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After serving on the Board of Directors in various roles since 2009, I thought that
I had a pretty good overview of the activities that are going on within the AED.
However, assuming the presidency of the AED in June has given me unimagined
new and deeper insights into the various initiatives of our organization and even
increased my huge appreciation for the dedicated volunteers who work so hard
to make these initiatives happen. What an incredible couple of months it has
been in this role; they have allowed me to see so many exciting things
happening within the AED!

For example, the development of a European Chapter is currently underway,
which has been proposed by members and co-chairs of the Partner Chapter and
Affiliates Committee (PCAC). Similar to the successful Hispano Latino American
Chapter, we assume that the European Chapter will provide an additional
platform for exchange to our members from European countries. Through the
involvement of national eating disorder organizations from various European
countries, the Chapter will also offer many opportunities to members of those organizations who have not
been AED members themselves so far.

The preparation of a European Chapter is one example showing that the AED is developing an increasingly
global focus, which is so important if we want to achieve our vision of global access to knowledge,
research, and best treatment practice for eating disorders. Additional plans towards this goal of global
accessibility include initiatives such as the emisary program in order to deliver expert knowledge to
underserved regions and the AED Translation Board in order to make the AED's content and products
available to broader audiences. In addition, we explore ways to make content from the annual
International Conference on Eating Disorders (ICED) electronically available to colleagues who cannot
attend the meeting in person. Furthermore, we have sent out an online survey to our membership asking for
specific challenges, barriers, and needs in parts of the world where the AED has only very few members, in
order to identify ways we can learn from and assist our colleagues there. All these activities were a part of
the discussions at the Board's recent mid-year meeting which was - for the first time - held virtually, rather
than in person.

In addition to reviewing our ongoing work in the various portfolios, we took time at this Board meeting to
revisit our current strategic goals and to define priorities for the upcoming years. We agreed to adopt three
additional strategic goals which will specifically focus on: a) building constructive, mutual relationships
with professionals and professional organizations around the world, b) increasing awareness around eating
disorders among policy regulators, and c) activities to ensure the financial stability and long-term
sustainability of the AED, which is the ultimate prerequisite for allowing us to achieve our vision.

One of the most important AED events in 2018 will be our annual international conference, which will also
mark the AED’s 25th anniversary. Therefore, I very much hope that you will join us for ICED 2018! Our
conference co-chairs, Kristin van Ranson and Phillippa Diedrichs, together with our Director for Annual
Meetings Jenny Thomas, and the Scientific Program Committee are doing a fantastic job in preparing
what will be an outstanding meeting in Chicago from April 19-21. The conference theme is “Expanding our
Community & Perspectives.” We look forward to stimulating presentations, workshops, and poster sessions,
and discussions with colleagues from around the world, and we look forward to welcoming all of you in
Chicago!

In this column, I just mentioned a few examples showing that we have had a busy couple of months.
Thanks to the hard work of our Board members, volunteers, and staff, the AED is moving forward,
accomplishing many important things and planning future activities. I very much look forward to the
upcoming months when these will come to fruition. I welcome your involvement and would like to thank
you very much for all your time and effort that you devote to the AED. If you have any ideas, suggestions
or feedback, please feel free to contact me at stephanie.bauer@med.uni-heidelberg.de.
Welcome to your latest edition of the AED Forum! As always, this issue is full of excellent articles and updates from the AED’s members, committees, and partner organizations. For example, the Research-Practice Committee provided a thought-provoking piece on the obstacles for clinicians learning evidenced-based treatments, which is sure to spark discussion among the AED’s members. Additional highlights of this issue include the Advocacy and Communications Committee’s article updating members on a recently published article “evaluating and summarizing the current state of science behind” the AED’s Nine Truths, and newly appointed Forum Book Reviewer, Elin Lantz, writes a review of Clinical Handbook of Complex and Atypical Eating Disorders.

I would like to thank all of the individuals who submitted articles for this issue of the Forum. I also want to extend a warm welcome to Anna Ciao, who is taking over as the AED Forum Editor, and who took primary leadership over editing this issue of the Forum. It has been a pleasure to serve as the Editor for the AED Forum for the past three years and I know it is in good hands with Anna. I look forward to continuing to receive my edition of the Forum in my inbox!

