Message from the President

Dasha Nicholls
AED President

It is hard to believe that this will be my last piece for the Forum as President. What a whirlwind year it has been, culminating in the upcoming 2013 Montréal International Conference on Eating Disorders (ICED). Our 2013 Conference Committee and its co-chairs, Nadia Micali (UK) and Bryn Austin (USA) have put together a world-class program with the theme, ‘Crossing Disciplinary Boundaries in Eating Disorders’. The state of the science and the art in the eating disorders field will be explored through teaching days, keynote and plenary presentations, special interest discussions and “think tanks,” right through to heated late night discussions in the bar. The ICED is still our biggest platform for bringing together clinicians and researchers in the pursuit of excellence in research and clinical care for ED sufferers, and we hope you can join us.

A Research Training Day has been developed to address the needs of early career researchers, identified through the previous highly successful program that was jointly sponsored by the Academy for Eating Disorders (AED), Eating Disorders Research Society, and National Institute of Mental Health, and led for 10 years by Ruth Striegel and Cindy Bulik. The Research Training Day will be delivered alongside the Clinical Teaching Day, which will provide an opportunity to hear from master clinicians on topics ranging from brain circuits to multi-family therapy.

Our keynote speaker this year is David Barlow from Boston University, who will be sharing exciting insights into the ‘fit’ (i.e., which treatments work for whom), and the role of mindfulness and meditation in the treatment of eating disorders. In between these events is an enticing array of scientific papers and posters, SIG panel discussions, workshops, ‘Meet the Experts’ sessions, a Research-Practice Think Tank, as well as a number of activities for new AED members (such as the new mentorship program). We encourage you to join us for the AED Business Meeting on Saturday to hear more about what the AED has been working on this year, and to congratulate the recipients of the AED Annual Awards. There will be eating, drinking, and dancing, so if you have not booked your place yet, hurry! It promises to be a splendid occasion, with the additional benefit of being held in a truly wonderful city.

Reflections on a Year in AED

My year in this venerated role began in Austin, Texas, where the Board of Directors was guided by Advisory Board members Susan Ringwood and Karine Berthou to re-think the AED’s strategic direction. There were a number of reasons behind the decision to continue examining our strategic direction. First and foremost, there has been continued growth of the AED as an organization. Along with the growth in membership, there has been increased ambition for the AED to have a truly global impact. To achieve this end, we recognized the need to attract new sources of revenue, and for responsible and efficient use of our resources, at both the volunteer- and staff-level. Thanks to the careful stewardship of the AED’s finances by a succession of Treasurers, most recently Pam Keel and Steffi Bauer, and an exceptional finance committee, chaired by AED past president Eric Van Furth, we were in a position to consider carefully where and how we might invest revenue for maximum impact.

One of the areas we identified was staff time to support the work of the AED and of this strategic review. We have welcomed Nathan Zastrow to the AED staff, joining Annie Cox. When Debbie Trueblood moved to a new position, Greg Schultz generously took responsibility for filling the role on an interim basis, and for spearheading the search for a new Executive Director. After an extensive process of reviewing and selecting only the highest quality applicants, we are delighted to welcome Carla Slawson as the new Executive Director of the AED. Carla joins as a Senior Executive Director, and brings a wealth of experience in business and non-profit enterprises, with skills in financial management, international organizations, media relations, and fundraising and donor relations. Carla is currently contracted half-time to the AED, but Sherwood Group has committed to protecting all of Carla’s time for AED for at least four months. This will give Carla and AED a chance to build relationships, establish priorities and strategic and business planning, and consider whether further investment in this role fits with our mission and goals.

The following is a brief snapshot of the strategic planning process we have undergone this year and its outcomes. You will recall it began with a survey of membership and leadership perspectives on the AED. The results of that survey can be found in the October 2012 issue of the Forum in the ‘Greetings from the Executive Director’ column (Volume 20, Issue 3). Karine Berthou worked closely with me on the strategic planning and governance review, leading a full day session at our mid-year board meeting in sunny Porto, Portugal in September 2012. Since then, the Board of Directors, led by myself, Karine Berthou, Greg Schultz, and Pam...
I have eagerly looked forward to each new edition of the Academy for Eating Disorders (AED) Forum since joining the organization as a student member in 2004. The Forum has provided me with a sense of belonging to the worldwide community of eating disorder clinicians and researchers, and I am honored to take the “reins” as editor of the Forum from the talented and hard-working Lauren Shomaker. I have been shadowing Lauren for the past year and I hope to continue the high standard she has maintained for this newsletter. Please join me in thanking Lauren for her tremendous dedication and service to the Forum.

This issue is our annual print edition of the Forum for distribution at the 2013 International Conference on Eating Disorders (ICED). I think you will find this issue is jam-packed with great updates and thought-provoking articles. Jenny Thomas has written a terrific article on our President-Elect, Pamela Keel, which describes her career path in the field of eating disorders (including a humorous story about her first AED conference). Christine Peat has offered a member perspective on extreme weight loss diets that have been popularized in the mass media. Former AED President Judith Banker and Karine Berthou have provided an update on the AED Research-Practice Integration initiative, which was developed in 2007 in response to members’ concerns about the communication “gap” between eating disorders researchers and clinicians. Judy Krasna has written a heartfelt piece on the issue of parental blame for anorexia nervosa. Finally, Jenny Thomas provides a review of the book Food to Eat – the first cookbook for individuals recovering from eating disorders – written by Lori Lieberman and Cate Sangster.

