

Workshop I

Thursday, April 28, 2011

2:00 – 3:30 p.m.

Family-Based Treatment for Adolescent Eating Disorders: "Real World" Practice Implementation, Beyond the Randomized Controlled Trial

Katharine L Loeb, PhD, Fairleigh Dickinson University, New York, NY, USA; Daniel Le Grange, PhD, FAED, The University of Chicago, Chicago, IL, USA; Jennifer Jones, PhD, Albert Einstein College of Medicine, New York, NY, USA; Nancy Zucker, PhD, Duke University, Durham, NC, USA

This workshop will address “real world” practice implementation of family-based treatment (FBT) for adolescent eating disorders, an approach often referred to as the “Maudsley Method.” FBT has growing research support for a range of eating disorder presentations including prodromal anorexia nervosa (AN), acute AN, partial-recovery AN, and bulimia nervosa. Training and dissemination of FBT have reached a point where the approach is now frequently used in private practice settings - beyond academic centers and randomized controlled trials – which present unique challenges such as collaboration with other concurrent treatment providers who may hold incompatible theoretical orientations, requests to conduct both individual and family work for the same patient, and temptations to address broader family psychopathology in the context of FBT. This workshop will bridge research to practice by discussing the core clinical and theoretical elements of FBT; hypothesized individual and family-level mechanisms of action; and clinical questions and controversies such as the generalizability of FBT studies’ research samples to clinical patients, the age range for which FBT is appropriate, whether FBT is compatible with all or most family styles and configurations, and whether FBT is contraindicated for certain comorbidities associated with eating disorders. The workshop is presented by both clinical researchers and clinicians, and clinical case material will be used to illustrate how these issues are navigated in practice.

Following the training, participants will be able to:

- Critically evaluate the research support for family-based treatment for adolescent eating disorders and discuss its core clinical and theoretical elements.
- Describe hypothesized individual and family-level mechanisms of action of family-based treatment for adolescent eating disorders.
- Bridge research to practice by discussing clinical questions and controversies relevant to implementing family-based treatment for adolescent eating disorders in the context of private practice.

Conducting Clinical Research Based on a Treatment Program: How It's Done and Why It's Important

Marion P. Olmsted, PhD, FAED, Toronto General Hospital, University Health Network, Toronto, CA; Traci McFarlane, PhD, Toronto General Hospital, University Health Network, Toronto, CA

The purpose of this workshop is to describe a practical approach to collecting data as part of a clinical treatment program, demonstrate how these data can form the basis of publishable research studies and illustrate how the findings can be used to enhance clinical practice and advocate for additional treatment resources. The logistics involved in ongoing data collection will be described along with suggestions about basic measures to include in pre-treatment, post-treatment and follow-up assessments. The link between published research investigations based on the Eating Disorder Program at Toronto General Hospital and the data bases from which they were derived will be clearly illustrated. These studies include examination of treatment effectiveness, speed of response to treatment and the rate and prediction of relapse. Changes in clinical practice supported by our own data will be described. Some of these improvements have been facilitated by additional funds provided by the government in response to evidence related to the effectiveness of specific treatments and the rate of relapse. In addition to documenting the effectiveness of clinical practice and contributing to knowledge in this area, significant personal and therapeutic benefits may be derived from conducting applied clinical research. These include an increased awareness of what is known about recovering from an eating disorder and what is not known, and the ability to share this with clients while listening carefully to the “data” they provide from their own experience. Participants will be encouraged to bring questions and difficulties related to conducting research in the clinic for group discussion and problem solving.

Following the training, participants will be able to:

- Develop a system for collecting data in the clinic.
- Identify research objectives that can be addressed with the clinic data base.
- Assess how findings can be used to enhance clinical practice.

Integrative Cognitive-Affective Therapy for Bulimia Nervosa (and BED?)

Stephen A Wonderlich, PhD, FAED, Neuropsychiatric Research Institute, Fargo, ND, USA; Carol Peterson, PhD, LP, FAED University of Minnesota, Minneapolis, MN, USA

Integrative Cognitive Affective Therapy (ICAT) is a new treatment for bulimia nervosa that is currently being tested in a randomized control trial. ICAT is based on a conceptual model which posits that bulimic behavior represents an emotion

regulation strategy to modulate negative affect. Negative affect is postulated to be precipitated by internal states (e.g., cognitive self-discrepancy) and external demands (e.g., interpersonal stress). This workshop will provide a brief theoretical overview and will emphasize practical and clinical aspects of using ICAT to treat bulimic symptoms. Additionally, this workshop will focus on the potential applications of ICAT to binge eating disorder and modifications in both the theoretical model and clinical technique accompanying such an adaptation to BED. Participants will be familiarized with the ICAT model for bulimia nervosa as well as the specific techniques utilized in the treatment. Numerous narrative transcripts from actual treatment sessions will be used to demonstrate the implementation of the treatment. Participants will also be exposed to materials utilized in ICAT, including a clinician manual, patient workbook, handheld computer-based modules, and a training manual.

Following the training, participants will be able to:

- Understand the ICAT model of bulimia nervosa.
- Understand basic clinical techniques in ICAT for BN.
- Consider application of ICAT to BED.

Assessment & Treatment of Eating Disorders in Pre- and Post-Operative Bariatric Patients

Leslie J Heinberg, PhD, FAED Cleveland Clinic, Lerner College of Medicine, Cleveland, OH, USA; Kathleen Ashton, PhD, Cleveland Clinic, Lerner College of Medicine, Cleveland, OH, USA; James Mitchell, MD, FAED, Neuropsychiatric Research Institute, Fargo, ND, USA; Janelle Coughlin, PhD, Johns Hopkins School of Medicine, Baltimore, MD, USA; Angela Guarda, MD, Johns Hopkins University School of Medicine, Baltimore, MD, USA

Bariatric surgery is currently the most efficacious treatment for severe obesity. Substantial weight loss following weight loss surgery has been well established in the empirical literature. However, a subset of patients has a less than optimal outcome and there is significant variability in long-term weight loss maintenance. Maladaptive eating behaviors may contribute to suboptimal or poor outcomes and weight regain. Further, they may increase medical risk and decrease psychosocial functioning and quality of life in bariatric populations. Appropriate assessment and treatment pre- and post-operatively may optimize the long-term success of this vulnerable population.

The proposed workshop (moderated by Leslie Heinberg, PhD) will cover the following topics: 1) Assessment of Pre-operative Eating Disorders (James Mitchell, MD); 2) Treatment Options for Pre-operative Eating Disorders with a focus on Binge, Night and Graze eating (Kathleen Ashton, PhD); 3) Assessment and Prevalence of Post-operative Atypical Eating Disordered Behaviors (Janelle Coughlin, PhD); and 4) Treatment Options for Post-operative Eating Disordered Behaviors (Angela Guarda, MD). Each speaker will provide a brief research background followed by clinical guidelines, treatment strategies and time for an interactive discussion regarding tools for optimizing patient care.

Following the training, participants will be able to:

- Select appropriate tools for eating disorders assessment in morbidly obese population.
- Describe common eating disordered behaviors seen in bariatric populations.
- Increase skills for treating eating disordered behaviors in pre- and post-surgical bariatric patients.

