Message From the President

Anne E. Becker

Homage, Legacy and Beyond

As our second decade comes to a close, the Academy for Eating Disorders (AED) can no longer claim to be a nascent organization. Some of you recall its emergence from a storied meeting in Tulsa, Oklahoma, in 1993. For those of you who were there, the sense of common purpose in organizing must have been immediate and electrifying. Others of us are grateful heirs to this legacy of energetic commitment and the infrastructure and community that it spawned. The ensuing years have clearly made good on the early promise, and together we have grown an organization that has set, reached and then reset the very high standards that the eating disorders field needs and deserves.

Over the course of these past 19 years, we have also labored to develop sundry programs, platforms and initiatives in which we rightfully share tremendous pride, one of these being the AED Forum. But all affection for AED traditions aside, if you are reading this preamble in Austin, Texas, you might well be wondering why you are holding a print version of the Forum in 2012, when we have so recently declared the era of print issues. Indeed, we have converted all of our four quarterly issues to e-publications where they appear on the AED website. Indeed, we intentionally toggle between print and electronic issues. That both formats serve a purpose is not just literal, but nicely metaphorical, too, insofar as we can appreciate the enduring traditions without settling into any kind of inertia. Indeed, we seem to navigate the tensions—if that is not too strong a word—inherent in retaining venerable traditions while embracing the fresh and electrifying. Others of us are grateful heirs to this purpose in organizing must have been immediate and enduring traditions without settling into any kind of inertia. Indeed, we seem to navigate the tensions—if that is not too strong a word—inherent in retaining venerable traditions while embracing the fresh and against the backdrop of electronic options that accommodate interactive dialogue, might even be said to tilt toward anachronistic.

Astute and loyal Forum readers will also have registered that three of our four quarterly issues have been converted to e-publications where they appear on the AED website. Indeed, we intentionally toggle between print and electronic issues. That both formats serve a purpose is not just literal, but nicely metaphorical, too, insofar as we can appreciate the enduring traditions without settling into any kind of inertia. Indeed, we seem to navigate the tensions—if that is not too strong a word—inherent in retaining venerable traditions while embracing the fresh and enduring traditions without settling into any kind of inertia. Indeed, we seem to navigate the tensions—if that is not too strong a word—inherent in retaining venerable traditions while embracing the fresh and against the backdrop of electronic options that accommodate interactive dialogue, might even be said to tilt toward anachronistic.

First, thanks and congratulations go to the 2012 Scientific Program Committee for rendering a platform of scholarly work and collegial elegance that have well exceeded even our high expectations for the ICED. Thank you, Anthea Fursland, Phillipa Hay, Tom Hildebrandt, Laurel Mayer, Victoria Mountford, Marisol Perez, TJ Raney, Dana Rofey, Kristin von Ranson, Kitty Westin and Program Co-Chairs Carolyn Becker and Glenn Waller. Thank you, in turn, to the investigators, clinicians, advocates and conference-goers who have brought their research, clinical experience and insights that tender excellence at this conference. The ICED is not just the flagship event of the AED, it is also a means of building and invigorating the robust empirical base, the translational strategies, the cadre of implementers and the community of professionals and advocates that are so essential to the virtuous cycle of innovation, rigorous empirical evaluation and
implementation and that rely on the synergies generated by this meeting.

As AED president, I have been privileged to hear from many of you and also to join in the work of several terrifically effective teams: the Research-Practice Committee, the AED Credentialing Task Force and Advisory Board, to name just a few, including the smart and fun cohort that comprise the 2011-2012 Board of Directors: Dasha Nicholls, Debbie Katzman, Pam Keel, Debbie Franko, Steffi Bauer, Glenn Waller, Marian Tanofsky-Kraff, Eva Trujillo, Guido Frank and Sloane Madden. Our profound thanks go to Debbie Katzman and Steffi Bauer, ending their respective terms as past president and director for public affairs, for sterling accompaniment and remarkable contributions. If anything could offset this incipient loss, it is that Dasha will be enthusiastically ushered in as the new president.

Special thanks go to the Sherwood team at AED headquarters, led by Debbie Trueblood, which has been orchestrating the 2012 conference logistics for well over a year, as well as overseeing the smooth execution of day-to-day operations so well, and particularly to Annie Cox, whose presence and support fortify our work well beyond the limits we could reach as volunteers alone.

And finally on behalf of the AED, I especially and emphatically thank the generous, extraordinary and indefatigable volunteers who contribute time and expertise to the AED's mission and programmatic work year-round. As long as that tradition endures, we should do very well.

This issue of the Forum is our one annual print edition of the AED’s quarterly newsletter, distributed this year to all ICED attendees. A number of exciting happenings at the conference are highlighted throughout the issue. For information on some terrific features and events, check out the message from Executive Director Debbie Trueblood, the Membership Retention and Recruitment Committee’s news and the Social Media Committee’s updates.

Characteristically, this issue of the Forum showcases the breadth, diversity, commitment and energy that comprise the AED and its membership. Several articles touch on the value of effectively voicing and integrating our diverse backgrounds and viewpoints, including Jonathon Mond’s research-practice commentary; Jennifer Thomas’s book review on A Collaborative Approach to Eating Disorders, edited by June Alexander and Janet Treasure; and Kim Dennis’s Member’s Viewpoint on tackling co-morbidity of eating disorders and substance abuse. The impressive international reach and collaborative nature of the AED is reflected in the updates from a number of sister organizations and other affiliates.

This issue and the 2012 ICED mark a number of transitions in leadership. The Forum extends a special thanks to AED President Anne Becker for her tremendous leadership over the past year and a hearty welcome to incoming President Dasha Nichols. The IJED prepares to pass the baton from longtime Editor-in-Chief Mike Strober to Ruth Striegel at the end of this year. If you’re anything like me, I think you’ll enjoy the fantastic tribute to Mike Strober that Jennifer Thomas has put together.