As always, we encourage interested readers to submit articles, letters, and announcements for the next issue of the Forum. Please submit your contributions and suggestions to Anna Ciao at Forum@aedweb.org. The deadline for submissions to the next issue of the Forum is February 1, 2018. The next edition of the Forum will be the annual print ICED edition.

Greetings from The Executive Director

One of my great heroes, Abraham Lincoln, once said “I am a slow walker, but I never walk back.”

Progress in the field of eating disorders - both on a personal level and on a macro-level - is a slow-moving effort. Thanks to the tireless work of so many great physicians and clinicians, and the hard work of patients and families, progress in the fight against this pernicious disease happens. And thanks to the brilliantly insightful and tenacious inquiry by researchers into brain function, cultural factors, genetics, and much more, real breakthroughs and understanding are progressing. But it’s slow going.

So I count our victories in incremental steps, and last week an email came into my inbox that made me want to celebrate. The email was from a Girl Scout troop leader named Cindy Powell. Cindy wrote: “My Girl Scouts and I wanted to express our gratitude by writing a little thank you note. Your page from your website of resources on eating disorders has been extremely useful and informative in helping my Senior Scouts learn about healthy body image since it’s a major factor of self-esteem. As a small token of our appreciation, we thought it would be nice to send along a helpful resource that we came across. It’s a paper on the effects of eating disorders on oral health and it provides plenty of information and resources on the subject. If you decided to add it to your resources, I’d love to show my troop that their suggestion was up and running to help others. We do our absolute best to follow the Girl Scout slogan of ‘Do a good turn daily.’”

What excited me about this email was the idea that a Girl Scout Troop could find and take on this project, bringing critical information to a vulnerable public. The word “advocacy” means many things, but one meaning is “active support of an idea or cause - especially the act of pleading or arguing for something.” Spreading the message about eating disorders to everyone - health care professionals, educators, and policy makers is an important job. Getting the messages right out to the community is another - so hooray for Cindy’s Girl Scouts.
Coincidentally, on the same day that email came in, I got another - from the AED Secretary Bryn Austin, and the Eating Disorders Coalition (EDC) where she serves as President, inviting me to attend a congressional briefing co-sponsored by the EDC and the American Dental Association on the importance of early identification of eating disorders by health professionals in the medical/surgical industry.

One of the five outstanding speakers was Richard Gesker, Chief Dental Officer at Mary’s Center. He described in heart-breaking detail the impact of bulimia and binge eating disorder on teeth, gums, and surrounding tissues, and the importance of awareness of eating disorders in the dental community. He said that the acid in the average stomach was equivalent to battery acid, that visible ulcers develop in the mouth, and that the enamel becomes rapidly eroded. He also said that once you are trained in what to look for, eating disorders manifest in some very unique ways, and he called for an increase in emphasis on eating disorders in medical/dental schools and in post-graduate continuing education.

The interest and impact of his words - and those of the other speakers - on the federal legislative staff in the room was profound. I think the staff and members of the American Dental Association went away with a deeper understanding of the importance of early diagnosis and treatment. I don’t think anyone who was there will be blind or silent on eating disorders, and perhaps, hopefully, this attention and recognition by legislators will grow.

Many of you could cite other ways we are getting the word out - and educating the public at all levels. Can we do more? Collectively, you bet we can! Calling all Girl Scouts! Calling all Boy Scouts! Calling all of you, dear AED members. Let’s do more. Let’s speak louder and more often.

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2018 AED Nominations Are Now Open

The AED needs your help to ensure that we have the best candidates to lead the organization going forward. We are seeking nominations for Board of Directors positions, the Nominations Committee, and AED’s Annual Awards. Positions are voted on by the membership of AED at the Annual Business Meeting that takes place during the International Conference on Eating Disorders (ICED), next occurring in Chicago on April 21, 2018.

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SIG and Committee Updates

Advocacy and Communications Committee

Renee Rienecke

In an effort to correct mistaken beliefs and stereotypes about eating disorders, the Academy for Eating Disorders, in collaboration with leading eating disorders organizations, published the Nine Truths About Eating Disorders, which is based on Cynthia Bulik’s 2014 9 Eating Disorders Myths Busted talk given at the National Institute of Mental Health. Since the document’s publication in 2015, the “Nine Truths” has been translated into over 30 languages and disseminated widely by eating disorder associations and individuals across the globe.