Who's Who of the Brain: A User-Friendly Guide to the Key Brain Structures and their Functions in Eating Disorders

Bryan Lask, MD, FAED, University of London, United Kingdom; Kenneth Nunn, FRCPsych, PhD, FRANZ, Westmead Children's Hospital, Sydney, Australia

The brain is generally believed to be the most complex structure in the universe. It is not surprising therefore that its role and relevance in eating disorders has only recently become better understood, mostly due to the increasing sophistication of neuroimaging techniques, coupled with in depth neuropsychological assessments. Emerging knowledge of the neuroscience of eating disorders has opened up the possibility of novel and more effective treatments that tackle the neurobiological substrate. However many clinicians have been understandably wary of such conceptualizations and skeptical of their value to treatment.

The aim of this workshop is to introduce the clinician to the latest developments in the neuroscience of eating disorders, with a particular focus on those brain structures, and their functions, most relevant to our field. The workshop will use a novel and entertaining technique based upon conceptualizing the brain as a community, with particular characters representing the key structures. Following a brief didactic introduction, complemented by animated video, the majority of the workshop will be interactional. Role-play will be used to illustrate the function that each of these characters (brain structures) has within the community of the brain. Subsequent role-play will illustrate what happens in the "dysfunctional" brain of those with eating disorders. Finally the clinical applicability of this knowledge will be explored. Ample time will be available for questions and discussion.

Following the training, participants will be able to:

- Describe the key brain structures and their functions relevant to eating disorders.
- Show how dysfunction of these structures contributes to the pathogenesis and maintenance of eating disorders.
- Explore the clinical applicability of this knowledge.

Preventing Weight Related Disorders: What are the Active Ingredients to Promote Collaborative and Sustainable Cross Sector and Inter-disciplinary Partnerships

Gail McVey, PhD, Hospital for Sick Children, Toronto, CA; Katie Walker, MA, Hospital for Sick Children, Toronto, CA; Manuela Ferrari, MSc, The Hospital for Sick Children, University of Toronto, Toronto, CA

Community health problems such as weight-related disorders are often complex in nature and require a comprehensive set of strategies for intervention. An important first step is agreeing on common messaging about healthy eating, active living, healthy weights among professionals who work and train in different sectors. Next, there is a need to prepare professionals to incorporate mental health promotion into prevention efforts with an emphasis on weight discrimination awareness and resiliency building. The present workshop highlights recent shifts in prevention research that are direct offshoots of two Canadian national meetings designed to bridge silos between the fields of obesity and eating disorders (McVey et al., 2007; 2008). Preliminary findings of a qualitative study conducted with professionals who work in the fields of obesity and eating disorders will be shared that speak to the challenges and tensions that currently exist between the two fields (Ferrari et al., 2010). Findings from a collaborative inter-disciplinary pilot study are presented which showcase the feasibility, sustainability and effectiveness of cross sector work (McVey, Walker et al., 2010). Details are shared about this piloted professional development model which encourages reflective practice and critical thinking about the complexities of weight as it relates to health, and the negative influence of weight bias on motivation to adopt health promoting behaviors. The ultimate goal is to help professionals effectively implement evidence-informed decision making (and practices) that respond to the complex and diverse needs of the community. Outcome data on the effectiveness of the professional development model in shifting weight bias and other weight-related attitudes as well as "lessons learned" from this cross sector and inter-disciplinary partnership are presented.

Following the training, participants will be able to:

- Describe up-to-date research findings concerning the prevention of weight-related disorders.
- Assess the role of partnership development and collaborative research in promoting successful and sustainable prevention initiatives.
- Critically appraise and engage in reflective practice about the complexities associated with the prevention of weight-related disorders and the need for complex solutions.

The Therapeutic Relationship in Cognitive-Behavioral Therapy for the Eating Disorders

Glenn Waller, DPhil, FAED, King's College London/CNWL, London, United Kingdom

Despite its effectiveness with a wide range of cases, many clinicians are reluctant to employ cognitive-behavioural therapy (CBT) for the eating disorders. That reluctance is not confined to clinicians working with the eating disorders. In part, this is because CBT is routinely portrayed as ignoring the potential of the therapeutic relationship as a powerful clinical tool, despite explicitly addressing the issue. This workshop will consider the importance of the working alliance in CBT for the eating disorders, and how this differs from other therapeutic approaches. In CBT, clinicians need to adopt a stance of 'firm empathy', where the patient feels that the clinician understands their position while boundaries and task demands are maintained. There will also be consideration of the causal direction – does a good therapeutic relationship in CBT lead to clinical change, or vice versa? Evidence will be presented that patients being treated with evidence-based CBT rate all elements of the working alliance (including the attachment bond) as strong. Using clinical examples, this workshop addresses the skills needed for the CBT clinician to engage the patient in an effective therapeutic relationship, including: helping the patient to develop a sense of hope; balancing firmness and empathy flexibly as therapy progresses; pushing for active behavioural change; collaboration in facilitating the patient taking risks; focusing on the patient's control over (and responsibility for) change; working with the patient's emotional reactions (e.g., addressing the function and utility of emotions, modelling compassion, and working collaboratively to anticipate and solve problems); and maintaining safe boundaries for the patient. Examples of problematic therapeutic relationship issues will be presented for participants to discuss, in order to think about how to solve common problems and share solutions.

Following the training, participants will be able to:

- Understand the evidence base on the role of the therapeutic alliance in CBT for the eating disorders.
- Identify and implement an effective working alliance as part of CBT for the eating disorders.
- Balance firmness and empathy in order to facilitate change.

The Loughborough Eating Disorders Activity TheraPy (LEAP): A New Approach to Driven Exercise in Anorexia Nervosa

Phillipa J Hay, DPhil, UWS, Sydney, Australia; Caroline Meyer, PhD, Loughborough University, Leicestershire, United Kingdom; Stephen Touyz, PhD, FAED, University of Sydney, Sydney, Australia; Jon Arcelus, PhD, Loughborough University, Leicestershire, United Kingdom; Sloane Madden, MBBS, University of Sydney, Sydney, Australia; Lorin Taranis, PhD, Loughborough University, Leicestershire, United Kingdom; Kathleen Pike, PhD, FAED, Institute of Contemporary Studies for Asian Women, New York, NY, USA

LEAP is an innovative therapy that addresses the role of extreme exercise in the maintenance of anorexia nervosa (AN)

using cognitive techniques and behavioural experiments. The workshop will first present the background to the development of LEAP and the results of an open trial of 19 female AN patients receiving specialist inpatient eating disorders treatment. In this trial (La Puma et al.) there were significant ($p < 0.01$) improvements in weight, mood and pathological exercise cognitions and a significant decrease in patients in pre-contemplation or contemplation (from 53% to 32%) on the anorexia nervosa stage of change questionnaire ($p = 0.04$). A double-blind international RCT (NHMRC 634922) testing the efficacy of LEAP enhanced individual CBT in outpatients with AN is since under-way. The main part of the workshop will present LEAP in detail. In LEAP the aim is the promotion of 'healthy' attitudes, beliefs, and behaviours toward both structured exercise and physical activity in general. The goal is not to make patients stop exercising, but rather to educate them about what constitutes 'healthy/non-excessive' exercise and equip them with the knowledge and skills that will enable them to regain control of their exercise behaviour in order to participate in age, goal and health-status appropriate exercise. It is designed around four core themes of education and LEAP specific formulation, guided discovery, cognitive skills, and relapse prevention and comprises an 8-session specific CBT module which can be mapped onto manualised-CBT for AN. Workshop participants will learn new clinical skills in the management of driven exercise and how they may integrate these with established CBT-AN.