As ever, I welcome comments about the Forum, suggestions for improvements, and submission of articles or pieces of news. I wish everyone a terrific time in Austin. I would be thrilled to receive feedback, reviews and photos from members attending the conference.

The submission deadline for the next issue of the Forum is June 1. I look forward to hearing from you.

shomakel@mail.nih.gov
Greetings from the Executive Director

Debbie Trueblood

I am looking forward to seeing so many of you in Austin, Texas, for the 2012 ICED. As I write this, our registration numbers are the highest at this point out from the conference than they have ever been, and I just know the conference is going to be another success. The ICED is always such a wonderful opportunity for the eating disorders community to come together. We are so pleased to provide this special edition of the AED Forum to all attendees at the conference, as well as to all members who are unable to join us in Austin.

Thank you to the 2012 Program Committee for all their hard work, especially Co-Chairs Glenn Waller and Carolyn Becker for their leadership and commitment. At this year’s conference, you might notice some new and different programming:

• We are hosting the Hispano Latino Americana (HLA) Chapter Congress.
• The AED Membership Recruitment and Retention Committee is rolling out our new mentor/mentee program. This program is designed to help early career individuals to make connections with other professionals in the eating disorders community.
• Continuing our drive to “go green” at the conference, the ICED program book is more condensed, with the goal of utilizing the website to house more information.
• We are excited that registration opened about two months early so that ICED attendees had more time to make their travel plans. We also timed registration so that members could register for the conference at the same time that they renewed their dues.
• The Electronic Media Committee worked to create additional features to access conference information from your mobile device.
• The Social Media Committee hopes to reach our goal of 1,500 “friends” and “fans” on Facebook by the end of ICED. As I write this, we have more than 1,300 and the goal is in sight! “Like” us today and receive regular updates. We also have about 800 followers on Twitter and a strong presence on our members-only LinkedIn channel.
• With record-breaking proposals submitted, there is sure to be an educational opportunity for every attendee at every level of your career.

If you miss the conference, or were with us but missed a session or two, and would like to purchase the audio recording of these sessions, go to www.intelliquestmedia.com and enter AED into the search bar.

Also at the conference this year, we are transitioning our leadership and welcoming new President Dasha Nicholls. Congratulations to Dasha and congratulations to outgoing President Anne Becker on her successful term as our leader this past year.

Even before the 2012 conference is wrapped up, we will be working on the 2013 ICED and we hope you will mark your calendars and plan to join us May 2-4, 2013, at the Hilton Montreal Bonaventure in Montreal, Quebec, Canada. The Clinical Teaching Day will be May 1, 2013.

Thanks so much for all your dedication to the AED and for your service in the field of eating disorder treatment, research, education and prevention. If you have suggestions about what else we could do to serve you better, please let me know. My email address is dtrueblood@aedweb.org, or if you see me at the conference, please feel free to stop and introduce yourself. I always enjoy meeting AED members and hearing your thoughts.

Membership Retention and Recruitment Committee (MRRC): News and Benefits

How to Get the Most Out of the 2012 ICED

Besides attending the fabulous scientific sessions and workshops that our program committee has organized, there are some events and programs that we would like to highlight.

The AED Prospective Member Breakfast at the ICED (Friday, May 4, 8-9 a.m.): This breakfast welcomes attendees of the ICED who are not yet members. There are numerous benefits to joining the AED, including opportunities for networking, assuming leadership positions and gaining access to cutting-edge research in the field. At this event, you will learn the “ins and outs” of AED membership while gaining a better understanding of why your potential membership and dedication to the field are so highly valued. If you are not a member, you received an invitation for this complimentary breakfast. You will meet and mingle with AED leaders, Board members, committee chairs and SIG chairs. Additionally, you will learn how to get involved within the AED and the specific benefits of membership from the very people whom have seen all that AED has to offer professionally.

The MRRC’s new mentorship program (begins Thursday, May 3, 6 p.m.): If you indicated that you would like to have a mentor, then hopefully you are taking full advantage of this to share your experiences at the conference and increase your networking opportunities. This is a wonderful way to connect with others who share similar clinical, research, or educational interests among the AED membership. Mentors will be wearing badges so feel free to introduce yourself if you have missed out on signing up before the conference.

Be on the lookout for the MRRC committee members (pictured below at the 2011 ICED in Miami, Florida): We would all be happy to speak with you during the ICED and answer any questions that you may have. While at the conference, we will be drawing the winner of our Expand AED Today (EAT) initiative for those who have referred a new member. We will announce the winners of the prizes at the meeting, which includes a free registration to the 2013 ICED. Winners’ names will also appear in the next issue of the AED Forum.

We look forward to seeing you!
Indeed, under Strober’s leadership, IJED’s editor-in-chief.

The End of an Era for AED’s Flagship Journal: Editor-In-Chief Michael Strober Passes the Baton

After 29 years at the helm of the International Journal of Eating Disorders (IJED), Michael Strober will retire from his post as editor-in-chief at the end of 2012. According to Associate Editor and AED President Anne Becker, “Mike has played a major role in shaping the eating disorders field in the course of his distinguished tenure as IJED’s editor-in-chief.”

Indeed, under Strober’s leadership, IJED has thrived. The first issue (Autumn 1981) contained just six articles, half of them theoretical or case reports. In contrast, the January 2012 issue boasted 23 articles—20 of them empirical. IJED previously appeared quarterly; it now publishes eight issues per year. The journal received just 200 unique submissions annually in its first decade, but today, it receives well over 450 annually. Associate Editor Glenn Waller perhaps summarized it best when he characterized Strober’s editorship as taking the journal “from a ‘must-have-a-look-sometime’ item on the desk to a ‘when-is-the-next-one-coming’ experience.”

