

Workshop Session I
Thursday, May 3, 2012
2:30 – 4:00 p.m.

A.
Acceptance-based Separated Family Therapy for Adolescent Anorexia Nervosa

Rhonda M. Merwin, PhD, Duke University Medical Center, Durham, NC, USA; C. Alix Timko, PhD, University of the Sciences, Philadelphia, PA, USA; Nancy Zucker, PhD, Duke University Medical Center, Durham, NC, USA

Family-based treatment (FBT) employing the original “Maudsley Method” has demonstrated effectiveness for adolescents with AN. Achieving full remission rates as high as 50%, this approach has revolutionized AN treatment, re-empowering parents and establishing them as a critical part of the treatment team. With these positive outcomes, researchers are now poised to turn their attention to adolescents who do not fare as well in traditional FBT. Studies have identified high expressed emotion in parents and greater obsessiveness and ritualized behavior surrounding eating and weight in the affected adolescent as factors that limit outcome. The prognostic relevance of these features is sensible, given that the current model of FBT relies heavily on existing parental capabilities, and assumes a high level of premorbid functioning in the adolescent who is seen as encumbered only by restricted eating. We developed and tested (N = 22) a separated family treatment for adolescent AN that includes core components of FBT (parents taking initial control over eating) but also parent skills and behavioral exposure based on the functional assessment of symptoms to address limiting factors (e.g., expressed emotion, obsessionality). We will describe how this treatment provides adolescents and caregivers with the skills necessary to engage difficult or emotionally evocative events flexibly (e.g., mealtimes) and irrespective of emotional distress (e.g., frustration about the illness behaviors; fear of making mistakes). Workshop participants will learn how to extend skills beyond illness situations to help patients approach other events that generate discomfort (e.g., making friends) but are personally meaningful. Using session audio, we will illustrate the core components of treatment and technique. Participants will learn to conceptualize cases and formulate intervention strategy in a theoretically consistent manner.

Learning Objectives:

- Describe the core components of a novel intervention for adolescent AN.
- Conceptualize cases from an ASFT approach.
- Identify techniques to increase patient engagement in value-guided action.

B.
An Evidence-Based Guide to Treating Comorbid Psychiatric Disturbances in People with Eating Disorders

Mimi Israel, MD, FAED, Douglas Institute, McGill University, Montreal, QB, 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 comorbidity. 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. The workshop will address cause/ consequence questions (concerning ways in which ED symptoms exaggerate psychopathological manifestations and vice versa), and for each area of disturbance, 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.

Learning Objectives:

- Participants should acquire up-to-date knowledge on the interface between eating and psychiatric disturbances.
- Participants should become familiar with recommended techniques for the management of eating-disordered individuals with comorbid psychiatric disturbances.
- Participants will be exposed to guidelines for the psychotherapeutic and pharmacotherapeutic management of comorbidity in eating-disorder patients.

C.
Treating Anorexia Nervosa in the Outpatient Setting: Why Well Intentioned People Sometimes Do

Unwise Things and How Comprehensive Paradigms and Clinical Benchmarks Can Help

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

Why the treatment of anorexia nervosa (AN) easily veers off course is a question not often discussed. But to neglect what is a touchy subject has serious repercussions. How, and why, errors occur is the subject of this Workshop. Two contentious themes frame the discussion: AN as a biological illness, and enlisting parents to vigorously support weight correction. Support for these paradigms is strong, but contrary to how they are being interpreted, each holds only a piece of truth, not a whole truth. You wouldn't think so judging from comments and assertions made at recent Academy meetings and appearing on its Listserv. Clearly, biology is at play in AN, but whatever inheritance sets in motion not everything we see in the illness is encoded in the genome; biology is also substrate for experience and the converse is equally true; and weight correction, obviously crucial, does not stand on its own as a therapeutic strategy for these reasons. The questions to be addressed in the Workshop are also pertinent because while AN has a more or less lawful history (premorbidly and acutely), once it rages it is utterly improbable; but not to the sufferer; they insist that all they see, feel, and do is functionally sensible. AN is as strange an illness as it is dangerous and it will not be understood without full appreciation of the complexities inherent in human adaptation and illness. The ideas many now have - about causation, the role of environment, when psychotherapy should commence, the validity of emotions patients express - are assertions not only at odds with sound clinical observation, but with modern science. Skills required for treating AN build slowly and knowledge needed for the challenge cannot be one-sided as such positions are implausible. This workshop will highlight premises drawn from theory and practice, and how they link directly to the use of clinical benchmarks and algorithms whose application can avoid treatment errors before they occur.