Following the training, participants will be able to:

- An understanding of the role of driven exercise and promising new approaches to its management in anorexia nervosa.
- An appreciation of the practical application and specific skills of a novel cognitive behaviour therapy (CBT) module for treatment of driven exercise in anorexia nervosa.
- Skills in the integration of this new approach with established CBT for anorexia nervosa.

A Guide for Student and Early Career Researchers on Developing a Grant-Funded Program of Research

Pamela K Keel, PhD, FAED, Florida State University, Tallahassee, FL, USA; Kelly Klump, PhD, FAED, Michigan State University, East Lansing, MI, USA; Mark Chavez, PhD, National Institute of Mental Health, Bethesda, MD, USA

This workshop will provide guidance to young researchers, including graduate students, post-doctoral trainees, and junior faculty members, on strategies for developing a grant-funded program of research while balancing other demands of being a junior faculty member. Presenters include two professors who have successfully navigated the pre-tenure period and a program officer from the National Institute of Mental Health. Topics will include 1) translating research questions into grant applications by reviewing grant agency funding priorities, appropriate grant mechanisms and timing of applications with publications, 2) factors to consider in identifying post-doctoral positions and mentors as well as factors to consider in recruiting graduate students, post-doctoral trainees, research assistants, and project staff, and 3) strategies for successfully balancing research, teaching/clinical, and service demands, including institutional service (e.g., committee work) and professional service (e.g., manuscript and grant reviewing, positions in professional organizations). The workshop also will discuss approaches to establishing an independent program of research while maintaining and developing research collaborations with others. The workshop will include a 30-45 minute discussion period during which participants can ask questions of presenters, share their own experiences, and meet junior colleagues.

Following the training, participants will be able to:

- Describe different grant mechanisms available for junior investigators and progression from smaller to larger grant awards.
- Evaluate roles and contributions of trainees to success of research at all levels, from data collection to publication.
- Develop strategy for balancing immediate demands and deadlines against long-term research goals.

Building E-communities to Increase Awareness, Early Detection and Resilience in Young People: A European Perspective

Susan Ringwood, BA Hons, BEAT, Norwich, United Kingdom; Eric van Furth, PhD, FAED, Center for Eating Disorders, Leidschendam, Netherlands

The internet is a powerful tool that can be harnessed for the benefit of people affected by eating disorders or at risk of developing them. This is particularly since young people are comfortable with its use, and few are in contact with traditional primary care health services.

Information on pro-anorexia websites outnumbers recovery, health focused, information by 5:1. This workshop will describe European initiatives that can demonstrate success at countering the negative, harmful effects of the web by providing e-communities that reach out, support and engage young people as active partners in their recovery from eating disorders.

These e-communities can also serve as an entry point in a stepped care disease management model and thus help sufferers overcome the many barriers to recovery.

This workshop will provide a perspective on raising public awareness, early detection, and increasing resilience in young people by building e-communities. Three projects will be presented: *My Personal Best* (UK), *Proud2Bme* (Netherlands), and *Pe(n)sa Differente! / Thin(k) different!* (Italy).

The session will explore the benefits of e-communities and how they can be used to develop skills, resilience and coping techniques in young people. It will describe the activities of the three projects and demonstrate how young people explore

the on-line resources, set themselves personal challenges, and record their journeys through recovery.

The risks associated with web interaction will also be covered, together with the strategies young people can adopt to protect themselves from potential negative influences.

This session is about young people being inspired and supporting each other to be the best they can, to provide them with the skills they need to overcome their isolation, fears and doubts, to become more resilient, and to give them the courage to reach their full potential.

Following the training, participants will be able to:

- Participants will gain knowledge and practical skills in engaging young people as active partners in their recovery.
- Demonstrate how the internet can be used in positive ways to build a recovery focused community of support.
- The workshop will provide examples of practices and activities that can be applied in a variety of settings.

Does Family Environment Matter in the Etiology of Eating Disorders? An Integrative Paradigm

Michael Strober, PhD, David Geffen School of Medicine at UCLA, Los Angeles, CA, USA

This Workshop selectively reviews findings in the neurobiology of early experience relevant to a subject of impassioned debate: Is family life relevant, in any way, to the genesis of eating disorders? It has never been questioned that the major disruptions of early life - for example, poverty, loss, and social disadvantage - can wreak havoc on the psychological growth of children; there is much empirical study to support this. But the typical life history associated with eating disorders is rarely burdened with such conspicuous vulnerability. Even so, difficulties in personal adjustment are almost always present and they are not trivial, even when the reactions concern seemingly ordinary life changes. We will discuss the nature of these reactions and their implications for understanding the possible genetic and stress dependent neural mechanisms involved, and how adverse family life experiences may pertain. Indeed, from work undertaken only recently we understand better that the impact of environmental events on development often involves mechanisms that are more faintly detailed, but whose later effects on adaptation are strong. Anchoring the discussion is a richly detailed case history - a poignant story of a seemingly lost and bewildered skeletal young girl and the efforts undertaken by her parents to find help. The case, and the full course of her care, is the Workshop's introduction as it illustrates how old controversies can be recast. It is a story we hear often, but it will be analyzed from the vantage point of an anxiously rigid and sensitive 13 year old and her family, showing how the developing psyche is swayed by many and varied sources - genetic propensities on the one hand, outside pressures on the other - and how these pathways cross in ways not easy to track. This is the Workshop's principal focus - how modern neuroscience sheds new light on the interchange of biology and experience in eating disorders and in doing so aids our understanding of the personal struggles it creates.

Following the training, participants will be able to:

- Review findings from developmental neuroscience that shed light on the potential relevance of family life experience in the genesis of eating disorders.
- Describe the effects of genes, stress, and gene x environment interaction in the emergence of anxiety states common to persons with eating disorders.
- Describe how early experience and intrinsic vulnerability shape the phenomenology of eating disorder behavior.

Workshop II

Friday, April 29, 2011

4:30 – 6:00 p.m.

Media Smart: Evidence-Based Eating Disorder Prevention for Young Adolescents

Simon M Wilksch, PhD, School of Psychology, Flinders University, Adelaide, Australia; Tracey Wade, PhD, FAED, School of Psychology, Flinders University, Adelaide, Australia

International research evidence suggests that the effective prevention of eating disorders is difficult, particularly in universal, younger, mixed gender samples. While many approaches have been evaluated, few have shown promise and instead much prevention work now focuses on older, female-only, high-risk samples. The main purpose of this workshop is to educate participants about Media Smart, an 8-lesson media literacy school curriculum developed by the workshop presenters that has been found to reduce eating disorder risk factors (i.e., shape and weight concern, body dissatisfaction, dieting, depression and ineffectiveness) in a 2.5 year controlled trial (N=540) with Grade 8 females and males. The workshop will be divided into 3 sections. First, a brief review of the relevant risk factors for eating disorders as a guide for prevention program development. Second, a discussion of the evidence for effective program delivery will be outlined, including: do no harm, consideration of developmental issues, inclusion of boys and girls, teaching style, and requirements of the program presenter. Third, the majority of the workshop will involve describing the Media Smart program including examples of curriculum content, along with a review of the evidence of its effectiveness. The workshop will be interactive in nature and it will close with a discussion of innovative future directions for eating disorder prevention.