Despite these achievements, Strober himself is surprisingly humble about his contributions to IJED and the field at large. In an early-morning telephone interview and the Franklin Mint Endowed Professor of Eating Disorders and of Psychiatry and Biobehavioral Sciences at the University of California, Los Angeles (UCLA), and author of nearly 200 articles, books and chapters, spoke candidly with AED Forum about his life and career, allowing us to take a rare look between the lines of his impressive 46-page curriculum vitae.

Early Career

Born and raised on the Upper West Side of Manhattan—“in the shadow of the New York State Psychiatric Hospital,” he was quick to point out—Strober recalls a curiosity about the nature of mental illness from an early age. Earning his B.A. in psychology at Queens College CUNY (1971), and his Ph.D. in clinical psychology at the University of Pittsburgh (1975), he did not see his first anorexia nervosa patient until he was a junior faculty member at UCLA.

He found the “startling image” of this 52 pound inpatient—“as shocking as it was mystifying.” He was “fascinated” by why this 13-year-old girl—who weighed less than his grandmother did when she died of colon cancer 14 years earlier—so staunchly defended her emaciated state. And so began his “odyssey” into the mystery of anorexia nervosa. He spent the next two years reading every book and article on eating disorders at the UCLA medical library, where, to his surprise, “there was very little discussion of the nature of the illness and what gives birth to it.”

Integrating the voices of patients and their families with the emerging 1970s medical model, Strober tried to begin piecing the puzzle together. “Working [at UCLA], where there are multiple different perspectives, as well as an integration of clinical sciences with clinical work, had an enormous impact on my thinking,” he recalled. Indeed, his early commitment to a scientist-practitioner model presaged his synergistic approach as IJED’s editor-in-chief: “Mike has really tried to make sure that there was clinical relevance in the journal—through clinical conferences, encouraging authors to include clinical implications, publishing case studies and broad methodology, he has tried to be inclusive of many ‘ways of knowing,’” editorial board member Cynthia Bulik noted.

However, even after being named the Director of the UCLA Eating Disorders Program, Strober felt unprepared for the fateful request from founding IJED Editor Craig Johnson in 1982. As an assistant professor just seven years post-Ph.D., Strober had never edited a journal before.

“I. [Making Strober editor] was a ‘no brainer’ from my perspective.”

After working closely with Strober for 35 years on such major projects as the establishment of IJED and the AED, Johnson had this to say: “Mike is the smartest person I have ever met. He has a remarkable ability to integrate biology, psychology and sociocultural issues into an understanding of the etiology and treatment of eating disorders. His ability to teach these complex interactions to patients and families is even more remarkable. He is also a passionate advocate for sufferers of the illness and has dedicated his life to enhancing the quality of care available to these patients. He is truly a master clinician, teacher and researcher.”

IJED’s First 30 Years

Strober felt that the biggest accomplishment of IJED was simply creating a forum for disparate lines of eating disorders research to cohere. “Bringing the information in a single place—that in itself is generative. It stimulates thought, and it promotes rigor,” Strober said of the field’s early days, prior to the inception of the field’s now-rich array of specialty journals, including Eating Disorders (1993), European Eating Disorders Review (1995), Eating and Weight Disorders (1996) and Eating Behaviors (2000).

Bulik agreed: “IJED has helped solidify eating disorders as eating disorders. When I started in the field, back in the Pleistocene era,” she joked, “psychiatry was still desperate to make eating disorders a ‘variant’ of something—variant of mood disorders, variant of substance use disorders...IJED helped clarify to the world that eating disorders were in fact eating disorders and deserved their own home.”

But creating an intellectual home for eating disorder research would not have been nearly as meaningful without Strober’s discerning stewardship: “Michael has a strong commitment to high quality scholarship. He always welcomed a wide range of viewpoints and approaches, provided they were well-argued; Michael is critical yet open minded; he has a strong sense of self and is not swayed by prestige or ‘pushiness,’” remarked Ruth Striegel, incoming IJED editor.

On a similar but more personal note, Waller recalled that, “[Strober] is one of the scariest people I have ever met. Not because he is unkind or unfriendly—he is quite the opposite. It is because he is honest and because he is driven by a respect for truth, accuracy and patient welfare... My fondest memories of Mike are not to do with the journal work...[they are] mainly about terror...good terror, but terror nonetheless...”

But even the “terrifying” Strober recalled the
Sisterhood, Chapter and Affiliate Committee (SCAC) Update

Compiled by Rachel Bachner-Melman and Phillipa Hay, SCAC Co-Chairs

The most recent additions to the AED family are our new sister organization, the Expert Network Eating Disorders (Switzerland) and our new affiliate organization, the Eating Disorders Section of the Royal College of Psychiatrists (United Kingdom). So now we have a score of sisters and two affiliates in addition to the Hispano Latino Chapter. Members of these organizations are invited to our annual Sisterhood breakfast at the 2012 ICED in the Hilton Austin on Saturday, May 5, at 8 a.m.

In this issue of the Forum, we include spotlights on our new affiliate from the UK, the Australian and New Zealand Academy for Eating Disorders, the Israel Association for Eating Disorders and the Transdisciplinary Obesity Society. For information about the other organizations, please visit: http://www.aedweb.org/Sister_ Organizations/2102.htm.

Eating Disorders Section of the Royal College of Psychiatrists (EDSECT)

The Royal College of Psychiatrists is the professional and educational body for psychiatrists in the UK, and its EDSECT sets national policy on eating disorder services, research and training. EDSECT began life in 1990 as a working group, collaborating with the Eating Disorders Association to review services in the UK, but we have grown into a unifying organization for academic and clinical professionals.

EDSECT is currently focused on three policy and research issues, aiming to improve the experience of eating disorder treatment in the UK:

1. New quality assurance standards for accreditation of eating disorder services in the UK, based on external inspections and audit: We wish to ensure that anyone receiving treatment for an eating disorder will experience an evidence-based approach from appropriately trained professionals, with a guarantee of best possible practice.