Recently, an article evaluating and summarizing the “current state of science” behind these truths has been published in the European Eating Disorders Review (see here). In this article, The Science Behind the Academy for Eating Disorders’ Nine Truths About Eating Disorders, Schaumberg et al. (2017) present empirical evidence for
each assertion, provide confidence ratings (e.g., low, moderate, high) and identify areas for future research. A multitude of citations and supplementary online information enrich the paper.

The authors conclude that current literature solidly backs the majority of the truths. Areas highlighted for future research include longitudinal studies to better understand the trajectory of eating disorders; understanding the educational needs of physicians and other first-line treatment providers; and prospective studies to elucidate how environmental variables such as family dynamics may interact with an individual’s underlying biological vulnerabilities to either increase risk for, or protect against, the development of an eating disorder. In addition, the paper calls for further investigation into the numerous biological mechanisms involved in disordered eating, including genetic research.

The paper concludes with a call for adequate funding to carry out this important research. The authors acknowledge that research on eating disorders tends to be terribly underfunded, in part due to the very misconceptions that the “Nine Truths” sets out to dispel. Advancing science will help the field to refine these truths, identify new ones, and reduce the morbidity and mortality associated with eating disorders.

Electronic Media Committee

Marisol Perez and Alexia Spanos

The AED management staff and Electronic Media Committee are excited to announce that the AED launched a new website and online community on December 1, 2017. This new site was designed to better reflect the vision of the AED to provide “global access to eating disorders research, education, treatment, and prevention.” As such, it features a more user-friendly home page that is easier to navigate, providing better access to important information, AED publications, and AED policy positions. The AED online community, which serves to promote the sharing of knowledge and research-practice integration to members only, will have a working “reply” and “reply all” function, be easier to navigate, be more straightforward to digest, and allow for better tracking of conversations in order to facilitate engagement with fellow members. The community will also allow users to better organize files for quicker file identification, and require less downloading of files for viewing. We are also working hard to revamp the membership directory so that searching for a practitioner in a certain geographic area and/or of specific specialty will be trouble-free and effortless.

Thanks to Dawn Gannon, Bethany Blackwell, Elissa Myers and all of our volunteers on the Electronic Media Committee whose hard work and dedication made this new website launch possible.

Keep on the look-out for announcements to check out the new website!

Patient-Carer Committee

Judy Krasna

Join the PCC in 2018!

If you think that the Patient-Carer Committee (PCC) is just for parents, or that we are solely focused on anorexia nervosa, or that it’s only comprised of women, or that it is a place for “non-professionals” in the AED, you would be misguided - and that would be unfortunate. The only criterion for joining the PCC is that all applicants must either be a (former) patient or a caregiver. It is important to us to maintain a balance between patients and carers, so that our committee’s agendas serve both the patient and the carer populations equally. We make a concerted effort to focus on projects that benefit treatment for all eating disorders. We currently have two men on the PCC, one of whom is a clinician. There are two other clinicians on our committee, and a researcher as well.
It is also important for us to recruit committee members from diverse populations and from different countries, so that we can get the broadest possible perspective on issues of interest to the patient-carer community which need to be addressed. We strive to be inclusive, welcoming, and approachable.

If you meet the criterion for joining the Patient-Carer Committee, and you are interested in making significant contributions both to the AED and to improving eating disorder treatment on a global level, please consider joining the PCC in 2018 as there will be a few vacant spots to fill, when the annual Call for Volunteers opens in January 2018. We look forward to having you!

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**Special Interest Groups Oversight Committee**

*Kelly Allison*

Get involved with a Special Interest Group (SIG) at ICED in Chicago next year! All attendees, including existing members, new members, and first time conference attendees are encouraged to attend the SIG annual meetings at ICED. The annual meetings provide an excellent opportunity to connect with colleagues working in specialized areas of the field. Some SIGs meet and present studies, others discuss cases or treatment strategies, and all are a good place to exchange ideas.

The SIG Oversight Committee (SOC) is assigning liaisons to each SIG this year so that the SIG co-chairs have a direct connection to the oversight committee to get questions and concerns answered. We have just welcomed new committee members, so these assignments will be completed soon. SIG co-chairs should look out for a communication from their assigned committee liaison in the near future.

Finally, the SIGs are sponsoring an exciting variety of programming to be presented at ICED 2018. Follow [this link](#) to see the SIG Panel Discussions at ICED 2018. These sessions typically include a mix of interesting information and lively discussions among the panelists and the audience, so be sure to pick your favorite topics and attend!