Following the training, participants will be able to:

- Integrate findings from the international eating disorder prevention field to provide evidence-based principles to the development, delivery and evaluation of prevention programs.
- Demonstrate that long-term reductions in eating disorder risk can be achieved with universal, young-adolescent, mixed-gender samples.
- Develop skills in the understanding and delivery of the Media Smart program.

The Challenges of Delivering Good Psychological Care on an Inpatient Ward

Vicki Mountford, DClinPsy, South London and Maudsley NHS Foundation Trust, London, United Kingdom; Kate Tchanturia, DClinPsy, Institute of Psychiatry, London, United Kingdom

The sparseness of evidence based treatments for anorexia nervosa has been frequently highlighted and at present, various teams are working to add to our knowledge. Yet, the primary focus is out patient treatment with only limited reference to inpatient settings (e.g., Bowers & Ansher, 2008). However, inpatient wards tend to treat the most severe, treatment resistant of our patients, with one third of those treated on an inpatient basis following a chronic course (Keel & Brown, 2010). Further, many authors have commented on the processes engendered in ward environments. This workshop aims to discuss the process of psychological thinking and care on inpatient wards at an individual, group and systemic level. The aims of this workshop are to outline the process of assessment and formulation; to present two therapies with potential in this setting – cognitive remediation therapy and cognitive behaviour therapy; to present the development of a group based program and to discuss the use of team training and collaborative multi disciplinary formulations to enable shared psychological thinking across the team.

Following the training, participants will be able to:

- Assess and formulate individuals on an in-patient eating disorder ward.
- Awareness of delivery of both individual and group psychological therapies in a ward based setting.
- Understand process of shared psychological thinking on an in-patient ward.

Genetics, Epigenetics and Gene-environment Interactions: Implications for Eating Disorders

Iain C Campbell, DSc, Kings College London Institute of Psychiatry, London, United Kingdom; Ulrike Schmidt, MD, PhD, FAED, Kings College London Institute of Psychiatry, London, United Kingdom

This workshop will consider the current state and future of genetic/ epigenetic studies in eating disorders. This will be done in relation to the evidence that both the development and maintenance of eating disorders involves gene-environment interactions (GxE) which in turn may result in epigenetic changes.

The workshop will consider the various ways in which epigenetic changes can occur in normal and pathological states and how these might alter the risk of developing an eating disorder. Understanding how such changes can occur is likely to provide a molecular basis for changes that are associated with GxEs.

The workshop will examine how environmental factors such as those associated with maternal nutrition and/or stress may cause epigenetic changes which have transcriptional and phenotypic effects, which alter the long term risk of developing an eating disorder.

The workshop will also address both the theoretical and practical issues associated with epigenetic studies in psychiatry and their relevance to eating disorders. It will examine the limited number of epigenetic studies which have been conducted in ED and suggest directions for further research.

Understanding the relationship between epigenetic processes and the risk of an eating disorder opens possibilities for preventive and/or therapeutic interventions. Thus, the workshop will consider how epigenetic changes associated with diet and weight may be reversible and those associated with cognitive processes may be accessible to pharmacological interventions. Campbell, I.C. et al *Neuroscience and Biobehav. Rev.* (2010) doi: 10.1016/j.neubiorev.2010.09.012

Following the training, participants will be able to:

- Be cognizant of recent developments in genetics, gene environment interactions (GxE) and epigenetics associated with eating disorders
- Have awareness of the role of factors such as maternal stress and/or nutrition and/or perinatal complications on epigenetic processing and the risk of an ED in the offspring.
- Understand the practical and theoretical issues associated with epigenetic studies in eating disorders

Compassion-Focused Therapy: A Cognitive-Behavioral Approach for Shame and Self-Criticism in Eating Disorders

Allison C Kelly, PhD, Toronto General Hospital / University of Toronto, Toronto, CA; Jacqueline Carter, PhD, FAED, Toronto General Hospital / University of Toronto, Toronto, CA

This workshop will demonstrate how current cognitive-behavioural conceptualizations and treatments in eating disorders might incorporate a focus on shame and self-compassion. Video clips and case examples will highlight the importance of working through patients' feelings of shame, and the challenges therapists can face in identifying and targeting shame in their patients. The first part of the workshop will introduce the theory and research behind compassion-focused therapy

(CFT; Gilbert, 2005). Drawing on this model, we will encourage participants to consider the value of viewing eating disordered thoughts and behaviours as self-protective attempts to mitigate shame (Goss & Allan, 2009). We will then explore compassion from others and self as important antidotes to shame. The second part of the workshop will be more practical. Using real patient examples, participants will learn how to integrate a focus on shame and self-compassion into current cognitive-behavioural formulations and interventions. Participants will learn various “compassionate mind training” (CMT; Gilbert, 2005) exercises, which include modified thought records as well as imagery work, that can be used to help patients think and behave from a more compassionate mindset. The third part of the workshop will draw on experiential learning to help participants discover the soothing effects that self-compassion can have but also the barriers that can arise in response to attempts at self-compassion. We will use role play to demonstrate how therapists might reframe and address resistance to self-compassion with their patients. The workshop will conclude by reviewing the most important points of the session, and will encourage participants to think and ask questions about how they might integrate CMT into their current clinical work.

Following the training, participants will be able to:

- Consider the theoretical and clinical value of targeting shame and low self-compassion in patients with eating disorders.
- Integrate principles and techniques from compassion-focused therapy (CFT; Gilbert, 2005) into cognitive-behavioral formulations and treatment approaches.
- Acquire skills in identifying shame and working through resistance to compassion and self-compassion.

Family-Based Treatment for Adolescents with Anorexia Nervosa: Focus on the Family Meal

Jennifer L Couturier, MD, McMaster University, Dundas, CA; James Lock, MD, PhD, FAED, Stanford University, Palo Alto, CA, USA

Family-Based Treatment for adolescents with anorexia nervosa has a strong evidence base and is recommended as a first line treatment for this patient population. The second session of this manualized therapy involves a family meal which is observed by the therapist. Many clinicians do not practice the family meal, citing lack of comfort as the reason. This workshop aims to familiarize therapists with the family meal by first reviewing it in detail as described in the manual, followed by an illustration of this session in action using video footage of three different families. These cases will vary in level of expressed emotion and resistance to the refeeding process, giving therapists exposure to a wide variety of clinical scenarios. Ample time for discussion of therapists' own experiences with the family meal in Family-Based Treatment will be provided.

Following the training, participants will be able to:

- To describe in detail the components of the family meal in Family-Based Treatment for adolescents with anorexia nervosa.
- To demonstrate various therapeutic strategies for the "one more bite" intervention in the family meal.
- To discuss therapists' own experiences with the family meal.