Learning Objectives:

- Cite empirically supported principles of complex behavior applicable to an understanding of anorexia nervosa.
- Document specific errors in the management of persisting low body weight in patients treated in the outpatient setting.
- Describe objectively specific clinical benchmarks and the algorithms for their application, whose use in managing low weight patients can reduce the risk of longer term complications.

D.

Body Image Disturbance in the Eating Disorders - How to Assess and Treat

Victoria Mountford, DCLinPsy, Institute of Psychiatry, London, United Kingdom

The treatment of body image disturbance continues to remain a challenge for clinicians and researchers alike. Such disturbance is a negative prognostic indicator and even when there is change this maybe slow in comparison to other psychopathology. Continued body image disturbance is a predictor of relapse in remitted women (Keel et al., 2005) and it has been suggested that focused body image work may aid long lasting recovery. Further, this is commonly an area of great distress for patients, during and after treatment. More recently, there have been developments in our understanding of body image, leading to advances in treatment.

This clinically focused workshop will outline the assessment, formulation and treatment of body image disturbance using a cognitive behavioural framework. Particular attention will be paid to "how to" with the use of case vignettes and patient material. The workshop will demonstrate how recent research findings can be incorporated into practice. There will be discussion on how to tailor treatment to the individual patient depending on current weight, distress tolerance skills and stage of treatment, including consideration of how to adapt for low weight individuals. Treatment will include both individual and group approaches.

Learning Objectives:

- Assess and formulate body image disturbance in individuals with a range of eating disorders.
- Draw on recent research to update treatment approaches for body image disturbance.
- Deliver body image treatment effectively and therapeutically within a cognitive behavioral framework.

E.

RDoC and Eating Disorders: Using Dimensional Approaches in Clinical and Developmental Eating Disorders Research

Julia L. Zehr, PhD, National Institute of Mental Health, Bethesda, MD, USA; Marjorie Garvey, MB, BCh, National Institute of Mental Health, Bethesda, MD, USA; Walter Kaye, MD, FAED, University of California San Diego, La Jolla, CA, USA; Kelly Klump, PhD, FAED, Michigan State University, East Lansing, MI, USA; James Lock, MD, PhD, FAED, Stanford University, Palo Alto, CA, USA; Stephen Wonderlich, PhD, FAED, Neuropsychiatric Research Institute, Fargo, SD, USA

The NIMH RDoC Initiative (<http://www.nimh.nih.gov/research-funding/nimh-research-domain-criteria-rdoc.shtml>) calls for the development, for research purposes, of new ways of classifying psychopathology based on dimensions of observable behavior and neurobiological measures. Interest in dimensional research models has developed from accumulating evidence that genetic and environmental contributions to brain development and psychopathology do not map directly onto diagnostic classifications. By relating observable behavior to cellular, molecular, and systems neuroscience, scientists will likely advance understanding of pathophysiology and treatment response in mental illness more rapidly. Dimensional approaches have been used less frequently in eating disorders research, perhaps because it is not entirely clear whether eating disorders are at one end of a spectrum of disordered-eating symptoms or are categorically different from disordered eating symptoms observed in representative samples. Following an overview of the RDoC initiative (Marjorie Garvey, NIMH), Drs. Jim Lock, Walter Kaye, Kelly Klump, and Stephen Wonderlich (moderator) will consider how dimensional approaches may be used most effectively in clinical and developmental eating disorders research. In closing, discussion themes will be related to the RDoC initiative and to current NIMH funding priorities (Julia Zehr, NIMH). The workshop will be divided equally into panel presentations and an interactive discussion focused on audience reactions, ideas, and opinions on dimensional approaches to eating disorders research. Examples of discussion topics are included in the learning objectives.