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**Health at Every Size SIG**

*Julie Church*

New Name... Evolving Purpose: From HAES to the Weight Stigma and Social Justice SIG

During the 2017 ICED meeting in Prague, the Health at Every Size SIG discussed its roots, evolution, and future directions. The attendees joined in person and via Zoom, from around the globe. Recognizing that addressing weight stigma effectively requires an intersectional lens that attends to other sources of societal stigma (e.g. race, ethnicity, gender, age, ability status, sexual orientation, etc.), members voted to change the SIG name to “Weight Stigma and Social Justice SIG”. This name better represents the work we seek to do within the eating disorder field. The SIG remains committed to promoting the Weight Inclusive Approach to health in our clinical, scholarly, and advocacy work. Members of this SIG are passionate about deepening our own understanding of social justice and educating our membership on how body politics and disordered eating differentially impact those with multiple, intersecting oppressed identities. We utilize a social justice framework and seek to give voice to marginalized groups and promote equitable access to quality healthcare. The members of the Weight Stigma and Social Justice SIG enjoy the benefit of collaborating with colleagues in the multidisciplinary use of both clinical and research applications of a Weight Inclusive Approach to clients with eating disorders and invite you to join us by following [this link](#). In organizational solidarity, we encourage all AED members to learn more about the impact and significance of weight stigma and social justice matters in understanding, preventing, and treating individuals with eating disorders.
1) **Who are you?**
I am a Parent/Carer/Family advocate, and my major focus is on working with those who believe that therapeutic alliances - between those who support the person and the clinical teams treating the person - provide opportunities and environments for recovery in the shortest time and with minimal negative impacts and experiences for the person.

2) **Where do you live and what's your background?**
I live in Perth, Western Australia and I am retired from full time employment as a plant and machinery safety inspector and consultant. My advocacy experience started in that line of work advocating for an independent certification scheme for inspectors because the government had not provided any replacement, and then it restarted when my eldest daughter relapsed with anorexia nervosa.

3) **Why are you interested in eating disorders?**
Because of my daughter's relapse in 2010 after six years of various ineffective treatments, I met Jan Clarke - the mother of Bronte Cullis - who showed and educated my daughter and our family how to recover. As a result of Jan's work with us, I discovered that the previous treatments could have been Family Based Therapy and that could have meant our daughter's illness duration was shorter and that she was less likely to relapse. I now want to ensure the treatments and narratives for families/parents/carers are not what our family and daughter experienced, and that they are evidence based and family/parent/carer inclusive with collaborative therapeutic alliances between the clinicians and the loved one.

4) **What's one thing most people don't know about you?**
I listen to classical music when I fly.

5) **Why did you join the AED?**
I joined because the AED organization provided the opportunity and the environment for a non-clinician/professional - just a passionate, dedicated, enthusiastic dad - to join with the clinicians, researchers, and other eminent persons in a collaborative alliance to make a positive contribution to the treatment and recovery of those with an eating disorder.

6) **How do you/would you like to contribute to AED's Vision & Mission now or in the future?**
By contributing actively to the AED Patient-Carer Committee and the Membership Recruitment and Retention Committee and to endeavor to bring the parent/carer/family voice, experience, and perspective to the AED organization and its members.

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**Member's Viewpoint**

**The Research-Practice Committee on Obstacles for Clinicians Learning Evidence-Based Treatments**

*Theresa Fassihi and Timothy D. Brewerton*

A primary mission of the AED is to reduce the research-practice gap and facilitate and promote evidence based practices (EBP) in direct patient care. The EBP movement began in the medical field in the early 1990s. Commonly, it is defined as “the integration of best research evidence with clinical expertise and patient values”
The gap between research and practice is attributed to many factors, including inadequate practitioner training, a poor fit between treatment requirements and organizational structures, insufficient administrative support, and practitioner resistance to change. These barriers urgently need to be studied and addressed.

One challenge is the allocation of resources. We can study treatment methods and their implementation by looking at: 1) efficacy of the intervention, 2) effectiveness in "real world" settings, and 3) dissemination. Almost all research and research funding are allocated to the first issue - efficacy of the intervention - with far fewer "real world" effectiveness studies, and very few dissemination studies (Lucyshyn, blog post, 2016).