Clinical Practice and Research in Hispanic and Latino ED Patients: What is Being Done? What Works?

Eva M Trujillo, MD, FAED, Comenzar de Nuevo, Garza Garcia, Mexico; Juan Manuel Mancilla, PhD, FES Iztaacala, UNAM, Naucalpan, Mexico; Karina Franco, PhD, Universidad de Guadalajara, Ciudad Guzman, Mexico; Juanita Gempeler, CBT, Equilibrio ltda, Bogota, Columbia; Maritza Rodriguez, MD, Equilibrio ltda, Bogata, Columbia; Guillermina Rutzstein, PhD, Fac de Psicología Universidad de Buenos Aires, Buenos Aires, Argentina; Fernando Fernandez, PhD, FAED, University Hospital of Barcelona-Idibell, University of Barcelona, Ciberobn, Barcelona, Spain

In so-called developed countries, the study of eating disorders takes several decades, unlike what happened in the so-called developing countries. However, clinical practice, research and publications in the latter, every time are greater. Hispano Latino American participation in local and international academic events in the area of eating disorders has also been increased. This greater number of researchers and practitioners; as well as increased local events and publications contrasts with little information in media greater movement, making it difficult to know what happens in an integrated manner in these countries.

Invited experts from Argentina, Colombia, Mexico and Spain gathered information from their countries in relation to eating disorders. As a result, we are presenting this workshop with the purpose of displaying the advances in scientific research and professional practice in these four countries.

In this sense, is to recognize that efforts like this, are not only useful as a reference point in the state of the art in eating disorders in Hispano Latin America, but that additionally be a great source to feedback tasks of research, teaching and learning.

Following the training, participants will be able to:

- Learn the state of affairs of eating disorders in four Hispano Latino American countries, as well as body image dilemmas within different sociocultural contexts.
- Gain a better understanding of patients of different ethnicities as well as new knowledge of research and practice that are effective in Hispano Latino American countries.

- Foster international relations among researchers and clinicians in the area of eating disorders in all aspects of prevention, education and treatment.

Eating, Feeding, and Treating Patients with Eating Disorders: An Integration of Research and Clinical Practice

Joanna Steinglass, MD, Columbia University/NYSPI, New York, NY, USA; Michael Devlin, MD, FAED, Columbia University/NYSPI, New York, NY, USA; Laurel Mayer, MD, Columbia University/NYSPI, New York, NY, USA; Janet Schebendach, PhD, Columbia University/NYSPI, New York, NY, USA; Robyn Sysko, PhD, Columbia University / NYSPI, New York, NY, USA; Scott Crow, MD,FAED, University of Minnesota, Minneapolis, MN, USA

By definition, eating behavior is disturbed in patients with eating disorders. The nature of these disturbances is a challenge for researchers to systematically investigate and for clinicians to treat.

The goal of this workshop is to engage clinicians and clinical researchers in a dialogue about the relevance of laboratory-based eating behavior studies to clinical practice. Research results from 5 recent studies will be presented and the relevance to clinical practice will be discussed. Dr. Janet Schebendach will discuss the validity of using food records to assess intake across the eating and weight disorder spectrum and their utility in clinical practice. Dr. Michael Devlin will present the rationale and development of an adolescent eating behavior laboratory and preliminary data from overweight teens prior to and following bariatric surgery. Dr. Laurel Mayer will present findings from a multiple-item laboratory meal study conducted in hospitalized patients with anorexia nervosa (AN) before and after normalizing weight. Dr. Robyn Sysko will discuss the effect of deficits in behavioral inhibition on eating behavior using findings from a meal study in patients with bulimia nervosa. Dr. Joanna Steinglass will discuss the role of fear and avoidance in AN eating behavior and will present the use of a laboratory meal to assess the utility of exposure and response prevention in the treatment of AN. Dr. Scott Crow will discuss how these findings inform clinical practice.

Following the training, participants will be able to:

- Appreciate the contributions of laboratory eating behavior studies to clinical practice and the development of novel treatments.
- Describe differences in eating behavior across the different eating and weight disorders.
- Describe how the food record -- and unintentional biases in the recording food intake -- can impact clinical treatment in anorexia nervosa and obesity.

Medical Caveats Encountered During Attempts to Stop Purging and Their Treatments in Patients with Bulimia Nervosa

Philip S Mehler, MD, Denver Health Medical Center, Denver, CO, USA

There are many serious medical complications associated with the different modes of purging utilized by patients with bulimia nervosa. These complications and their respective treatments are increasingly familiar to healthcare professionals caring for patients with bulimia nervosa. However, there are also many complications associated with attempts to discontinue the purging behaviors associated with self-induced vomiting, and diuretic and laxative abuse. These serious, and often difficult to manage, complications include fluid, electrolyte, gastrointestinal, cardiovascular and those which adversely affect body image. These complications also often stand in the way of bulimic patient's attempts to successfully "detox" from harmful purging behaviors and results in these patients reverting back to their harmful purging behaviors. Increased familiarity with the medical problems which can arise during attempts to cease purging behaviors will allow clinicians to successfully intervene and help facilitate a patient's decision to discontinue the different purging behaviors inherent to bulimia nervosa. A detailed description of these respective complications associated with attempts to discontinue the different modes of purging, and their treatments, embedded in real care-based and salient vignettes, will be presented in an understandable and clinically salient manner.

Following the training, participants will be able to:

- Describe the medical complications of the various modes of purging.
- Describe the medical complications encountered when attempting to cease purging.
- Describe the therapeutic interventions to be utilized to maximize the chances of successfully ceasing purging behaviors.

What Does Recovery from an Eating Disorder Look Like? What Can It Look Like? What Should It Look Like?

Anna M Bardone-Cone, PhD, FAED, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA

The aim of this workshop is to explore the idea of recovery from an eating disorder from various perspectives including clients' narratives about recovery, therapists' clinical experiences, and empirical data regarding definitions of recovery. How recovery has been defined in the literature varies substantially. Although in recent years definitions have typically included physical (e.g., minimum BMI) and behavioral (e.g., no binge eating) components, there has been no consistent assessment of psychological recovery (e.g., weight concern) and yet researchers have argued that relapse may be due to

unresolved psychological/attitudinal aspects of the eating disorder. How should psychological recovery be assessed? Should other non-diagnostic factors, like improved psychosocial functioning and affect regulation skills, be included in the definition of eating disorder recovery? This workshop is designed to have both didactic and participatory components. For example, in a didactic format the state of eating disorder definitions will be reviewed, qualitative data regarding clients' and therapists' perspectives on recovery will be shared, and empirical data will be presented related to a proposed conceptualization of physical, behavioral, and psychological recovery and how this conceptualization relates to psychiatric comorbidity, psychosocial functioning, personality dimensions, and daily exercise and eating choices. In conversation we will examine how issues related to defining eating disorder recovery are reflected in clinical experiences. We will discuss where the field needs to go in terms of developing a useful conceptualization and operationalization of recovery that will: aid practitioners and their clients and clients' families to better understand the process of recovery and what recovery can look like; aid outcome researchers via a consensus definition of recovery and thus more stable recovery and relapse data; and aid all in thinking about facilitating recovery.