Learning Objectives:

- Discuss what core aspects of eating disorders are amenable to using dimensional approaches.
- Critically evaluate whether disordered eating symptoms occur across a continuum with eating disorders representing the extreme of the spectrum.
- Discuss whether there is an eating disorder prodrome based on sub-syndromal expression of disordered eating symptoms and whether dimensional approaches could be used to assess early risk factors or biological mechanisms underlying etiology.

F.

Fantastic Voyage- Brains Bones and Guts: An Exploration into the Medical Complications of Eating Disorders

Richard L. Levine, MD, FAED, Penn State Hershey Medical Center, Hershey, PA, USA; Ovidio Bermudez, MD, FAED, Eating Recovery Center, Denver, CO, USA; Neville Golden, MD, FAED, Stanford University School of Medicine, Palo Alto, CA, USA

Eating Disorders cause a complex array of medical complications that affect every organ of the body. Three organ systems that are uniquely affected are the brain, the bones and the gastrointestinal tract. The purpose of this workshop is to explore the medical complications of anorexia nervosa, bulimia nervosa and related eating disorders in regards to those organ systems.

The starvation associated with anorexia nervosa has a significant effect on the central nervous system. This is associated with abnormalities in neurotransmitter levels, neuroimaging studies as well as abnormal results on tests of cognitive function. These abnormalities are associated with the etiology and persistence of the condition. This workshop will describe and discuss these abnormalities and their impact on treatment and recovery.

Anorexia nervosa also has been shown to have a significant and perhaps irreversible impact on bone. The chronic malnutrition associated with anorexia nervosa causes a cascade of endocrine changes which negatively impact bone. This is especially true of the growing bones of adolescents. This can result in permanent reduced bone mass and osteoporosis. This workshop will review the endocrine effects of malnutrition, its impact on bone and discuss treatment options.

Finally both anorexia nervosa and bulimia nervosa have a significant impacted on the gastrointestinal tract. Anorexia can cause a general slowing of gastrointestinal emptying which can impact nutritional treatment. The purging associated with bulimia nervosa can include vomiting and laxative abuse, both of which can cause significant gastrointestinal complications. These will be reviewed in detail as well as treatment options.

The workshop will include didactic material as well as case examples from the experience of the presenters and will leave time for questions and case discussion from the audience.

Learning Objectives:

- Describe the effects of the malnutrition associated with anorexia nervosa on the brain and its influence on treatment and recovery.
- Describe the effects of the malnutrition associated with anorexia nervosa on the endocrine system and bone and outline evaluation and treatment options.
- Describe the gastrointestinal complications of anorexia nervosa and bulimia nervosa on the gastrointestinal tract and outline treatment options.

G.

Successful Insurance Authorization: What Every Provider Must Know

Stacey Brown, RN, Avalon Hills Residential Eating Disorders Program, Logan, UT, USA; David Christian, PhD, Avalon Hills Residential Eating Disorders Program, Logan, UT, USA; Lisa Kantor, JD, Kantor & Kantor LLP, Northridge, CA, USA

Most health care in the U.S. is covered by insurance. Healthcare providers in many disciplines (e.g., M.D.'s, psychologists, nurses, dietitians, etc.) must effectively collaborate with insurance companies in order to authorize the healthcare benefits their patients depend upon for care. Unfortunately, few healthcare providers have formal training in how to effectively conduct insurance authorization. When providers fail to authorize treatment, they suffer significant financial consequences and their patients fail to obtain the critical treatment to which they are entitled. Insurance authorization usually fails due to: 1- the provider's inadequate understanding of how utilization review (UR) works, 2- lack of collaboration between the clinician and the patient, 3- inadequate clinical documentation, 4- failure to understand and prepare for litigation when necessary. Failed authorization can result in unnecessary patient morbidity and mortality, exposing providers to legal and ethical issues. This presentation will guide providers in how to best obtain and sustain insurance authorization for patient care. The most common authorization problems will be identified and solutions will be provided. The three presenters will offer perspectives from 1) A director of utilization review, 2) A clinician working in both outpatient and residential settings, and 3) an attorney specializing in insurance issues relating to eating disorder treatment. Examples from residential eating disorder treatment and outpatient treatment will be offered with opportunities for audience questions and participation.