Fortunately, some important research on dissemination is being done in a relatively new discipline, implementation science. Implementation scientists have advocated for a new model of research called collaborative design in which researchers and practitioners work together to ensure that an evidence based treatment is adapted effectively to real-world conditions. Such an approach can help us identify and address obstacles to implementation. An example of this form of research is being conducted on the implementation of Family Based Treatment for eating disorders in Ontario, Canada (Couturier et al., 2015).

Leaders in this field also say we need to abandon "let it happen" or "help it happen" approaches to the implementation of EBPs, and instead adopt a "make it happen" approach (Fixsen, Blasé, Duda, Naoom, & Van Dyke, 2010). Their research appears to focus on how to "make it happen" in clinical organizations, with an emphasis on creating a work environment that clearly defines EBP and empowers, trains, and leads clinicians to implement EBP.

Fortunately, many treatment programs in the eating disorders field adopt the "make it happen" approach, but a remaining challenge is reaching the individual practitioner who lacks access to such support, training, and resources.

From a clinician perspective, here are a few obstacles these practitioners may identify:

1. Time limitations.
2. Financial obstacles.
3. Cognitive biases, e.g., against academia and research. May not think research is relevant to day-to-day practice.
4. Limited research training or understanding of the scientific method.
5. Belief that clinical science is not an ever-changing, fluid body of knowledge.
6. Little or no access to journal articles.
7. Clinicians in private practices without paid vacations or travel, which may limit access to training and support opportunities.
8. Lack of awareness of websites that provide info about randomized controlled trials and EBP.
9. Lack of membership in organizations.
10. Little or no attendance at conferences.
11. Lack of local continuing education opportunities.
12. Nonattachment to academic institutions.
13. Difficulties in integrating and reconciling new knowledge with prior beliefs and practices.
14. Little or no treatment studies of eating disorder individuals with comorbidity, e.g., PTSD, substance use disorders, OCD, mood disorders, etc.

Implementation science must address the concerns of the individual practitioner as well. Most eating disorders patients try outpatient therapy with private practitioners before considering more intensive treatment, and a majority do not receive treatment at higher levels of care. Outpatient providers are the foot soldiers of treatment. Reaching them and supporting them is key to research practice integration.

A first step is understanding. In a Canadian study reported in 2012, Kristin von Ranson and colleagues found that "the quality of specific training in the treatment of eating disorders received by most community clinicians appears questionable," and about half of the clinicians did not identify research support as a main reason for choosing a treatment approach (von Ranson, Wallace, & Stevenson, 2012). Such a gap between research and practice can seem insurmountable, but we can make progress in many small steps, forming local organizations, offering continuing education opportunities in our communities, etc. As members of the AED, we are all ambassadors for EBP.

Sources:
Blog Post for American Psychological Association, Division 15 by Dr. Joseph M. Lucyshyn, University of British


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**Association Updates and Other News**

**Book Review Corner**

Elin Lantz, AED Book Reviewer

*Clinical Handbook of Complex and Atypical Eating Disorders* (Oxford University Press, 2017, 448 pages).

In the eating disorders field, the high rate of diagnostic crossover and unique symptom constellations can easily baffle clinicians, as patients' symptoms may not always fit neatly under a treatment umbrella. The *Clinical Handbook of Complex and Atypical Eating Disorders* offers a thorough and thoughtful compendium of research on the many manifestations of eating pathology. The book sheds light on areas in the eating disorder field that are less-studied but clinically important; the book highlights that in the “real world,” eating disorders are often more complicated or distinct to small patient groups than treatment manuals account for. This user-friendly handbook begins to tap into that heterogeneity by deconstructing convoluted cases into their components and investigating the functional role of each comorbidity or behavior in eating pathology.

The book's three parts focus on common comorbidities, atypical eating disorder presentations, and eating disorders among atypical populations, each chapter written by experts on unusual manifestations of eating pathology. Part one tackles a long list of common eating disorder comorbidities and carefully presents an abundance of information on the prevalence of specific comorbidities with particular eating disorders. It then lays out strategies and tools for assessment of comorbidities, as well as guidelines for treating these complex clinical presentations. The book leads clinicians step-by-step through the factors they should consider in identifying treatment targets and outlines either how to integrate treatments for the comorbidity and the eating pathology or how to decide the chronology of treatments.