Following the training, participants will be able to:

- Describe and evaluate typical conceptualizations of eating disorder recovery.
- Articulate other conceptualizations of eating disorder recovery, including the possible role of psychological recovery.
- Apply issues related to defining eating disorder recovery to one's own clients/patients and study participants working toward recovery.

Research on Pro-Eating Disorder Websites: What are the Risks and How Do We Deal with Them?

Kristin M. von Ranson, PhD, FAED, University of Calgary, Calgary, Canada; Codie Rouleau, BA (Hons), University of Calgary, Calgary, Canada

Pro-eating disorder websites are online communities that construe eating disorders as lifestyle choices that one should strive to attain. These websites are commonly referred to as "pro-ana" (promoting anorexia) or "pro-mia" (promoting bulimia) websites. Common features on pro-eating disorder websites include "tips and tricks" about weight loss, images of emaciated celebrities and motivational quotes known as "thinspiration," as well as forums and chat-rooms in which visitors may interact. Pro-eating disorder websites are controversial because they appear to encourage a range of disordered eating behaviours. Articles in the popular press have described harmful effects of pro-eating disorder websites. Although this phenomenon is still quite new, a small literature has collected and research has begun to examine the impact of pro-eating disorder websites on users. This workshop has three aims: (1) to describe findings of our recent integrative review of the research literature on pro-eating disorder websites (Rouleau & von Ranson, in press), including addressing the accuracy of media reports of the dangers of pro-eating disorder websites; (2) to explore research and clinical implications of pro-eating disorder websites; and (3) to examine ethical issues presented by the existence of these websites. Our literature review suggested that possible risks to pro-eating disorder websites could be organized into three themes: operation under the guise of "support," reinforcement of disordered eating, and prevention of help-seeking and recovery from disordered eating. Pro-eating disorder websites are often perceived as supportive by users, but instead may exacerbate or maintain users' eating disorder symptoms. A focus of this interactive workshop will be to give participants the opportunity to discuss practical questions about how to handle pro-eating disorder websites in their personal and professional lives.

Following the training, participants will be able to:

- Describe current research findings related to pro-eating disorder websites.
- Discuss the accuracy of media reports regarding dangers of pro-eating disorder websites.
- Discuss possible research, clinical, and ethical implications of pro-eating disorder websites.

Workshop III

Saturday, April 30, 2011

10:00 – 11:30 a.m.

Multi-Family Therapy for Adults with Eating Disorders and their Carers

Gina Dimitropoulos, PhD, University Health Network - Toronto General Hospital, Toronto, Canada; Steven Balmbra, BSc, RESSP, Nordland Hospital; Blake Woodsode, FRCPC, MD, MSc, Toronto General Hospital, Toronto, Canada; Siri Lyngmo, Regional Centre for Eating Disorders; Pennie Fairbairn, BEd, DipCouns, MSc, The Michael Rutter Centre; Ivan Eisler, PhD, Institute of Psychiatry, Kings College London, London, United Kingdom

Eating disorders (ED) create unique challenges for families of adults with ED including psychological duress, social isolation, stigma and poor family functioning. Family-based treatments have proved efficacious in families of adolescents with ED who have a short duration of illness. However, family-based treatments have not proved effective in adults with chronic ED. In this workshop we present an innovative family therapy approach, Multi-Family Therapy (MFT). The presenters are clinician-investigators from three countries (Canada, Norway and the United Kingdom.) who have worked collaboratively to apply MFT to adults with ED and their families. Influenced by the Maudsley and Dresden models of

family therapy, a guidebook has been established for administering MFT with carers including parents, partners, and siblings of people with ED. In this workshop, the presenters will briefly review the empirical evidence regarding the efficacy of this intervention with families of adolescents with ED and other mental illnesses including substance abuse, bipolar disorder and schizophrenia. The focus of the workshop will be to enhance the understanding of participants regarding the principles of MFT for adults with ED. Clinical examples will be presented to highlight the ways in which MFT can be employed to improve communication and problem solving within the family, enhance the provision of developmentally appropriate caregiving, promote strategies to reduce illness-related behaviours, and impart skills for preventing relapse. Through the use of video demonstrations and case examples, we will illustrate the application of MFT and explore how to adapt it to various clinical settings. During this workshop, active audience participation will be encouraged including the opportunity to share experiences working with families for whom this approach has been applied. Strategies for facilitating the successful implementation of this intervention will also be discussed.

Following the training, participants will be able to:

- Integrate empirical evidence and theoretical knowledge of Multi-Family Therapy for adults with mental illnesses including eating disorders.
- Acquire skills for working with carers and people with ED to enhance their communication and problem solving abilities while enabling them to challenge illness related behaviours.
- Demonstrate the application of various exercises for conducting a multi-family group with carers of adults with eating disorders.

Update on Proposed DSM-5 Criteria for Feeding and Eating Disorders: What Text Guidance can Optimize their Clinical Utility?

Anne E Becker, MD, PhD, FAED, Dept of Global Health and Social Medicine, Boston, MA, USA; Ruth Striegel-Moore, PhD, FAED, Wesleyan University, Middletown, CT, USA; B. Timothy Walsh, MD, FAED, Columbia University, New York, NY, USA; James Mitchell, MD, FAED, Neuropsychiatric Research Institute, Fargo, ND, USA; Marsha D. Marcus, PhD, FAED, University of Pittsburgh School of Medicine, Pittsburgh, PA, USA; Rachel Bryant-Waugh, DPhil, FAED, Great Ormond Street Hospital, London, United Kingdom; Stephen Wonderlich, PhD, FAED, Neuropsychiatric Research Institute/UNDSOM&HS, Fargo, ND, USA; Terence Wilson, PhD, Rutgers University, Piscataway, New Jersey, USA; Barbara Wolfe, PhD, Boston College, Boston, MA, USA; Hans Hoek, PhD, MD, FAED, Parnassia Bavo Psychiatric Institute, The Hague, Netherlands; Evelyn Attia, MD, FAED, Columbia & Cornell University's, New York, NY, USA; Richard Kreipe, MD, FAED, University of Rochester Medical Center, Rochester, NY, USA

The revision process for DSM diagnostic criteria for feeding and eating disorders is well underway and yet, key questions remain. To date, this process has incorporated empirical evidence culled from systematic literature reviews, secondary analyses of existing data sets, and expert opinion received in multiple venues. Presently, field trials are being conducted to evaluate the clinical utility of these criteria. It is anticipated that these findings, as well as continued feedback from clinicians, researchers, and advocates, will inform further revision and the development of text guidance. Specific questions include, for example, how reliably will clinicians interpret and apply revised criteria for AN, BN, and BED and new criteria for ARFID? What proportion of eating disorder diagnoses will shift from EDNOS to another eating disorder category? Will findings suggest potential unintended consequences for case ascertainment that may not serve patients well? Further, how can text guidance be optimized to accompany revised criteria in light of these findings to enhance their clinical utility? For instance, what is the best way to operationalize and guide the evaluation of low weight intrinsic to a diagnosis of AN? And, how can DSM-5 text guide clinicians in evaluating severity, remission, and relapse? Members of the DSM-5 Eating Disorders Work Group will present this highly interactive workshop. After a brief update on proposed DSM-5 criteria for feeding and eating disorders, their rationale, and their empirical support, the remainder of the session will comprise a facilitated discussion with workshop participants. A selection of clinical scenarios will be presented to illustrate and examine the most potentially challenging aspects of interpretation and application of these revised criteria in practice. To conclude the workshop, this discussion will become the basis for a collective exercise generating proposed text guidance aimed at enhancing clinical utility.