Learning Objectives:

- Articulate your basic legal, ethical and clinical duties with regard to insurance utilization review (UR).
- Identify the most common obstacles to insurance authorization.
- Provide examples of ways to obtain authorization through proper documentation, communication, and where necessary, litigation.

H.

Internet-Based Interventions for Eating Disorders: From Research to Practice

Markus Moessner, PhD, University Hospital Heidelberg, Center for Psychotherapy Research, Heidelberg, Germany; Stephanie Bauer, PhD, University Hospital Heidelberg, Center for Psychotherapy Research, Heidelberg, Germany

In recent years, a number of technology-enhanced interventions have been developed for the prevention, self-help, treatment support, and maintenance treatment of eating disorders. Several of these programs proved their potential for the optimization of care in controlled trials. However, despite these positive results most of the interventions have not made their way from the research setting into clinical practice. The transfer of Internet-based programs to routine care and is challenging for various reasons. These include a lack of appropriate dissemination strategies and cost issues, e.g. if the supervision of a program requires too much staff involvement (both technically and clinically). As a consequence, many of the interventions that have been evaluated successfully are not available to individuals in need once the funding period of the respective research project ends. Bearing such challenges in mind early on during the development process of the software and the planning of the research studies is crucial to prepare for a successful transfer of Internet-based interventions into clinical practice. In this workshop we will discuss pitfalls that may impede this transfer and we will describe specific strategies that may enhance the sustainability of Internet-based programs in clinical routine. Interventions that have been developed within two collaborative European projects will be presented as practical examples to illustrate the challenges and introduce possible solutions.

Learning Objectives:

- Describe several Internet-based interventions for the prevention and treatment of eating disorders.
- Identify challenges related to the transfer of Internet-based interventions into clinical practice.
- Describe strategies that facilitate the dissemination of Internet-based interventions.

I.

An Academic-Community Partnership to Reduce Disordered Eating and Excessive Weight Gain in Racial/Ethnic Minorities: Preventing Weight Gain and Enhancing Relationships in Underserved Populations (POWER-UP)

Robyn Osborn, PhD, USU Center for Health Disparities, Bethesda, MD, USA; Omni Cassidy, BA, USU Center for Health Disparities, Bethesda, MD, USA; Anna Vannucci, BA, Uniformed Services University, Bethesda, MD, USA; Lauren Shomaker, PhD, National Institutes of Health and Uniformed Services University, Bethesda, MD, USA; Juliette Iacovino, MA, Washington University School of Medicine, St. Louis, MO, USA; Denise Wilfley, PhD, FAED, Washington University School of Medicine, St. Louis, MO, USA; James Heimdal, PhD, University of Maryland Eastern Shore, Princess Anne, MD, USA; Beatrice Nelson, MS, University of Maryland Eastern Shore, Princess Anne, MD, USA; Tracy Sbrocco, PhD, USU Center for Health Disparities, Bethesda, MD, USA; Marian Tanofsky-Kraff, PhD, FAED, Uniformed