2. Training curriculum for doctors working as eating disorder specialists: This curriculum will ensure that doctors working as specialists in eating disorders will have received substantial and diverse training, in order to be recognized as holding special expertise.

3. Management of Really Sick Patients with Anorexia Nervosa (MARSIPAN) guidelines: With the Royal College of Physicians, EDSECT published the MARSIPAN guidelines for medical risk management of people with eating disorders, to balance that tricky interface between physical and psychological risk. MARSIPAN groups in the UK allow for regular regional meetings of eating disorder specialists, consultant physicians, consultation-liaison psychiatrists, dietitians and other interested parties. In addition, we are seeking to collate information nationally on deaths from eating disorders in order to better inform the process of risk management.

EDSECT is an extraordinarily cohesive group of enthusiastic and collaborative experts, with the advantage of working closely with the UK’s Eating Disorder Association, BEAT and our united voice allows us to punch well above our weight. We have developed from a small and informal special interest group to a dominant policy unit that drives academic and training activity in the UK. Gerald Russell and Professor Ulrike Schmidt have overseen the gestation of our organization, and the current chair is John F. Morgan.

Australian and New Zealand Academy for Eating Disorders (ANZAED)

Claire Vickery, eating disorder advocate and founder of the Butterfly Foundation, was awarded a Medal of Order of Australia in the 2012 Australia Day honors. ANZAED President Anthea Fursland applauds Vickery’s efforts in the field of eating disorders as having brought the whole issue into the public and political spotlight: “So often work like this goes unrecognized, and it gives me great pleasure to see her acknowledged.”

Many of the current government commitments for eating disorders and negative body image programs in Australia have stemmed from Vickery’s advocacy and positioning of these issues on the national Australian stage. Members of ANZAED have taken part in the Australian National Government’s Positive Body Image Awards Assessment and Advisory Panel. Nominations closed March 2012. Josh, media, entertainment and advertising organizations that demonstrate body-image-friendly principles within their business practices and policies or body-image-friendly initiatives or products.

The Minister for Mental Health, Mark Butler, advised on February 1 that the additional and much-needed government-funded sessions of Better Access treatment under exceptional circumstances will be reinstated for a provisional period. Persistent lobbying by Chris Thornton on behalf of ANZAED—and also by The Butterfly Foundation—have highlighted that the unintended consequences of previous reduction in sessions from 18 to 10 included the loss of services for people with serious mental illnesses such as eating disorders.

ANZAED’s annual conference will be held in Adelaide, South Australia, August 23-25. This conference will mark a decade since the inception of ANZAED. Keynote speakers are Carolyn Black-Becker and Professor Marika Tiggemann. For more information, please visit: http://conference.anzaed.org.au/

Israel Association for Eating Disorders (IAED)

The IAED organized and sponsored a day of lectures about eating disorders in Israel at the Knesset (Israeli parliament) in Jerusalem on November 14, 2011. Over 350 members of the Knesset, members of the public and professionals attended this important event that presented updated epidemiological statistics and information about services currently available to individuals with eating disorders and their families throughout Israel. The importance of establishing more eating disorders treatment facilities, research and prevention programs was emphasized.

The IAED is lobbying in favor of two potentially historical legislative bills soon to be voted on in the Knesset. These bills were initiated by a Member of the Knesset, Rachel Adato, who...
is doing all she can to improve public health services in general, and eating disorders services in particular. One bill proposes a minimum BMI of 18.5 for any person to be employed as a model, which would have a positive impact on the fashion industry and shield many young and vulnerable Israelis from exposure to skeletal fashion norms. The other bill proposes to include anorexia nervosa in the definition of “mental illness,” thus making hospitalization mandatory for people endangered by anorexia nervosa, thus saving lives.

On May 9, the IAED will host a day of lectures, Innovations in Psychotherapy for Eating Disorders, at Tel Hashomer Hospital, near Tel Aviv, organized by Danny Stein. In addition, an international conference on Treatment Modalities for Eating Disorders: Consensus and Controversy is currently being organized for February 4-5, 2013, in Jerusalem. Keynote speakers will include Judith Banker, Eric van Furth, Debra Katzman, James Lock, Ulrike Schmidt and Kate Williams. Visit www.isas.co.il/ED2013, or get further information by emailing msrbach@mscc.huji.ac.il.

Transdisciplinary Obesity Society of Argentina (STO)

Throughout 2011, STO continued to support academic and social activities in the fields of eating disorders and obesity. STO’s annual conference was held in Buenos Aires on November 20, 2011. Several educational and social activities were held at this conference to mark Obesity Day in Argentina. STO also sponsored a new, recently released book on obesity written by STO President Alberto Cormilots.

Sebastian Soneira, head of STO’s academic affairs, has joined a group of eating disorders specialists recently awarded a National Research Council grant to conduct research in the field of neuropsychology and eating disorders, reflecting STO’s expanding reputation in the academic field. STO thanks all of its members for their ongoing support and commitment to the fields of eating disorders and obesity.

**Dogmatism: A Barrier to Research-Practice Integration**

Jonathan Mond

With this year’s ICED dedicated to the theme of Connecting Practice and Research, and the closing plenary set aside for delegates to have their say on this theme, it is timely to reflect on the barriers to productive collaboration between researchers and clinicians—and among individuals in each of these groups—in our field. One such barrier is dogmatism, the Merriam Webster definition of which is “positiveness in assertion of opinion especially when unwarranted or arrogant.”

It seems that our members cannot agree on the most fundamental issues of research and clinical practice: the relative merits of clinical experience versus controlled trials in informing treatment practice; the relative importance of clinician commitment and patient-clinician rapport versus the type of therapy employed to outcome; whether greater understanding of the biological correlates of eating-disordered behavior will lead to better treatments; different possible approaches to classification; and so on.