I would like to thank all of the individuals who submitted articles for this issue of the Forum, as well as express my gratitude to Lisa Kamen and the AED Central Office and the Print Media Committee for their assistance in preparing this special print edition of the Forum. I encourage interested readers to submit articles, letters, and announcements for the next issue of the Forum. Please submit your contributions and suggestions to kforbush@purdue.edu. The deadline for the next issue of the Forum is June 1.

I hope you will enjoy this issue as much as I have and I hope to see many of you at what looks to be another outstanding ICED!
Greetings from the Executive Director

Carla Slawson

I am very excited to join the Academy for Eating Disorders (AED) as your new Executive Director. I look forward to meeting as many of you as possible during our annual International Conference on Eating Disorders (ICED) in Montréal. If you see my name tag, please reach out and introduce yourself. I have heard so many good things about the AED membership—your warmth, commitment, energy, and outstanding expertise in the field (“rock stars” as Greg Schultz, Managing Partner at the Sherwood Group, has described your members and leaders).

By means of introduction, I bring years of experience managing and marketing many organizations, from small non-profit organizations to large complex global corporations. I led a tiny and troubled, debt-ridden arts organization into a stable, successful community treasure (Milwaukee Chamber Theatre). I have also worked for a billion dollar global non-profit organization as part of their corporate marketing team on reputation-building initiatives, including international public relations and crisis management (Underwriters Laboratories). I also created a marketing and recruitment program for a global study abroad non-profit organization that included managing a consortium of top United States colleges and universities that now sends thousands of students overseas each semester (IES Abroad). My academic background features a cognitive science degree from Vassar College and a master’s degree in business administration from the University of Wisconsin, Madison (USA).

My experiences have taught me there is no substitute for what I call “the 3 M’s” – marketing, management, and mission. Excellent marketing requires a deep understanding of an organization’s purpose, products or services, and a keen ability to communicate their benefits to defined audiences across multiple channels. Superb management demands sincere and clear communication, strategic decision-making based on quality research and analysis, and the leadership to nurture respectful collaborative input. Finally, “mission” is what has led me to choose my varied career opportunities. When I find meaning in a mission, I am inspired to devote my marketing and management energies to it, and the AED certainly offers me that inspiration.

As the preeminent global association for professionals in the eating disorders field, AED members offer unique and extraordinary insights, skills, experiences, and wisdom. Discovering the most effective ways to nurture and harness this collective knowledge, share it among our members, and then distribute it to other audiences who can benefit from it will be among our ongoing challenges and opportunities.

I look forward to finding connections, collaborations, and synergies between researchers, clinicians, students, patients, carers, advocates, donors, and sponsors. Together, we will improve patients’ quality of care; we will share the knowledge needed to better identify the warning signs; we will contribute to prevention and education efforts; and we will improve the lives for patients and families affected by eating disorders across the globe.

It will be my honor and privilege to work with you to support the vision and mission of AED.

Updates from the AED Board

Marian Tanofsky-Kraft, Director

The Print Media Portfolio has been working closely with new International Journal of Eating Disorders’ editor-in-chief, Ruth Stiegel, to continue revising Academy for Eating Disorder’s approach to Position Papers. Anja Hilbert stepped down from the Position Paper Committee, and Kim Brownley has taken the lead on this effort and has been masterful in this capacity. In other news, Kelsie Forbush has been serving as Editor for the Forum while Lauren Shomaker is on maternity leave – and has been doing a terrific job. Kelsie will take over in May when Lauren steps down. Stay tuned…we are sure to have more Print Media news in upcoming Forum editions.

Electronic Media Committee Update

Kyle De Young, Electronic Media Committee Co-Chair

The AED Electronic Media Committee has been hard at work on a number of initiatives over the past few months. First among these projects is the “re-vamping” of the Academy for Eating Disorders (AED) home page. After gathering feedback from a number of other AED committees, we are getting ready to improve the navigability, simplicity, and overall look of the page. In addition, when the change rolls out, look for much more social and print media integration! The home page will be constantly changing as new headlines and publications find their way onto the webpage. Our goal is that each visit to AEDweb.org will be different than the last!

Other projects include continuing to update information across the website and improving navigation between content pages. We have been simplifying the organization of hundreds of pages and invite you back to browse through the content on the website, especially if it has been quite a while since you last perused the site. Of particular interest to many is the growing number of eating disorder-related videos now housed within the “Resources for the Public” section of the AED website.

Finally, the listserv has been active over the past few months with scores of individuals receiving referral information for their clients and plenty of thought-provoking discussions on topics ranging from unusual presentations of clinical cases to the most useful measurement instruments for clinical and research purposes. If you have not been a part of the listserv recently, you are missing out on the discussions of a vibrant interdisciplinary community of people with a shared interest in eating disorders.

Get Social with AED

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

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

We look forward to tweeting with you soon!

Terry Fassihi, Co-Chair
https://twitter.com/tfassihi

Harriet Brown, Co-Chair
https://twitter.com/harrietbrown

Stephanie Zerwas
https://twitter.com/stephaniezerwas

Ellen Fitzsimmons-Craft
https://twitter.com/fitzcraft

Bridget Whitlow
https://twitter.com/bridgetwhitlow

AED Headquarters
https://twitter.com/aedweb
Membership Recruitment and Retention Committee (MRRC) Update

AED Membership Tips—Getting the Most out of your Academy for Eating Disorders Membership

Cristin Runfola and the MRRC

Be a Mentor or Mentee at ICED

Get excited! The second Academy for Eating Disorders (AED) Mentorship Program is taking place at the 2013 International Conference on Eating Disorders in Montréal, Québec (Canada) on Thursday, May 2, from 6:30–7:00 p.m. The aim of this event is to facilitate short-term (and potentially lasting) mentoring relationships for all AED members. Registration was included in the general ICED registration forms. (Please go to www.aedweb.org/ICED)

Here, we provide some tips for mentors and protégés on what to do before (Prep!), during (Engage!), and after (Inspire!) the event to benefit maximally from your mentoring relationship.