Following the training, participants will be able to:

- Describe the proposed revised DSM-5 diagnostic criteria for eating disorders, their empirical support, and rationale.
- Apply revised diagnostic criteria to clinical scenarios.
- Generate proposed text guidance to enhance the clinical utility of the proposed criteria.

An Evidence-based Guide to Treating Comorbid Psychiatric Disturbances in People with Eating Disorders

Howard Steiger, PhD, FAED, Douglas University Institute, Montreal, Canada; Mimi Israel, MD, FAED, Douglas University Institute, Montreal, Canada

Anorexia nervosa, bulimia nervosa and binge eating disorder co-occur frequently with mood, anxiety, post-traumatic, impulse-control and substance-use disorders. This workshop provides comprehensive guidelines for the clinical

management of psychiatric comorbidity in patients with eating disorders (EDs), and for the management of EDs in people with psychiatric problems. The most commonly encountered comorbid entities in EDs will be addressed (Mood Disorders, Suicidality, Anxiety Disorders, Post-Traumatic Stress Disorder, Substance-Use Disorders and Personality Disorders), with attention to patterns of co-occurrence with different ED subtypes, potential for diagnostic confusions, indications and contraindications for symptom-specific interventions, and heuristics guiding sequencing and prioritization of treatment targets. Workshop leaders will address cause/ consequence questions (concerning ways in which ED symptoms exaggerate psychopathological manifestations and vice versa). For each area of disturbance, presenters will provide recommendations concerning psychotherapeutic and pharmacotherapeutic aspects of management. The workshop aims to achieve broad coverage, but emphasizes strategies for which there is reasonable empirical support. Participants are invited to bring case materials from their own practice, for discussion purposes.

Following the training, participants will be able to:

- Acquire up-to-date knowledge on the interface between eating and psychiatric disturbances.
- Become familiar with recommended techniques for the management of eating-disordered individuals with comorbid psychiatric disturbances.
- Learn guidelines for the psychotherapeutic and pharmacotherapeutic management of comorbidity in eating-disorder patients.

Regulation of Cues for Childhood Overeating: The ROC Intervention

Kerri N. Boutelle, PhD, University of California, San Diego, CA, USA; Sarah Rydell, MPH, University of Minnesota, Minneapolis, MN, USA; Carol Peterson, PhD, University of Minnesota, Minneapolis, MN, USA; Nancy Zucker, PhD, Duke University, Durham, NC, USA

Overweight and obese children who have eating in the absence of hunger may benefit from treatments targeting overeating. The externality theory of obesity suggests that obese humans are more reactive to external cues to eat (time, presence and quality of food, situational effects) and less sensitive to internal hunger and satiety signals than their lean counterparts. We have created a treatment specifically for overweight and obese children who eat in the absence of hunger called Regulation of Cues (ROC). ROC is based on two empirically-tested treatments designed to address these challenges for overweight and obese people; Appetite Awareness Training and Food Cue Responsivity Training. Appetite Awareness Training focuses on improving sensitivity to hunger and satiety cues and Food Cue Responsivity Training aims to reduce sensitivity to external cues (i.e the sight of smell of food). Incorporating clinical case material based on our empirical trials, this workshop outlines the key components of ROC. We review how to deliver the ROC program, facilitate communication and parenting skills, and engage child participants. Two studies demonstrating the efficacy of these interventions with overweight and obese children will be presented, as well as feasibility and acceptability data. Upon completion, workshop participants will understand risk factors for obesity and eating in the absence of hunger in youth, appreciate the rationale for the ROC intervention, learn about the data that suggests how ROC may be helpful to children who eat in the absence of hunger, and develop the basic knowledge and skills deliver the type of intervention in clinical settings.

Following the training, participants will be able to:

- Critically evaluate the empirical data supporting the externality theory of obesity.
- Describe and implement appetite awareness training, cue-reactivity and exposure-based therapies with overweight and obese children who overeat (the "ROC Intervention").
- Explain the differential benefit of tailoring treatments to homogeneous subgroups of the overweight population.

To Decide or Not to Decide: What is the Rule? The Neurobiology of Indecision in Eating Disorders and the Clinical Impact

Walter Kaye, MD, FAED, University of California San Diego Department of Psychiatry, San Diego, CA, USA; Laura Hill, PhD, FAED, The Center for Balanced Living, Worthington, OH, USA

It is well known that individuals with AN have inflexibility, rigidity, impaired set shifting, preoccupation with control, perfectionism, and a fear of making mistakes. In addition, they tend to be anhedonic and have impaired appetitive drive. It is important to understand how brain circuitry contributes to such symptoms, since effective treatments for AN are lacking. New studies suggest that AN have an imbalance of function between neurocircuits that are involved in decision making. Impaired modulation of ventral limbic circuit involved in coding emotion and reward occurs while there is exaggerated activity of dorsal circuits involved in planning and executive function, resulting in there may be diminished drive towards reward and motivation and ability to trust decisions. Circuits that worry about consequences, and make plans appear to be overactive. A difficulty in discriminating between positive and negative may contribute to emotionally flat decisions. Open ended questions, spontaneity and variety become very difficult, triggering AN individuals to turn to the external for concrete answers and detailed plans in order to know what to do and when. This workshop will review the neurobiological circuitry and integrate clinical tools that have been tested with ED patients and their families addressing planning, structure, repetition and movement in relation to decision making. It will also provide information and tools that help patients and their families develop an increased understanding of the neurobiological basis of the illness, shifting the etiological paradigm from outside in to the inside out, sequestering family blame, freeing focus to manage the illness.

We will explore how the neurodynamics of AN as an illness creates detailed rules and rituals for the client to decide not to eat and use the same neurocircuitry to shift the rules to provide food plans and rituals as part of the cure.

Following the training, participants will be able to:

- Identify brain circuitry from brain imaging studies that create a foundation for indecision in eating disorders.
- Apply clinical tools from research findings on neurocircuit dysfunction related to decision making in eating disorder patients addressing planning, structure, repetition and movement for treatment intervention.
- Integrate feedback from pilot tested clinical procedures that apply neurobiological findings of decision making to patients and their families and for family programs.

Chances and Challenges of Technology-Enhanced Interventions for Eating Disorders

Markus Moessner, PhD, University Hospital Heidelberg, Heidelberg, Germany; Stephanie Bauer, PhD, University Hospital Heidelberg, Heidelberg, Germany

Over the last decade, a number of technology-enhanced interventions have been developed and evaluated in the field of eating disorders (ED). Such interventions have been applied successfully in various areas along the spectrum of care reaching from prevention, psycho-education and self-help to treatment and aftercare. In research, longitudinal online monitoring and ecological momentary assessment using portable devices and Internet-based assessments have created new opportunities to investigate mechanisms of interest in an ecologically valid manner. Such approaches may expand our understanding of the micro-processes involved in ED symptoms and behaviors and ultimately inform us on mechanisms involved in treatment response and recovery.