Having these sources of disagreement on the table is a good thing. Certainly it would be a sorry state of affairs if our members avoided expressing their views on such pivotal issues for fear of confrontation or criticism. *Progress depends upon an open and frank exchange of ideas. But it may be helpful to give some thought to the manner in which views are expressed, the factors giving rise to strident claims for one position or another and how best to manage differences of opinion.*

The reality is that scientific research and clinical practice are fallible endeavors. Paradigms come and go, and overly dogmatic assertions may say more about the person doing the asserting than the assertion itself. Hence, it would be better for researchers and clinicians alike to acknowledge the limitations of their respective pursuits than to dogmatically assert the superiority of one form of evidence, or treatment or classification scheme over another.

For example, whereas terms such as “evidence-based practice” are fine in theory, it needs to be recognized that there are many forms of evidence likely to be of benefit in informing mental health care and that judgments as to which forms are more or less worthy of attention are necessarily subjective. Along similar lines, the Diagnostic and Statistical Manual of Mental Disorders (DSM), dominant as it is, is just one—and far from perfect—possible approach to the classification of mental health problems.

The problem is that when these limitations are not recognized—and sometimes even when they are—there can be a tendency to pontificate, which can in turn lead to conflict and resentment. Whereas none of the issues referred to above is particular to eating disorders research and practice, there does seem to be a particular depth of feeling in our field. The challenge is to ensure that this feeling is channeled into positive new ideas and practices rather than being a negative force.

Finally, it is important to note that dogmatism is not a trait that lies in the individual, at least not in the first instance. Rather, dogmatism is an interpersonal process that arises in the context of criticism, competition, and achievement orientation. Hence, ensuring that opinions are expressed in a constructive, collaborative, and respectful manner, aside from being common courtesy, may go some way to preempting dogmatism and unhelpful interpersonal processes more generally.

*The author is grateful to members of the Research Practice Committee for helpful comments on an earlier version of this contribution.*

**Reflections on Research-Practice Highlights From This Year’s Conference: Time to Have Your Say**

**AED Annual Research-Practice Think Tank**

**Sponsored by AED Research-Practice Committee**

**Saturday, May 5, 5-6 p.m.**

**2012 ICED**

**Austin, Texas, USA**

**All conference attendees are invited!**

To conclude the ICED, the Research-Practice Committee will lead a session of reflections on this year’s conference from a research-practice perspective. Invited clinicians and researchers will comment on key moments from the conference that inspired them, for better or worse, with respect to its research-practice theme. There will also be plenty of time for contributions from the floor. Get ready to join in!

**Session Co-Chairs:** Dasha Nicholls
Howard Steiger
(Research-Practice Committee Co-Chairs)

**Invited Speakers:**
Geoffrey Buckett
Deb Burgard
Jonathan Mond
Steve Wonderlich
Electronic Media Committee Update

Guido Frank, Chair, and Electronic Media Committee

Greetings, members! The past few months have featured lots of exciting changes to the AED listserv and website. The listserv continues to generate much thought-provoking discussion, and we make every effort to improve its use. In response to AED member feedback, responses to listserv postings are now sent to the original poster, rather than the entire listserv, when you hit “Reply.” We hope this will limit the number of extraneous emails, while allowing continued circulation of information relevant to the entire membership when you hit “Reply All.”

We have made several updates to the website. We are accepting online videos showcasing AED members discussing issues related to eating disorders, obesity and body image. These videos are a great way to educate the public about issues you feel passionately about! Learn more about submitting a video, or check out videos that have already been posted at www.aedweb.org/source/videos/.

On March 1, AED launched a new-and-improved bookstore. A new partnership with Powell’s Bookstore gives the Academy a 7.5 percent royalty for every book purchased through the bookstore. With more than 200 titles for eating disorders professionals and the general public, make your next purchase through AED at www.aedweb.org/Bookstore/2903.htm.

A main focus of our work is to increase international collaboration, and AED position papers are now available in various languages in the website’s “Advocacy” section (www.aedweb.org/Advocacy/2328.htm). Thanks to the Sisterhood, Chapter and Affiliate Committee for overseeing these translations!

You can purchase continuing education credits through the AED. It’s simple: read a featured article and take an online quiz. New articles are posted regularly, so be sure to check back often (www.aedweb.org/CE_information/2859.htm).

We have several exciting new projects in the pipeline, such as an online collection of seminal articles and sample syllabi for eating disorders courses. Stay tuned!

Social Media Committee Update

Social Media Committee

New Frontiers

Communication is key to the AED’s mission as “a global professional association committed to leadership in eating disorders research, education, treatment and prevention.” Social media outlets like Facebook, Twitter, LinkedIn and Google+ make it easier than ever to reach, educate and inform our membership. But many people still don’t understand the best ways to use social media, or the risks of using it. Harnessing the incredible power of social media was the goal behind forming the Social Media Committee in Fall 2010.

There is much exciting work to be done to enhance the AED’s presence in social media. The Social Media Committee works closely with AED Communications Manager Jeff Keller, who posts regularly on the AED Facebook, Twitter and LinkedIn channels. As a newly formed group, we have been collaborating on setting our objectives, which include:

- To increase AED membership participation in social media
- To make AED as an organization more visible and contribute to the dissemination of AED’s mission, research and resources
- To encourage postings and discussions among members on Facebook and LinkedIn in an effort to foster those communities (i.e., we should not consider those platforms one-way channels to communicate as AED with members, but also allow the communities to develop on their own and interact freely)

We are currently working on two projects that we hope will “go viral” with AED members. First, we are working with the Research-Practice Committee to enable attendees at ICED to participate in the plenary via Twitter! Audience participation in the panel discussion will be direct, instantaneous and interactive. We hope to set up a screen with the scrolling Twitter feed in a prominent spot to generate excitement and participation.