Prep!

After receiving an email with the “match results,” you may have started preparing for the event by:

• Updating your CV. To get to know one another better, we recommended exchanging CVs before the event. Also, consider bringing a printed copy of your CV to the event. Mentees, this is a great opportunity to get feedback on your CV before applying to graduate programs, internships, post-docs and faculty positions.

• Getting to know your mentor’s work. There is still time to do your “detective” work. Conduct Google and PubMed searches of your mentor’s or mentee’s work and start networking (using social media sites, such as LinkedIn and Twitter).

• Generating a list of questions. To avoid potentially awkward moments (and to show your mentor that you value his/her time), have questions with you on hand.

Engage!

At the actual event, dyads will have approximately 30 minutes to mingle.

• Break the Ice. Short mentoring encounters can feel intimidating. Here are a few conversation starters that can help break the ice:
  • How did you end up in your current position?
  • What is the best career or life advice you ever received?
  • Create a focused, yet flexible discussion. Start by stating one or two things you hope to gain from the meeting. For example, “I am up for promotion, and I would like some tips on how to negotiate salary and benefits,” “I am new to the field, and I would like to learn more about re-feeding protocols for patients with anorexia.” Mentors, set the tone, show you are engaged, and ask questions too!
  • Observe each other in action. Mentees, notice your mentor’s strengths and enhance your competency with mentoring through your interactions. Observe how your mentor listens, guides, recommends and shares wisdom. Mentors, ask for feedback and remain collaborative throughout the interaction.

• Exchange contact information.

• Express your gratitude. Value and appreciate your time with your mentor/mentee? Tell him or her.

Inspire!

After the meet-and-greet, continue to inspire one another and build a future; remain in contact throughout the conference. However, remember to be respectful of your mentor’s time. There are no obligations to continue interaction with your mentor. In this collaborative environment, members are free to communicate with each other personally, while growing professionally.

We hope this list of tips helps prepare you for what we expect to be an intellectually stimulating and inspiring event. We look forward to seeing you there!

For a recap on last year’s event, please see the July 2012 issue of the Forum (Volume 20, Issue 2) at http://bit.ly/Y7PNBk.

Update from the Social Media Committee

Facebook, Twitter, and LinkedIn, Oh My! Safe and Ethical Social Media Use in Eating Disorder Clinical Practice and Research

Lauren Muhlheim and the Social Media Committee

What do you do if a patient tries to “friend” you on Facebook? Are your clients reviewing your psychotherapy services online without your knowledge? As principal investigator on a research study, can you ethically recruit study participants via Twitter? What does “RT” mean? What pops up if a patient “Googles” you?

The advent of “Web 2.0” has brought a dizzying array of opportunities to post user-generated content through social media sites. Almost a billion people maintain a Facebook page and, on average, people connect to the Internet for more than an hour each day. Social media platforms make it easy to market clinical services and research studies, stay up-to-date on new research findings and campaign for social change. However, all too often, our younger, tech-savvy patients and research participants know a lot more than we do about the capabilities of social media websites.

At the 2013 International Conference on Eating Disorders, the Social Media Committee will hold a workshop sponsored by the Academy for Eating Disorders (AED). This workshop will guide you through the “jungle” of social media platforms. We will emphasize safe and ethical use for practitioners and investigators alike, including safeguards for preserving patient and participant privacy, and the integrity of your online presence. A combination of short didactic presentations and interactive case studies will instruct you on how to create an online platform for your private practice, respond to unanticipated patient contact, promote your research findings or books, connect with existing social media networks, recruit and retain research study participants, create a social media policy and manage your online identity.

We will provide you with the concrete advice you need to be confident in your professional online adventures. Wireless access permitting, we will make this an interactive workshop—please bring your laptop, tablet or smartphone! Workshop presenters will include Stephanie Zervas, Theresa Fassihi, Lauren Muhlheim, and Jennifer Thomas.
Research-Practice Committee Update

Integrating the Patient-Carer Perspective Within the Academy for Eating Disorders, Part I

Karine Berthou and Judith Banker for the Research-Practice Committee

The Academy for Eating Disorders (AED) forged its Research-Practice Integration initiative in 2007 in response to members’ concerns about a communication gap between the community of researchers and the community of clinicians within the AED and within our field. The consequences of ignoring the research-practice gap were clear—the quality of our treatment, research, prevention, and education efforts would suffer, seriously impacting the lives of our patients and their families. As a leader in the field of eating disorders, it became incumbent upon the AED to respond to the research-practice gap, although such a response would demand a profound attitudinal and relational shift within our organization.

We are proud to report that our members and leadership have demonstrated the resilience and dedication needed to successively address this challenge. Since its inception, the Research-Practice initiative, overseen by the AED Research-Practice Committee (RPC), has taken a range of actions to promote research-practice integration including hosting the popular interactive ‘Think Tank’ sessions at the annual AED International Conference on Eating Disorders (ICED) and at other conferences worldwide, issuing guidelines for research-practice integration (to read these guidelines, visit: http://www.aedweb.org/Research_Practice_Guidelines/3424.htm). Consistent with the RPC’s vision, the scope of this initiative has “taken root” and continues to expand and strengthen within our membership and the field.