Part two delves into conditions new to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) or atypical symptom presentations, such as avoidant/restrictive food intake disorder, purging disorder, night eating...
disorder, rumination disorder, and muscle dysmorphia. These detailed portraits of each condition are particularly useful for clinicians to familiarize themselves with research on atypical eating disorders and present ideas for evidence-based treatment for these unusual cases.

In part three, the book explores physical factors relevant to eating pathology, such as diabetes or a history of obesity, as well as identity factors, such as ethnicity, stage of life, sexual orientation, and gender identity. When reading this book, clinicians will inevitably encounter new information about a sliver of the eating disorder population which they know little about; as a result, the book forces the reader to consider a range of factors that might influence a particular eating disorder case.

One aspect that sets this handbook apart - and makes the reader keep thinking long after setting the it down - is its focus on a number of areas in the field for which there is a paucity of research. The authors cultivate critical thinking in the reader about glaring gaps in our treatment of complex, yet common, eating disorders.

Every eating disorder clinician should have this handbook on the shelf as a quick go-to when encountering patients with a rare type of eating disorder behavior or a severe comorbidity. This book addresses challenges that clinicians frequently face in real-world clinical settings, and moreover points to a deep need for further research for complex or atypical conditions.

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National Eating Disorders Association (NEDA) Update

*Caitlin Hamilton*

The National Eating Disorders Association (NEDA) has several updates and future projects to report:

The Binge Eating Disorder Association (BEDA) National Conference, co-organized and in partnership with NEDA, was held from November 2-4 at the New York Marriott at the Brooklyn Bridge. NEDA's Family Panel shared insights on their experiences with Binge Eating Disorder and spoke from a broad range of perspectives on recovery and treatment. This engaging discussion put a spotlight on the personal impact of eating disorders. NEDA also presented two *Body Project* training sessions during the conference. NEDA recently welcomed Jessica Scheer, Chief Operating Officer and Kristen Snow, Senior Director of Strategic Partnerships to our leadership team. Previously, Jessica led the Epidermolysis Bullosa Research Partnership, served as the Director of Partnerships for Lady Gaga's Born This Way Foundation, and was Chief Financial Officer for DoSomething.org. Kristen has been with the NEDA team since 2014, serving as the Director of Programs and as a consultant overseeing the expansion of an evidence-based program and building community partnerships.

Mark your calendars for the upcoming NEDA events!

National Eating Disorders Awareness Week (#NEDAwareness) will run from February 26-March 4, 2018. With this year's theme, *Let's Get Real*, NEDAwareness Week will focus on the importance of community, emphasizing that people of all backgrounds are affected by food and body image issues, as well as eating disorders. Through various online initiatives, we will highlight voices that have traditionally been absent from the recovery community, including LGBTQ, people of color, people with disabilities, and men.

NEDA is also preparing for another successful spring walks season. Walks will be held in Phoenix, AZ (February 25), Mall of America (March 5), Los Angeles, CA (April 7), and Philadelphia, PA (April 22). We hope to see you there!

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Member News

*Michael Levine*

I [Michael Levine] have been active in the fields of eating disorders (EDs), body image, and prevention since 1983.
Since 1998 I have been developing a free email list designed to inform and connect people who are interested in, if not committed to, preventing EDs (and related conditions), as well as studying sociocultural factors (e.g., sexual objectification, mass media, weight stigma) that could help in developing, evaluating, and disseminating prevention programs. Currently, this list (it is not a list-serve or discussion list) consists of 594 people in 31 countries. If you and/or any of your colleagues, graduate and/or undergraduate students, friends, family, etc. - whether or not they belong to the AED - would like more information or would like to join (i.e., subscribe to) the Levine Prevention/Sociocultural Factors email Group, please email me at Levine@kenyon.edu.

Registration for ICED 2018 is now open! You can find out more details about the ICED 2018 schedule on the AED website and in the preliminary program.

PS. Don’t forget that reservations at the official conference hotel, the Chicago Marriott Downtown, are available. Don’t miss out!

AED has also arranged discounts on air travel with several carriers. Visit the AED website for more information.

Upcoming Webinars

- **Getting it right? Ethical Considerations in the Treatment of Eating Disorders** takes place on January 25, 2018 at 1:00pm EDT.
- **How to Publish in IJED if English is Not Your First Language** will be held on February 15, 2018 at 8pm EDT.
- **Toward Evidence-Based Level of Care Decisions for Patients with Eating Disorders** will take place on February 22, 2018 at 10:00am EDT.