The committee is developing a set of guidelines for appropriate professional use of social media. The goals behind preparing this document will be to address common concerns about using social media and encourage best practices.

Save the Dates!

2013 ICED
May 2-4, 2013
Clinical Teaching Day
May 1, 2013
Hilton Montreal Bonaventure
Montreal, Quebec, Canada

2014 ICED
March 27-29, 2014
Clinical Teaching Day
March 26, 2013
Sheraton New York Hotel and Towers
New York, New York, USA

2015 ICED
April 23-25, 2015
Clinical Teaching Day
April 22, 2015
Boston Marriott Copley Place
Boston, Massachusetts, USA
Book Review Corner

Jennifer Thomas

A Collaborative Approach to Eating Disorders, edited by June Alexander and Janet Treasure (Routledge, 2012; 316 pages)

“The eating disorder field is necessarily multi-disciplinary—more so than perhaps any other field. Add to this the necessity of a higher degree of family involvement than almost any other field (autism being the closest) and the need for the collaborative approach becomes clear.”

Preface (p. xvi)

The thesis of the 2012 volume of A Collaborative Approach to Eating Disorders is that cooperation—between patients and families, carers and treaters, researchers and clinicians—is integral to reducing the burden of suffering from eating disorders. In the spirit of showing rather than telling, the book’s editors model this proposed synergy.

Alexander herself is a journalist and non-fiction writer who struggled with anorexia and bulimia nervosa for 44 years, detailing her illness and recovery in her memoir, A Girl Called Tim: Escape from an Eating Disorder Hell (New Holland Publishers, 2011). Accordingly, each chapter includes memorable journalistic touches such as introductory vignettes and illustrative quotations from patients, carers and clinicians. Even potentially complex biological chapters, such as “The links between genes and the environment in the shaping of personality” (by Janet Treasure and Natalie Kanakam) and “Neurobiology explanations for puzzling behaviors” (by Walter Kaye, Ursula Baier and Megan Klabunde), are instantly brought to life with anecdotes, diagrams and metaphors.

The perfect complement to Alexander’s journalistic approachability, clinical researcher Treasure brings to the volume the scientific rigor and intellectual creativity that generated her nearly 200 empirical papers on the etiology and treatment of eating disorders. The science is cutting edge (with many citations from 2010 and beyond) and the coverage is comprehensive (including sections on “Understanding risk and resilience for eating disorders,” “Treatment: Creating a common language of care,” “Clinical presentations of subgroups” and “Changing the culture”). Although the book is geared primarily toward a non-specialist clinical audience (e.g., primary care physicians), even the seasoned AED member is certain to learn something new from Collaborative Approach.

In “Treatment: Creating a common language of care,” clinical scientists from around the world discuss contemporary clinical challenges with hope and humility. For example, in “Pharmacotherapy of eating disorders,” Leora David, Allegra Brott and Timothy Walsh provide a case example of the typical trial-and-error approach to the psychopharmacological management of anorexia nervosa, for which no medication is currently approved by the US Food and Drug Administration. Elizabeth Goddard, Simone Raenker and Treasure use whimsical animal metaphors to describe helpful and unhelpful responses to a family member with an eating disorder (“Involving carers: A skills-based learning approach”). Specifically, they encourage carers to avoid the temptation to take an “ostrich” (not enough emotion) or “jellyfish” (too much emotion) stance, and instead facilitate the development of their inner “St. Bernard” (balanced emotion that is warm and compassionate, consistent, empathetic).

The section entitled “Clinical presentations of subgroups” reminds readers to retain a high index of suspicion for the signs and symptoms of eating disorders in diverse demographic groups, including those who do not express clear weight and shape concerns. For example, in “Food phobia of childhood,” Julie ’O’Toole tells the engaging story of 6-year-old Beau, who is treated with a combination of tube-feeding and exposure and response prevention for his inability to eat after a choking experience. Similarly, John Morgan (“Male eating disorders”) describes the self-stigma that all too often prevents males from seeking treatment and highlights the nuances of their differential clinical presentation that often reflects a drive for muscularity rather than just thinness.

Lastly, “Changing the culture” takes on tough issues such as “Narrowing the psychotherapy research-practice gap” (Kristin von Ransen and Ann Laverty) and “Patient-family-clinician-researcher quest for quality care” (Mary Tantillo). Rather than merely cataloguing current challenges, Collaborative Approach provides concrete advice. For example, von Ransen and Laverty encourage clinicians and researchers alike to (1) pursue inter-professional collaboration, (2) integrate the empirical evidence in treatment approaches, (3) remain up-to-date about best practices, (4) use technology and (5) perform brief assessments to track progress.

In summary, this excellent book has great potential to inform clinical care for patients with these high-mortality disorders. Alexander notes that her own anorexia nervosa went undiagnosed for some 21 years. With the help of books like Collaborative Approach, young people with eating disorders today will not have to suffer as long, and they will not have to suffer alone.

Member’s Viewpoint: Unified Approaches to Treating Co-Occurring Eating Disorders and Substance Abuse

Kim Dennis, Medical Director and Board-certified Psychiatrist, Timberline Knolls Residential Treatment Center

Eating disorders (EDs) and substance abuse (SA) commonly co-occur. Up to 35 percent of alcohol or illicit drug abusers have EDs compared to only 3 percent of the general population. Similarly, up to 50 percent of those with EDs have a concurrent problem with drug or alcohol abuse. Research indicates several contributing factors to this dual diagnosis, which include overlapping genetic vulnerabilities, common genetic factors and overlapping environmental triggers, including stress, trauma, neglect and/or early drug exposure.