An important dimension of research-practice integration currently being addressed by the AED is the role of the patient and family perspective. With the inception of the evidence-based medicine movement, came the recognition that “best practice” was achieved through the integration of “individual clinical expertise with the best available external clinical evidence from systematic research and patient preferences.” Based on this model, our efforts to integrate research and practice would logically include consideration of the needs, preferences, and experiences of patients and their families.

This is not a novel concept. In fact, partnership between the professional health care community and the “experience expert” community is becoming standard practice. The Cochrane Collaboration (www.cochrane.org) and the James Lind Alliance (www.jameslindalliance.org) provide clear channels for integrating patient perspectives as an equal partner in health care practice and knowledge. The National Institute for Health and Clinical Excellence (NICE) (www.nice.org) in the United Kingdom integrates patient and public perspectives as key contributors to shaping their guidelines and recommendations. Over the past 10 to 15 years, there have been countless other examples of groups and organizations throughout the global health care field that have demonstrated through their organizational structure and policy, that the best patient- and community-relevant science and practice is achieved when all the key stakeholders work together to share and enhance knowledge.

Although this highly integrative direction is a clear 21st century trend in health care, it demands an ongoing cultural shift within the AED. It requires the AED to embrace the perspective and voice of the patient-carer community within the AED leadership, programs, and services, while maintaining the integrity of the AED’s global mission as a professional association. We are pleased to report the AED is actively addressing this issue, both organizationally and strategically.

The second installment of this article in the next edition of the Forum will summarize the steps the AED has taken to foster patient-carer involvement in our programs and services, as well as describe future directions for this process.

References

Save the Dates!

2014 ICED
March 27—29, 2014
Clinical Teaching Day
March 26, 2014
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

Update from the Sisterhood, Chapter and Affiliate (SCAC) Committee

Phillipa Hay and Annemarie van Elburg, SCAC Co-Chairs

This update from the Sisterhood, Chapter and Affiliate Committee (SCAC) highlights recent conferences in Italy, the Netherlands, and Israel. The Italian Society of Eating Behavior Psychopathology (SIPA) held its first national congress, organized by Palmiero Monteleone (SIPA secretary), in November 2012 in Salerno, Italy. The congress opened with an introduction to eating disorders in the general population led by Mario Maj, followed by a stimulating lecture from Janet Treasure on the classification and diagnosis of eating disorders. The congress included 50 poster presentations and four symposia on the psychobiology, pathogenesis and nutritional treatment of eating disorders, as well as the role of emotion and empathy in eating disorders.

An additional conference took place in the Netherlands in November 2012. The Dutch Academy for Eating Disorders, Nederlandse Academie voor Eetstoornissen (NAE), organized their biannual conference together with the consumer organization SABN and the self-help organization iXtaNo. Approximately 500 attendants participated in a day filled with lectures, a debate, and workshops; we are pleased to report that the 2012 conference received even higher ratings than previous NAE conferences!

Finally, the Israel Association for Eating Disorders (IAED) attracted approximately 400 attendees for its International Conference, which was held in February 2013 in Jerusalem. This was a wonderful event, thanks to the competent and fascinating keynote addresses (which included Rachel Adato, Judith Banker, Rose Geist, Debra Katzman, James Lock, Philip Mehler, Ulrike Schmid, and Eric van Furth), alongside Ken Weiner, Itsko Vorgafa, and Shiri Sadeh Sharvit. Topics included a “behind-the-scenes” look at recent legislation for determining the minimum body mass index for models in Israel.

For upcoming conferences and training days, please refer to the Upcoming Conferences, Meetings, and Seminars column in this issue.
Member Viewpoint: A Mother’s Message

Judy Krasna, Parent Advocate, Israel

I am the mother of a daughter with anorexia nervosa and a parent advocate in Israel. I want to voice some of my thoughts to you on the role of parents in the development of eating disorders.

There is no clear research indicating that parents cause eating disorders, and yet negative attitudes toward parents are not only cruel and injurious, but I believe these attitudes are counterproductive, as well. The role of parents in family-based treatment for anorexia nervosa is, in my opinion, much more productive.

An adolescent does not live in a vacuum. Teenagers with anorexia nervosa are part of a family that, in many cases, is willing to do anything necessary to help their adolescent recover. Parents are the ones “in the trenches” with their child day in and day out. Recruit our help. Encourage and empower us to play a positive role in our child’s recovery. Advise us on how to parent more effectively. Please do not shut us out. Most importantly, please do not assume that parents are inevitable part of the problem; help make us part of the solution.

AED Member Viewpoint: Extreme Weight Loss Diets

Christine Peat

It seems like every time I open a magazine, turn on the television, or read the news, there is an advertisement for a new diet or weight-loss technique. Despite significant evidence that certain diets can be both harmful and ineffective, the seemingly endless barrage of weight-loss “tips and tricks” has become commonplace in our society. Perhaps even more disturbing, however, is the recent trend of “weight loss interventions,” which seem to encourage disordered eating behaviors.

The “Feeding Tube Diet” is one example of an extreme diet that is being marketed to the general public and has gained surprising popularity. The Feeding Tube Diet requires an individual to use a naso-gastric (N-G) tube for a period of 10 days during which s/he is fed an 800 kilocalorie meal through the use of a surgically implanted tube. Patients are instructed to drain approximately one-third of their stomach contents after each meal to produce weight loss. While the physicians who developed the procedure claim that “Aspiration Therapy does not cause bulimia,” the differences between draining stomach contents through a tube and self-induced vomiting seem minimal. Both seem to encourage behaviors that allow the individual to compensate for food intake and to potentially encourage binge eating episodes.