Partnerships between researchers and the communities they serve are crucial to the successful dissemination and implementation of effective interventions. In this workshop, we will delineate key components to such academic-community partnerships based on our experience with the POWER-UP Study. POWER-UP is a unique program that aims to culturally tailor and disseminate a manualized excess weight gain prevention program targeting loss of control (LOC) eating in African American and Latina adolescent girls. LOC eating is a disordered eating behavior that confers risk for excess weight gain and exacerbated disordered eating. African American and Latino adolescents have disproportionately high rates of obesity, and LOC eating is commonly reported by girls in these communities. Interpersonal Psychotherapy for the Prevention of Excess Weight Gain (IPT-WG) is a group program that focuses on improving relationships, mood, and decreasing LOC eating, which in turn, may prevent excessive weight gain. Although IPT-WG has been piloted and is currently being tested in the research setting, it has not been translated to the community. In POWER-UP, we are adapting IPT-WG to be relevant to the values and beliefs regarding, and barriers to, health as identified by African American and Latino communities using a Community-Based Participatory Research (CBPR) approach. In this workshop, we will review the key components of CBPR, which emphasizes that communities must be included in all phases of research, and engages community members in the processes and products of research. We will review strategies and challenges to CBPR based upon our work adapting IPT-WG for an outpatient clinic in Washington, DC serving Latinos; a rural African American community in Eastern MD; and a low-income, urban African American community in St. Louis, MO. Workshop attendees will learn about strategies for implementing focus groups, culturally-sensitive manual adaptations, and IPT-WG in these communities.

Learning Objectives:

- Define basic principles of Community Based Participatory Research (CBPR) and describe the application of CBPR to eating disorders/obesity prevention work.
- Develop strategies to engage community partners in collaborative research and clinical agendas.
- Describe outcomes from CBPR that will inform the community, clinicians and researchers alike.

J.

Regulation of Cues Intervention to Decrease Overeating in Children

Kerri Boutelle, PhD, UCSD, La Jolla, CA, USA; Carol Peterson, PhD, FAED, University of Minnesota, Minneapolis, MN, USA; Nancy Zucker, PhD, Duke University Medical Center, 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. This workshop will describe a treatment specifically for overweight and obese children who eat in the absence of hunger; 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.

Learning Objectives:

- Understand risk factors for obesity and eating in the absence of hunger in youth
- Understand the externality theory and the rationale for the ROC intervention
- Develop the basic knowledge and skills to deliver the ROC intervention in clinical settings

Workshop Session II
Friday, May 4, 2012
11:30 a.m. – 1:00 p.m.

A.

A New Model for Understanding Anorexia Nervosa and Implications for Treatment

B. Timothy Walsh, MD, FAED, Columbia University/NYSPI, New York, NY, USA; Evelyn Attia, MD, FAED, Columbia University Medical Center/NYSPI, New York, NY, USA; Joanna Steinglass, MD, Columbia University, New York, NY, USA; Laurel Mayer, MD, Columbia University Medical Center/NYSPI, New York, NY, USA

Anorexia nervosa (AN) is a serious illness primarily affecting young women with a mortality rate among the highest of any psychiatric illness. Despite decades of research, many questions remain about its etiology & persistence, as well as about the best methods of treatment. Translational research initiatives have provided insights into neurobiology and behavior that can be applied to understanding AN. In this workshop we will present a model of AN that focuses on the persistence of the disorder and how this may be based in disturbances in specific neural systems. Data supporting this model will be reviewed, and a new treatment approach based on the model will be described. Dr. Walsh will present an overview of the model. Dr. Laurel Mayer will describe eating behavior findings from studies of AN that document persistent abnormalities consistent with the model. Dr. Joanna Steinglass will present new findings from a randomized, controlled trial of Exposure and Response Prevention for AN based on this model and underscore the importance of changing eating related anxiety in improving eating behavior. Dr. Evelyn Attia will present data supporting the use of olanzapine in AN, to promote weight gain and to address the psychological symptoms that contribute to avoidant eating behavior. Together these presentations will provide an integrated framework for understanding and treating AN.

Learning Objectives:

- Describe a model of the persistence of anorexia nervosa.
- Summarize eating behavior data in anorexia nervosa.
- Identify two new treatment approaches for anorexia nervosa.

B.