EDs and SA are most likely to co-occur in girls and women seeking treatment for substance abuse. Regrettably, unified treatment options for females with EDs and SA remain scarce. This is because successful treatment providers for this patient population must have expertise in two specialty areas: addiction and eating disorders. Historically, these two specialty fields have been separated by a large gulf clinically, academically and theoretically.

A large body of animal research utilizing rats and a growing body of human research is pointing to common pathology at the level of the brain’s reward circuitry. Considerable evidence exists that food and drugs of abuse exploit similar pathways in the brain, namely the dopamine and opiate systems.

EDs, when conceived of as addiction spectrum disorders, fall into two broad categories: process addictions and substance addictions. The former is compulsive, ritualistic restricting/exercising/purging/bingeing, while the latter is a subgroup of ED patients who consume identifiable, discrete binge foods (food as substance).

Patients whose reward pathways have been dysregulated and primed by illicit substance or alcohol dependence are more susceptible to developing addictive behavior with natural rewards. These would include behaviors involved with food, sex, exercise, gambling, etc.
In addition, EDs and SA share common environmental triggers such as growing up with family dysfunction; significant medical illness in the family; mental illness or alcoholism in one or both parents; childhood physical or sexual abuse, emotional abuse, neglect and low self-esteem.

Co-occurring mood disorders, anxiety disorders and self-injury are common in women with ED and in those with SA.

Sequential treatment is far too common and leads to poor outcomes. Women attending a chemical dependency treatment program who are actively purging, restricting or over-exercising are participating in therapy with impaired cognitive, physical, emotional and spiritual functioning. Many of these women with trauma histories are accustomed to living in a dissociated state; they continue using their ED behaviors to detach from their feelings while appearing to engage in treatment, even trauma therapy.

A unified and comprehensive treatment approach is likely to lead to the best outcomes, just as it does in the population of patients who have co-occurring mental illness and SA, which has been well-supported by scientific studies. The holistic approach with ED patients who also have substance abuse treat both the SA and ED as primary, progressive, potentially fatal brain diseases with emotional, spiritual, physical, cognitive and social manifestations. It is essential that a unified treatment approach targets both illnesses and their common underlying emotional, social and spiritual causes.

For example, patients with EDs as well as those with SA have tremendous difficulty with affect regulation, distress tolerance and interpersonal effectiveness. Those with EDs and SA commonly turn to engaging in ED behaviors or using substances as a way to cope with deficiencies in one or more of these areas.

One form of therapy that specifically targets learning and growth in these areas is Dialectical Behavior Therapy. Twelve-step facilitation and mutual support group attendance also target the behavioral and spiritual manifestations of addictions and addictive behaviors. Therapies such as these offer women with both ED and SA unified treatment options that are likely to yield better outcomes than sequential, fragmented and disjointed treatment approaches.


BEAT, UK Update

Susan Ringwood, Chief Executive

We recently completed Eating Disorders Awareness Week in the UK. Our theme was “Break the Silence”—encouraging people to speak out, seek help, give help and show compassion. We believe that no one should have to face an eating disorder on their own.

We surveyed over 1,000 people about their experience of first seeking help and support. Sixty-five percent reported that they didn’t tell anyone for at least six months because they didn’t know what to say, and 87 percent didn’t tell a healthcare professional.

A report was backed by posters, information packs and activities across the UK. A conference challenging stigma was held in Cardiff, Wales, and a photographic exhibition portraying images of recovery was held in Edinburgh, Scotland, among many other events. We haven’t finished calculating the number of people who attended the various events yet, but it will be in the thousands. We expect millions more will have seen the mainstream TV news, heard radio programs or read newspaper and magazine articles. Our Beat Ambassadors and media contacts have been very active on our account—and both brave and generous in sharing their personal experiences.

But all this good work was placed in jeopardy on the last day of Awareness Week when a major newspaper with a circulation of over 3 million carried a thoughtless paragraph in the midst of an otherwise helpful article on childhood obesity. A professor of “obesity and exercise” was quoted as saying, “If there is a supportive home environment, the evidence is that eating disorders will not follow. Eating disorders, like anorexia, largely develop in the homes of white middle-class girls with controlling mothers, and the child reclaims control with how she eats. That shouldn’t happen if a child feels cared for and is taught to take ownership of their diet.”

The accuracy and attribution of the quote are a matter of debate at the moment, but the risk of damage has been done, and even a published rebuttal can only hope to go some way to redress this harm.

I recently spoke to two bereaved families and I can only hope that they didn’t read this article, didn’t see this mistaken opinion, misrepresented as evidence that if only they had cared for their children, they could have prevented the eating disorders that took their precious loved ones’ lives.

Several individuals who interviewed me during Awareness Week asked if we still need to raise awareness of eating disorders. My answer remains, “Yes, we do.”

Eating Disorders Coalition (EDC) Update

Jeanine C. Cogan, Policy Director

Highlights from Capitol Hill

The EDC continues its efforts to influence the implementation of the Patient Protection and the Affordable Care Act (ACA), in our goal to eliminate insurance discrimination experienced by people with eating disorders. After Health and Human Services (HHS) released a bulletin outlining their proposed strategy of giving states enormous flexibility, the EDC responded by urging HHS to:

• Provide a uniform standard across states that defines the essential health benefit for mental health in a way that requires the coverage of eating disorders;
• Offer a federal definition of medical necessity that a) is broad enough to include all clinically necessary levels of care for eating disorders and b) requires insurers to use well respected, clinically proven or evidence based criteria for the effective treatment of mental illness;
• Eliminate eating disorders from exclusion lists.

For the full article describing these efforts please visit our blog at: www.eatingdisorderscoalition.org.

In the course of these advocacy efforts, I had the opportunity to speak directly with HHS Secretary Kathleen Sebelius. I informed her of the enormous challenges people with eating disorders face in trying to access life-saving care. I asked her if there is anything she could do to address these gaps in coverage for people suffering from eating disorders through the essential health benefits and other efforts. She responded with concern and said she would have her staff look into the matter.