Collectively, these extreme weight loss techniques suggest that the obsession with weight is perhaps at an all-time high (particularly in Western cultures) and, while companies claim to be in the business of helping those with weight struggles, the consumer-driven nature of the weight loss industry is continuing to do the public a disservice both physically and psychologically. The Feeding Tube Diet and AspireAssist seem to pose an even greater risk to the lay public because both involve medical procedures that are endorsed by physicians, which may lead individuals to believe that these procedures are “safe” and unlikely to have iatrogenic effects. In actuality, however, these procedures may have a significant risk of abuse, as there is no regulation on how frequently one might use the Feeding Tube Diet or Aspire Assist.

While marketing unsafe weight loss approaches with a high risk of abuse is certainly not new, it does seem that they have become increasingly more extreme. As a researcher and clinician in the eating disorders field, I find these extreme approaches appalling. While I have seen N-G tubes used for treatment, they are usually reserved for weight gain when all else has failed. Although bariatric surgery procedures are not uncommon for patients who are struggling with obesity, the use of aspiration therapy bears too close a resemblance to self-induced vomiting with which so many of my patients struggle.

On an even broader scale, I am frustrated that the weight loss industry continues to reinforce the notion that a person’s weight is of primary importance in determining his or her self-worth. Every day there are new advertisements for weight loss or enhancement of one’s physical appearance, but in comparison, there are few media messages that emphasize personal wellbeing or, even more radically, self-acceptance. These weight loss fads are damaging because they encourage disordered eating behaviors as healthy methods for weight loss. This is particularly frustrating to those of us who have worked tirelessly to debunk these messages for our patients and within our communities at-large.

It is crucial to ensure that the general public is aware of the significant limitations of these approaches, as well as their very real dangers, particularly given concerns about the increasing rates of obesity and the potential impact of obesity on public health. I believe that only through collaboration with patients, providers, and businesses, weight loss fads such as the Feeding Tube Diet and AspireAssist will become a thing of the past.

References
Profile of AED President-Elect: Pamela Keel

Jennifer Thomas

At the 2013 International Conference on Eating Disorders (ICED) in Montréal, Pamela Keel, professor of psychology at Florida State University, will become the Academy for Eating Disorder’s (AED’s) next president. Author of more than 160 scientific papers and the recipient of numerous National Institute of Mental Health grants, Dr. Keel is past-president of the Eating Disorder Research Society, and has held several leadership positions within the AED, including treasurer and co-chair of the 2008 ICED. According to past AED president Dr. Steve Wonderlich, “Pam is one of the most rigorous, scientific minds in the field.”

In preparation for her new leadership role, Dr. Keel spoke candidly with the AED Forum about her life, career, and presidential vision.

The Box of Surveys

Dr. Keel began studying eating disorders as an undergraduate at Harvard University. Fascinated by a sophomore seminar on the topic, she obtained a “box of surveys” from a Boston-area eating disorder clinician and set out to teach herself statistics. After running “every possible test,” she sought help from Dr. Todd Heatherton, who, impressed by her initiative, hired her as a research assistant on the spot. It was in Dr. Heatherton’s lab that Dr. Keel began working on the Harvard longitudinal study of eating pathology for which she is now principal investigator on the 30-year follow-up.

The daughter of a physician and a psychologist, Dr. Keel pursued a doctorate in clinical psychology at the University of Minnesota under the mentorship of Dr. Gloria Leon. She received a graduate training grant, titled “Biological Bases of Personality and Psychopathology,” which challenged her to broaden her view of eating disorders beyond her anthropological undergraduate lens. It was also at the University of Minnesota that Dr. Keel forged relationships with future collaborators. According to Dr. Carol Peterson, who had already completed the graduate program by the time Dr. Keel arrived, “In the almost 20 years that I have known Pam, I have been consistently impressed by her diligence, her intelligence, her scientific curiosity, her creativity, her visionary perspective and her commitment to the field of eating disorders.”

The ICED That Almost Wasn’t

Perhaps most influential among these collaborations was past AED president Dr. Kelly Klump. Although Dr. Keel and Klump have now published numerous articles (including one in Psychological Bulletin that has been cited more than 250 times), their partnership had humble beginnings. One of Dr. Klump’s fondest memories of Dr. Keel was the series of unfortunate (though retrospectively humorous) events leading up to their very first scientific meeting—the 1996 ICED in New York City:

We had posters accepted for presentation—our first ones! Back then you had to print individual sheets and paste them onto cardboard. Pam and I decided to do ours together and headed to Kinko’s. The task was moving very slowly until one of us (I have a sinking feeling it was me!) saw an X-Acto knife and realized the cutting/formatting would go much faster if we cut our materials with a knife. We were proud of ourselves, until we realized that the X-Acto knife had completely cut up the Kinko’s table, which now looked like a tic-tac-toe board!

Although Kinko’s took pity on the apologetic pair, their ordeal was far from over. After their luggage got delayed en route, Drs. Keel and Klump (dressed in jeans and sweatshirts) “were eager to make a good impression on the researchers we had idolized from afar,” Dr. Klump recalls. “Luckily, some friends took pity on us (again!) and let us borrow clothes.” Ultimately the posters were a success, and they finally met some of their research “idols”—including Drs. Chris Fairburn and Manfred Fichter—but, said Klump, “none of the clothes were our size, so we looked like a couple of kids dressed up in their parents’ clothes!”