Although empirical evidence clearly supports the potential of technology-enhanced programs, there are a number of challenges that need to be addressed. Besides the most obvious challenges of participants' safety and data security, the fit of the intervention to the needs of the participant as well as to specific health care settings is crucial. For example it may be problematic to reach a specific target group over the Internet or to ensure that individuals who need intense care do not abstain from regular treatment by engaging in a low-intense technology-enhanced program instead.

In this workshop we will discuss the chances and challenges of technology-enhanced interventions for ED. In addition, several programs will be demonstrated and their use in various health care settings will be described.

Following the training, participants will be able to:

- Detect both chances and challenges of technology-enhanced interventions.
- Evaluate the appropriateness of technology-enhanced interventions for specific target groups and specific health care settings.
- Describe the advantages of online monitoring and ecological momentary assessment.

Improving Treatment for Anorexia Nervosa: Psychiatrist, Psychologist, and Patient Perspectives

Evelyn Attia, MD, FAED, Columbia University, New York, NY, USA; Kathleen Pike, PhD, FAED, Temple University Japan, New York, NY, USA; Deborah Glasofer, PhD, Columbia University, New York, NY, USA

This workshop will draw on multiple perspectives to provide a thought-provoking discussion on essential considerations and next steps for treatment of eating disorders. Dr Evelyn Attia serves as Director of the Center for Eating Disorders at Columbia University and Weill Cornell Medical College, and for over 20 years, has engaged in clinical research examining the role of medication in anorexia nervosa (AN) treatment. She will discuss the challenges that we face in advancing efficacy in terms of medication and intensive treatments for the most severely ill individuals with AN. Dr. Kathleen Pike is a clinical psychologist who has served as principal investigator and consultant on multiple studies examining manual-based psychotherapies for AN. Dr. Pike will provide a discussion of evidence-supported outpatient psychotherapy for anorexia nervosa and will highlight the challenges that the field faces in terms of improving and disseminating psychotherapy for treatment of AN. Dr. Deborah Glasofer is a relative "newcomer" to the field of eating disorders who will offer her perspective on the challenges of mounting a career in this field and the critical questions that she would like to answer during her career that she thinks would have the greatest impact on treatment for AN. FB suffered from anorexia nervosa for 20 years and is now recovered. She received outpatient as well as inpatient treatment for her illness and will describe what she sees as the pressing issues for the field in terms of improving care for individuals who continue to suffer from anorexia nervosa today.

Following the training, participants will be able to:

- Identify evidence-based treatments for anorexia nervosa.
- Recognize challenges to the successful treatment of anorexia nervosa.
- Identify the various team members, and their various perspectives, involved in the treatment of individuals with anorexia nervosa.

The Use of Acceptance and Commitment Therapy in Treating Eating Disorders

Alix Timko, PhD, University of the Sciences, Philadelphia, PA, USA; Rhonda Merwin, PhD, Duke University Medical Center, Durham, NC, USA; Emily Sandoz, PhD, University of Louisiana at Lafayette, Lafayette, LA, USA; Lindsay

Martin, BA, Towson University, Towson, MD, USA; Adrienne Juarascio, BA, Drexel University, Philadelphia, PA, USA; Ashley Moskovich, BA, Duke University Medical Center, Durham, NC, USA

Despite the high prevalence and mortality rate of eating disorders, there remain very few effective treatments. At present, family-based therapy is the only empirically supported treatment for adolescents with AN, and there are no empirically supported treatments for adults with AN. While investigators have demonstrated the efficacy of a form of CBT for bulimia nervosa (CBT-BN) in a number of randomized controlled trials, the binge-purge remission rates in these studies are still as low as 30-40% by the end of treatment. Thus, researchers and clinicians have begun exploring alternative approaches to treatment. Acceptance and Commitment Therapy (ACT) is an acceptance and mindfulness-based development in cognitive behavioral therapy that has shown preliminary promise in treating eating disorders. ACT conceptualizes the core psychopathology of any disordered behavioral pattern as psychological inflexibility, or the inability to persist or change behavior in line with long-term valued directions when uncomfortable private experiences arise. Contrary to the traditional cognitive change strategies used in CBT (i.e., cognitive restructuring, cognitive reappraisal), ACT employs acceptance and mindfulness-based strategies to undermine the maladaptive avoidant function of eating disorder thoughts and behaviors. There are six processes of clinical change used in the ACT model: acceptance, defusion, self-as-context, present moment awareness, values, and commitment. This workshop will provide an introduction to ACT and the six core processes. Participants in the workshop will learn to conceptualize eating disorders from an ACT perspective. Examples of how to use ACT with this population will be taken from protocols developed by the workshop leaders (family treatment, individual treatment, and group treatment), and participants in the workshop will have the opportunity to engage in experiential exercise exemplifying ACT treatment.

Following the training, participants will be able to:

- Describe the six core processes of ACT.
- Create a case conceptualization of a patient with an eating disorder from an ACT perspective.
- Describe ways in which ACT has been applied to eating disorders.

Understanding and Managing Countertransference in the Eating Disorders

David Tobin, PhD, FAED, Private Practice, Springfield, MA, USA; Charles Portney, MD, FAED, Rutgers Medical School, Santa Monica, CA, USA

One of the challenges that therapists face are the feelings that patients evoke in us. It is often true that the more complicated and recalcitrant a patient's symptoms are, the more likely that the therapist will encounter not only painful and uncomfortable feelings in the patient, but uncomfortable feelings in themselves, the countertransference. A review of empirically supported and alternative treatments to embrace this concept will be reviewed. Dr. Portney will discuss countertransference in the treatment of ED including therapist factors (therapist having an ED, therapist depression or ability to tolerate discussion of sex and trauma in general). Reactions (fear, undue fascination, difficulty taking the patient seriously, stereotyping, and exploiting the patient to prove a paradigm) to the ED psychopathology will be reviewed. Therapist burnout and therapist control issues and how to prevent burnout and control struggles will be introduced and opened for audience comment. Other issues will include a delineation of other issues that make ED treatment difficult for the therapist, effect of the patient being special to us or a need to be special to the patient, reactions to ED patients' unique and often positive qualities, gender issues and some countertransference issues in the treatment of trauma survivors with an ED. Dr. Tobin will discuss countertransference in the context of projective identification. While some reactions of the therapist to the patient reflect the therapists own issues, other reactions reflect unspoken feelings of the patient. These feelings are often too difficult and painful for the patient to address directly, whereby they are projected into the therapist as a way to mitigate them. Unfortunately, these feelings will also tend to be experienced by the therapist as very unpleasant, and may include such emotions as depression, shame, sexual feelings, or anger. However, if the therapist is able to avoid or at least minimize acting out these feelings, they can be a most productive therapeutic opportunity for enabling the patient to examine important aspects of themselves, and to manage painful feelings in a more adaptive way.

Following the training, participants will be able to:

- Participants will be able to describe various sources of countertransference in the eating disorders.
- Participants will learn strategies for managing countertransference in the eating disorders.
- Participants will better understand how to utilize countertransference reactions to improve psychotherapeutic treatment.