The EDC is thrilled to announce the addition of Al Guida from Guida Consulting to our policy team. Guida has 30 years of experience on Capitol Hill and is known as the go-to man for influencing mental health policy.
National Association of Anorexia Nervosa and Associated Disorders (ANAD) Update

Rosanna Catapano

ANAD Board President Receives Award

On November 18, 2011, Sierra Tucson honored ANAD Board President Patricia Santucci, MD, at the annual “Gratitude for Giving” Breakfast, in Chicago, Illinois, for her contributions to the eating disorders community.

For over 40 years, Santucci epitomized selflessness while embodying persistence. As a young psychiatrist in the 1970s, her number-one priority became treating eating disorders. Santucci went on to become the Medical Director of Linden Oaks Hospital in Naperville, Illinois, and continued to establish their eating disorders program.

ANAD President, Patricia Santucci

After directing numerous eating disorder hospital programs, she wanted eating-disorders awareness to reach the nation. She has devoted her efforts to education, awareness and prevention as ANAD President.

On behalf of ANAD, Santucci has appeared on national television shows and testified before Congress, speaking about the dangers of eating disorders and the need to continue to expand research and treatment for all affected. ANAD is proud to have Santucci as our president. Her dedication, leadership and passion to help those with eating disorders are truly to be commended.

Eating Disorder Awareness Week 2012

So often we get caught up in numbers, from how many cookies are in a serving, to refusing to buy a bigger size of clothing, to the pounds gained and lost via the scale. Many of us constantly obsess over sizes, calories and pounds. This year, for Eating Disorders Awareness Week (February 26-March 3), ANAD challenged everyone to "Count What Matters."

Through activities and events ANAD worked to create an environment that redefined outdated thinking, reduced the stigma associated with weight, body shape or size and inspired individuals to reconsider an unhealthy attitude or behavior. During Eating Disorders Awareness Week, ANAD asked followers to participate in activities such as a Spare Change Jar fundraiser to support all of ANAD’s free programs and services, intentionally spreading awareness via social media (Facebook and Twitter), posting eating disorders awareness fliers, taking the time to enjoy what makes them feel good, and even scale bashing or burning old jeans.

ANAD partnered with Alexian Brothers Behavioral Health Hospital to host an “Ask the Expert” panel on February 27 and partnered with Linden Oaks Hospital and Rogers Memorial Hospital to host a Chicagoland movie screening of “America the Beautiful 2: The Thin Commandments,” hosted by creator and director Darryl Roberts on March 1.

Save the Date for ANAD’s 2012 Conference

ANAD’s Annual Midwest Eating Disorders Conference, “Wellness, Not Weight,” will take place on Friday, October 26, 2012, from 8 a.m. to 4:30 p.m. at the Chicago Marriott Oak Brook, Illinois, USA. The cost of this one-day conference is $120. Breakout sessions and continuing education units for therapists, healthcare professionals, educators and families will be available. For additional information about attending, presenting or exhibiting, visit www.anad.org or call +1-630-677-1330.

2013 ICED

Explore sponsorship, exhibitor and advertising options at the 2013 ICED in Montreal!

Contact:
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National Eating Disorders Association (NEDA) Update

Dee Christoff, Vice President


October 11-13, 2012
Renaissance Vinoy Resort & Golf Club
St. Petersburg, Florida, USA

What Makes the NEDA Conference Different?

Something very special happens when families, people in recovery and professionals get together to learn about, connect with and support one another at the NEDA Annual Conference, the first major conference to bring families and professionals together on an equal playing field.

In addition to the excellent content, the conference provides opportunities for our Parent, Family & Friends Network to meet, NEDA Navigators to exchange stories and tips and volunteers and activists—who are coordinating NEDA Walks and advocacy around the country—to convene. We also feature a special Loss Support Network meeting for those who have lost a loved one to an eating disorder.

As a professional, you won’t want to miss the conference. And, as a sponsor, exhibitor or advertiser in our conference program, you’ll find a host of exciting benefits to make your marketing experience productive and profitable. (Please reserve your spot right away as space at this venue is very limited.)

This is one conference that you’ll want your patients, alumni and family to attend as well.

More than 98 percent of attendees said they would attend another NEDA conference.

For Exhibitors

To allow attendees to spend quality time with you, NEDA provides attendees two days to visit the exhibit hall, with special exhibit-only times each day. Breaks and meals are served in the exhibit hall. In fact, 96 percent of last year’s attendees said that they visited the exhibit hall two or more times. None reported that they did not visit the exhibit hall.

Who Participates?

This year’s conference is expected to draw 600 participants from across the USA and other countries.

Last year’s participants included:

- Individuals personally affected by an eating disorder—self, family, or friend (27%)
- Individuals interested in the eating disorders field (22%)
- Professionals or students conducting education and outreach (19%)
- Professionals treating eating disorders (15%)
- Professionals conducting research (6%)
- Others (6%)

Here are some comments from past conference attendees:

“The unique combination of experts in the field and the valuable input of family members and those in recovery makes for a powerful conference.”

“I also enjoyed learning about the different treatment center options available and talking to the staff representing the organizations.”

“I loved that it’s not just clinicians, but clients and families. I love that authors, researchers, experts, and clinicians are all there and accessible. I valued the diversity AND aptitude/quality of the sessions and presenters. And, I met amazing people from all over the country.”

“It was a valuable opportunity to meet other recovered people as well as some of the most brilliant minds in the industry.”

Visit www.NationalEatingDisorders.org to find out more about attending, sponsoring, exhibiting or advertising. And, please tell your clients.

(Statistics and quotations are from the 2011 NEDA Conference survey, as reported by more than half of all of our participants.)
The AED Forum

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

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

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