Pamela Keel and Kelly Klump (wearing borrowed clothes) giving their first poster presentations at the 1996 ICED.

A Brief History of Purging Disorder

Now a tenured Professor, Dr. Keel’s scholarship is both multidisciplinary and multifaceted. According to collaborator Dr. Debra Franko, “Pam is an incredibly productive researcher with a broad range of interests and her work has moved the field forward in many areas (longitudinal follow-up of college students, outcome studies, mortality, and biological markers).”

Despite her many research contributions to the field of eating disorders, Dr. Keel is probably best known for her identification of “purging disorder, a clinically significant syndrome in which individuals purge, but do not binge eat. Three independent lines of clinical and research inquiry inspired her to coin the term. First, when women in her longitudinal study stopped binging, but continued to induce vomiting, diagnostic protocols categorized them as partially remitted. “But they didn’t seem like they were on their way to getting better,” Dr. Keel remembers. Second, many individuals who called her laboratory to participate in studies of bulimia nervosa described their eating as “out-of-control,” but “they just weren’t eating enough food” to qualify for participation, which required objectively large binge episodes. Third, Dr. Keel struggled to adapt existing treatments for patients who struggled solely with purging. “I couldn’t guarantee they wouldn’t gain weight if they stopped,” she said. Putting it all together, “I knew we were missing something very important.”

A Presidential Vision of Enhanced Efficiency

Due to the earlier-than-usual timing of the March 2014 ICED in New York, Dr. Keel will serve as president for just 10 months. Her planned focus on “enhancing efficiency” seems only fitting for her abbreviated term. According to Dr. Keel:

One of the AED’s greatest strengths is a high level of membership engagement throughout everything the AED does. Nearly 20% of our members volunteer their time and energy to an AED committee. One of my goals is to ensure that members experience their participation with the AED as resulting in meaningful improvements in eating disorders research, education, treatment, and prevention. To achieve this, I plan to continue the work initiated by our current President, Dasha Nicholls, to ensure that we are all working towards shared goals by identifying our priorities and providing the resources needed to make progress on these priorities. I also hope to streamline some of the decision-making processes we currently use so that we may work more efficiently on AED initiatives.

Clearly the AED is in expert hands and we can look forward to Dr. Keel applying her creativity, dedication, and visionary perspective to further the AED’s mission as our next AED President.
**Book Review Corner**

*Jennifer Thomas*

**Food to Eat: Guided, Hopeful & Trusted Recipes for Eating Disorder Recovery**

By definition, our patients are preoccupied with food—eating it, not eating it, and preparing it for others. Not only is interest in food part of the unique psychopathology of eating disorders, it is also part of the biology of starvation. So why not re-direct it in the service of health? That is exactly what Lori Lieberman (a registered dietitian specializing in eating disorders) and Cate Sangster (a mom-of-three in recovery from anorexia nervosa) have done in the first-ever recovery-inspired cookbook, *Food to Eat*.

The unlikely pair initially connected through social media. Sangster was a former blogger and Lieberman pens *Drop It and Eat* (dropitandeat.blogspot.com). Like many whom the Academy for Eating Disorders has brought together, the co-authors met for the first time at the 2012 International Conference on Eating Disorders in Austin, Texas. Their joint effort, *Food to Eat*, presents delicious, approachable recipes in a fun, visually appealing format. For patients, the cookbook provides sound advice on increasing energy density, working with meal plans, and overcoming dietary restriction. For clinicians, the book complements the implementation of evidence-based treatments for eating disorders.

**Delicious, Approachable Recipes**

Many of the book’s recipes are designed to be healthier or more approachable versions of patients’ typical “risk foods.” For example, the Thai Lime Beef Salad de-stigmatizes red meat by slicing it finely, and the “Safe-for-Everyday French Toast contains only a small amount of butter. Of the baked goods, Lieberman and Sangster explain “these recipes have nutritional merit, and are not excessive in ‘risky’ ingredients. And, we have included very practical strategies to keep the recipe ‘safe,’ including defining a serving, and portioning and storing the leftovers” (p. 111).

For those whom food preparation itself causes anxiety, *Food to Eat* handily organizes recipes by food to eat “Now” (less than 20 minutes), “Soon” (20-40 minutes), and “Later” (greater than 40 minutes), to titrate culinary exposure.

However, it is important to note that Lieberman and Sangster do not encourage avoidance behaviors; other features of the cookbook are designed to squelch patients’ “food neophobia.” According to Sangster, “The idea of ‘safe’ food is used generally as a descriptor to explain the foods your eating disorder will ‘let’ you eat—and so it is included here in the same way. In this book we use it to describe food that is less likely to challenge your eating disorder, food you will find easier to justify. With recovery, however, you will find you no longer need to cling to labels.” Indeed, the “Food to Bake” section includes no-holds-barred recipes for both cookies and cake!

**Fun, Visually Appealing Format**

*Food to Eat* is also a feast for the eyes. The cookbook features 130 easy-to-read pages brimming with color photos of each recipe. Call-out boxes feature cooking pointers, serving suggestions, and storage tips.

**Sound Advice for Patients**

Especially helpful are the “Outsmart Your Eating Disorder Voice” pages. There, Sangster anticipates readers’ worries about specific recipes (e.g., “what if I liked it and I ate too much?” p. 74) and Lori provides calming reassurance. And *Food to Eat* has a no-nonsense approach to excuses for restricting. According to Sangster: “Don’t tell me you don’t have time to eat – I’m the queen of excuses and that is one of my favorites! But it’s just an excuse. You do have time to eat” (p. 62).

