skirting their responsibility to provide necessary treatment. The EDC worked with Parity Now to identify local speakers for nearly every field hearing; therefore, eating disorders were well covered across the country.
New Year’s is typically known for looking back over the past year. In 2012, The National Association of Anorexia Nervosa and Associated Disorders (ANAD) was truly blessed to have the support of so many through this outstanding year. We wish to celebrate how far ANAD has come and what we have achieved.

We continued to fulfill our mission of advocating for the development of healthy attitudes, bodies, and behaviors with the help of our treatment center partners, individual therapists, our network of support group leaders, and the wonderful individual supporters throughout this past year.

Thank you to the over 500 individuals who participated on May 21st, 2012 in ANAD’s 9th annual candlelight vigil, during which Jenni Schaefer, author of “Life without ED” and “Goodbye ED, Hello Me,” gave an inspirational speech.

The Annual Midwest Eating Disorders Conference held on October 26th, entitled “Wellness, Not Weight: Working Together Across the Full Spectrum of Eating Disorders,” was a huge success with over 270 attendees, 16 clinical speakers, and our fantastic keynote speaker Dr. Kelly G. Wilson, Associate Professor of Psychology at the University of Mississippi and one of the co-developers of Acceptance and Commitment Therapy (ACT).

Also, in 2012, ANAD, BEDA and NORMAL, three national non-profit organizations dedicated to education on weight acceptance, united our organizational efforts to produce a new documentary film titled “Beneath the Floorboards.” This film takes an intimate and personal look at a daughter’s and mother’s journey and explores the weight-based bullying that faces individuals living in larger bodies. Please watch the trailer at our website www.anad.org.

Thank you to all who support those affected by eating disorders! All of us at ANAD look forward to another great year in 2013.
17. Announcements
Awards for Papers Published in 2012 in International Journal of Eating Disorders (IJED)
Michael Strober, Editor-in-Chief IJED, Ruth Striegel, Editor-in-Chief Elect IJED, and Anne Becker, Howard Steiger, Kelly Klump, and Glenn Waller, IJED Associate Editors

The International Journal of Eating Disorders (IJED) and Wiley InterScience invite applications for two awards, each in the amount of $2,500, for outstanding IJED papers that have appeared in print in 2012. Each award is described below. Please note that equal consideration will be given to empirical and non-empirical (e.g., review) papers in both categories.

Awardees will be notified in late March 2013. Awards will be presented during the Awards Ceremony of the International Conference on Eating Disorders on May 3, 2013, in Montreal, Canada.

Award category one: Best Paper by an Early Career Investigator
Candidates must be a) current “trainee” (students, interns or residents), or b) within 5 years of receiving their most advanced degree.

Nominations (including self-nominations) should be sent to Dr. Howard Steiger, IJED Associate Editor, at stehow@douglas.mcgill.ca and include the complete citation of the article, including names of any co-authors. Documentation from the relevant official or institution certifying trainee status or the date of the applicant’s graduation from the Academic Program should also be sent to Dr. Steiger via email attachment. This certification must be received prior to the Committee’s review of candidate papers. Past Awardees are not eligible for additional consideration. We are truly delighted to be able to offer this special support to early career investigators.

Award category two: Outstanding Scientific Contribution
Nominations (including self-nominations) should be submitted to the Editor directly at rstriegel@wesleyan.edu and include the complete citation of the article, including names of any co-authors. Investigators at all levels of development (early-, middle-, and late-career) are eligible to apply, although individuals who received any IJED/Wiley award within the past 5 years (including an Early Career Award) are ineligible for this award.

Submission deadline for all applications: February 15, 2013.

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Academy for Eating Disorders (AED) Fellows Announcement

AED Fellowship Committee

The Academy for Eating Disorders (AED) Fellowship Committee is pleased to announce the call for Fellowship Applications. The AED confers Fellow status to recognize distinguished contributions made by AED members to the field of eating disorders. The list of AED Fellows reflects a diversity of distinguished contributions to the field and the interdisciplinary and international composition of the AED’s membership.

IMPORTANT NOTE: The status of Fellow in the Academy of Eating Disorders presupposes that the qualifications of the person have elevated her or him to national and/or international recognition as a distinguished contributor to the field of eating disorders. In virtually all instances "distinguished" refers to a combination of the achievement of excellence and significant contributions deserving of recognition as extraordinary. The contributions of the person nominated have to be demonstrably unusual, innovative, and/or of a pioneering nature. Fellowship status is not conferred simply on the basis of seniority or competence.

The Fellowship Committee is thus looking to recognize candidates who have maintained AED membership in good standing continuously for at least the past five (5) years, and who clearly have made one or more of the following contributions to the field:

(1) Distinguished, sustained research-based scholarship that has contributed significantly to the professional literature;

(2) Distinguished and sustained contributions to literature designed for lay audiences (e.g., people with eating disorders; families; advocates and activists);

(3) Distinguished, sustained, nationally- and/or internationally-recognized contributions to clinical services and/or prevention;

(4) Distinguished and sustained contributions to the leadership and activities of the Academy of Eating Disorders;

(5) Distinguished and sustained contributions to advocacy in the context of government or other major organizations.

All applications must be complete and received by no later than Monday, January 14, 2013, at 4:00 p.m., Eastern Standard Time. Send the application materials to fellows@aedweb.org.

All applications must be supported by:

- A cover letter detailing (using specific examples and other evidence) how the candidate meets the criteria for Fellowship.
- An up-to-date curriculum vitae.
Two letters of recommendation that address in detail (1) how well and under what circumstances the recommender knows the candidate; and (2) including specific examples, precisely how the candidate meets the criteria for Fellowship. For example, a referee would need to support in detail, with specific examples, the applicant’s contention that she or he has made a significant, distinguished impact on AED and the field of eating disorders through his or her service to the organization.

The Fellowship Committee would prefer that candidates submit the letters of recommendation along with their cover letter and vitae, but referees (i.e., recommenders) may, if they prefer, submit their evaluations under separate cover.

The induction of individuals who have been accepted as Fellows will take place during the 2013 International Conference on Eating Disorders at the Awards Ceremony & Annual Business Meeting to be held on Saturday, May 4, 2013 in Montréal, Canada. The conference will be held from May 2 – 4, 2013.

If you require further information, please contact Annie Cox at acox@aedweb.org.
18. Member News
Lori Lieberman, RD, MPH, CDE, LDN and Cate Sangster are pleased to introduce a novel recovery tool, *Food to Eat: Guided, Hopeful and Trusted Recipes for Eating Disorder Recovery*, which is now available in print and e-book (http://www.food-2-eat.com).