Complementary to evidence-based treatments, this book could certainly support the work of clinicians practicing cognitive behavior therapy. *Food to Eat* includes psychoeducation about regular eating (“Three meals and two to three snacks daily, at a minimum,” p. 45) and the benefits of repeated exposure to risk foods (“When the same foods are consumed again and again there is less concern they will be over-consumed,” p. 26).

**Family-Based-Treatment practitioners’ message that “food is our medicine” (p. 20) will also be reinforced, and *Food to Eat* contains handy tips for packing energy density into smaller volume to facilitate weight gain (think stewed fruits, granola). Each recipe contains exchange equivalents (unobtrusively located in the appendix in case they may be triggering for some readers) to support patients currently working from a meal plan. (Along these lines, one possible critique of the cookbook is its potentially greater relevance to eating disorders characterized by under-eating than overeating.)

In summary, *Food to Eat* is sure to prove a resource for both patients and clinicians alike. *Bon Appetit!*

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

*Leah Dean, Executive Director*

What is new at Families Empowered and Supporting Treatment of Eating Disorders (F.E.A.S.T.)? This is an important transition time for F.E.A.S.T., which recently welcomed a new executive director and has formed new “on-the-ground” task forces in the United Kingdom, Australia, Canada, and the United States. On January 1, 2013, F.E.A.S.T.’s founder and executive director, Laura Collins, moved into a new role as policy director. Taking over as executive director is long-time F.E.A.S.T. member and “behind-the-scenes” volunteer, Leah Dean. In November 2012, F.E.A.S.T. hosted its second annual symposium in Alexandria, Virginia (USA). Prior to the symposium, F.E.A.S.T. joined with the Eating Disorders Coalition to sponsor a congressional briefing calling for action to address the unacceptable 10% mortality rate for eating disorder sufferers. Also in November, F.E.A.S.T.’s United Kingdom Task Force, in conjunction with the National Health Service Trust ECHO Project and Maudsley Carers, hosted a caregiver’s conference in Nottingham, England.

Coming up in May 2013, the F.E.A.S.T. Australian Task Force, in conjunction with the Butterfly Foundation, the Australia, and New Zealand Academy for Eating Disorders, and the Eating Disorder Outreach, will present a caregiver’s conference in Brisbane, Australia. In addition, F.E.A.S.T.’s Canadian Task Force has been busy putting together materials to help Canadian caregivers navigate the Canadian health care system. Canadian Task Force members will also help staff the F.E.A.S.T. exhibit booth at this year’s International Conference on Eating Disorders in Montréal, Québec.
Eating Disorders Coalition (EDC) Report: Updates from Capitol Hill

Jeanine Cogan, Policy Director

With the implementation of the Affordable Care Act (ACA), which began on January 1, 2013, the EDC has continued to monitor and find ways to influence this process. The ACA requires that individual and small group health insurance plans cover certain essential health benefits (EHBs). In January 2013, the EDC surveyed the proposed benchmark plans for all 50 states and the District of Columbia and discovered significant disparities between states in terms of anticipated mental health service coverage.

EDC analyses showed that 27 benchmark plans severely limited mental health services, with nine of these plans specifically excluding residential care. An additional 17 plans had “day limits” for mental health services and nine states had certain exclusions for residential services. Given that similar limits are not seen for health conditions deemed “medical illnesses,” we believe that “day limits” for mental health coverage and unequal exclusionary rules should not be allowed under Mental Health Parity.

In contrast, our review indicated that 24 states have strong mental health coverage, without non-equitable service limits. An additional six states specifically included residential treatment. Vermont had the strongest coverage for eating disorders, and Connecticut, Idaho, and Maine also had very strong plans.

With half of the states including equitable coverage for mental health and substance abuse services, there is strong evidence that plans can and do include equitable and inclusive treatment for mental health and substance abuse. However, there is a pressing need for the other half of the nation to provide inclusive coverage for these illnesses. As the benchmark plans are implemented, it is imperative that states offer equitable and adequate access to care for people suffering with mental health conditions, including eating disorders.

For the full EDC report and to see how your state measures up, go to: www.eatingdisorderscoalition.org. We all need to work with state and local officials to make sure that eating disorders treatment is part of the EHB.

The National Association of Anorexia Nervosa and Associated Disorders (ANAD) Update

Donna Rostamian, ANAD Community Organizational Manager

The National Association of Anorexia Nervosa and Associated Disorders (ANAD) is an organization devoted to eating disorders advocacy, awareness, prevention and recovery through supporting, educating and connecting individuals, families and professionals. Many exciting programs and events will be held this year. As we mark 36 years of service, we invite members of the eating disorders community to share in our journey by becoming ANAD Professional Members and we hope that eating disorders professionals will attend our upcoming conference in September 2013, titled ‘ANAD Eating Disorders Conference – Wellness Not Weight,’ which will be held in Naperville, Illinois (USA).

We are also pleased to announce that ANAD has united our organizational efforts with BEDA and NORMAL to produce a new documentary film, titled ‘Beneath the Floorboards’—the true story of a mother and daughter each struggling with binge eating disorder, weight bias, shame, and stigma that they experience. The movie premiered in Bethesda, Maryland (USA) on March 9, 2013. The movie trailer can be viewed at www.anad.org.

UCSD Eating Disorders Center for Treatment and Research Update

Walter Kaye, Program Director

This year the University of California San Diego (UCSD) Eating Disorders Center for Treatment and Research moved to a new location near the UCSD La Jolla campus. We hosted our first UCSD Eating Disorders Center Conference, titled ‘Learning and Applying New Skills to Treat the Most Difficult Eating Disorders: Translating Cutting-Edge Eating Disorder Research into Innovative Treatment Approaches.’ Our current research uses functional magnetic resonance imaging (fMRI) and positron emission topography (PET) to explore how altered brain connectivity may contribute to personality traits (e.g., harm avoidance, perfectionism, anxiety and “obsessional-ity”) and behaviors (e.g., inhibition, disinhibition and appetite regulation) that are hallmarks of eating disorders1,2. We are continuing to recruit, on a national scale, women who have recovered from eating disorders to participate in our research studies. For more information about our research, visit http://eatingdisorders.ucsd.edu/.

References

Announcements

Feeding Hope Fund for Clinical Research and Training

The National Eating Disorders Association (NEDA) is proud to announce the launch of ‘The Feeding Hope Fund,’ which is designed to advance the field through innovative clinical research and training grants, leading to effective treatment and sustained recovery for those suffering from eating disorders. This initiative responds to the severe lack of research funding for eating disorders and the need for improved dissemination of evidence-based treatments. More than 90% of every dollar raised will support clinical research and training. For information about donating or to apply for a research grant, visit www.nationaleatingdisorders.org/feedinghopefund.

Members’ News

Nicole M. Avena, PhD, is pleased to announce the publication of Animal Models of Eating Disorders, published by Springer-Humana Press. This book is a collection of detailed techniques to assist researchers in their investigation of the behaviors and neurochemical alterations associated with eating disorders.

The Centre for Eating and Dieting Disorders has developed an online course for health professionals to receive training in the nature, identification, assessment and clinical management of eating disorders. For more information, visit our website at www.cedd.org.au.

The Center for Balanced Living is proud to announce the publication of The Family Eating Disorders Manual, written by Laura Hill, PhD, David Dagg, MA, Michael Levine, PhD, Linda Smolak, PhD, Sara Johnson, MSW, Sonja Stotz, RD, and Nancy Little MSED, with editing by Susan Altan. It can be purchased on Amazon or through Gürze Books.

Families Empowered and Supporting Treatment of Eating Disorders (F.E.A.S.T.) is proud to announce the publication of Puzzling Symptoms: Eating Disorders and the Brain. This book was a collaborative effort between F.E.A.S.T. and an international team of eating disorder professionals led by Walter Kaye. Printable PDF versions of this booklet are available on the F.E.A.S.T. website at www.feast-ed.org.

Upcoming Conferences, Meetings and Seminars

Fundraiser: ANAD Fashion for Every BODY: Embrace Your Beauty, Your Body and Your Life

May 31, 2013
Location: Naperville, Illinois, USA
For more information, visit www.anad.org.

The Eating Disorder Task Force of Indiana 2013 Fall Conference

Conference: Moving Forward: Eating Disorders Across the Life Course, Clinical Applications, and Research Directions

October 18, 2013
Butler University in Indianapolis, Indiana

Keynote Speaker:
Margo Maine, PhD

The Eating Disorder Task Force of Indiana (EDT-FI) is proud to present keynote speaker Margo Maine, PhD. Join Dr. Maine as she explores eating disorders and body image dissatisfaction in adult women, and discusses the gap between eating disorders research and clinical practice. An exciting day of breakout sessions and additional invited presentations by respected eating disorders experts is aimed at advancing education, understanding and clinical applications in the field of eating disorders.

For more information, email EDTFI president, Kate Fisch, at kate@northsidementalhealth.com.

The National Eating Disorders Association Conference and Federal Lobby Day

Conference: Of Monumental Importance: Directing the National Spotlight on Prevention, Treatment, Research, & Policy

October 10 - 12, 2013
Hyatt Regency Washington on Capitol Hill in Washington, DC, USA

Keynote/Invited Speakers:
Thomas Insel, Rebecca Puhl, Ted Welzien, and Tim Freason

National Eating Disorders Association’s (NEDA’s) Conference will feature keynote speaker Dr. Thomas Insel. General sessions will include insights from a diverse group of speakers on The Family Panel; research and policy implications regarding the relationship between weight stigma and eating disorder development and treatment; body dysmorphic disorder; and unique factors in the development and treatment of eating disorders among males. Please join us as we assemble on Capitol Hill for an important Federal Lobby Day.

For more information on registration, exhibiting and sponsorship, visit www.nedaconference.org.

The National Association for Anorexia Nervosa and Associated Disorders (ANAD) 2013 Event

Conference: ANAD Eating Disorders Conference - Wellness Not Weight

September 27, 2013
Marriott Naperville, Naperville, Illinois, USA
For more information, visit www.anad.org.

The National Eating Disorders Coalition’s National Lobby Day

Conference: EDC’s National Fall Lobby Day

September 18, 2013
Capitol Hill, Washington, DC, USA

Calling all AED members to join us for the EDC National Lobby Day. As researchers and professionals, your participation is valuable and has an impact. As Lisa Lilenfeld, the EDC’s past president and current AED member, can attest—advocacy was one of her most rewarding experiences. For more information, go to: www.eatingdisorderscoalition.org.
SAVE THE DATE!

21st International Conference on Eating Disorders

Coming of Age as a Global Field

New York, NY
March 27–29, 2014

Sheraton New York Hotel and Towers
Clinical Teaching Day & Research Training Day: March 26, 2014

Note the Earlier Dates!
The AED Forum

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

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

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