Multifamily Therapy in Anorexia Nervosa: Two Year Follow-up

Ulf G. Wallin, MD, PhD, Skåne Centre of Eating Disorders, Lund, Sweden; Karin Wallin, MSW, Lund University Hospital, Lund, Sweden

This workshop is a presentation of the Nordic model of multifamily therapy and a two year follow up. Multifamily therapy in the treatment of anorexia nervosa for the young patient was introduced in the Nordic countries six years ago. Today there are 12 centers in Denmark, Sweden and Norway that collaborate in the development and evaluation of the treatment method.

In Lund we started with MFT in 2005 and it has become a part of the treatment offered at our unit. The method has developed in a Nordic context, and differs in some areas from the Maudsley method that we learned from Ivan Eisler. The difference might mainly be due difference in food culture.

We have had 85 families in treatment so far. We do a diagnostic interview, questionnaires, for patients and the whole family, and medical examinations. We gather data at three months, at treatment end, which is one year from treatment start, after two years and three years. The families do the Family Climate Scale five times during the year the treatment lasts.

After two years from treatment start, 7.1 % had a diagnose of anorexia nervosa to compare with 97.4% at treatment start. 78.6% had no psychiatric diagnose at all.

The greatest change was during the first three months, both in the patient and in the family. The positive change for the patient continued the year after treatment, even though 36.4 % of the patients had no treatment at all. Weight changed from 73.5 % of expected weight at treatment start, 91.8 % after one year and 97.6 % after two years.

Multifamily therapy is a new treatment method in the eating disorders field, which need to be evaluated thoroughly. This follow up study gives support to notion that multifamily therapy might contribute to make enduring changes for the young patient with anorexia nervosa, and thereby defend its position as a part of the basic treatment. It also shows that the treatment gives a positive change in the family functioning.

Learning Objectives:

- Describe multifamily therapy in the treatment of adolescent anorexia nervosa.
- Analyze the effectiveness of multifamily therapy in the treatment of adolescent anorexia nervosa.
- Evaluate the importance of change in the family in order for the patient to get well.

C.

Food for Thought: Addressing Nutritional Needs as a Core Element of Cognitive-Behavior Therapy for the Eating Disorders

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

Cognitive behavioral therapy (CBT) for the eating disorders requires close attention to the patient's nutritional needs, as well as emotional, cognitive and interpersonal needs. However, there is evidence that a substantial number of CBT therapists tend not to discuss eating with their patients. Sometimes, this is because it is assumed that nutrition and healthy eating will be handled by other clinicians (dietitians, family physicians), and sometimes it is simply not a topic that clinicians or patients address. While this can be an omission that is due to an inadequate case formulation, often it appears to be the case that both the clinician and the patient actively avoid the topic of eating and nutrition. However, failing to address food and eating within the CBT session is to handicap the patient severely in terms of changing cognitions and emotions. This session will begin with a reminder about why it is vital to address the topic of eating and nutrition in CBT for the eating disorders, both in the case formulation and in treatment itself. It will then outline the key nutritional elements that need to be addressed (structure and content), and how to do so as treatment progresses. This will include consideration of core skills of psychoeducation, Socratic thinking, exposure and behavioral experiments. The session will conclude by stressing how eating is a core element of CBT, requiring both clinician and patient to deal with their anxiety about the task of normalizing eating and weight.

Learning Objectives:

- Plan nutritional intake to assist in cognitive and emotional change.
- Work to reduce patient and clinician anxiety about nutritional change.
- Include the role of starvation and nutritional imbalance in formulating the eating disorders.

D.

UCAN: Uniting Couples (in the treatment of) Anorexia Nervosa

Cynthia M. Bulik, PhD, FAED, University of North Carolina, Chapel Hill, NC, USA; Donald Baucom, PhD, University of North Carolina, Chapel Hill, NC, USA; Jennifer Kirby, PhD, University of North Carolina, Chapel Hill, NC, USA

The need for novel effective interventions for adults with anorexia nervosa (AN) is indisputable. Encouraged by family-based treatment which has shown considerable promise in younger AN patients, we (Cynthia Bulik, Donald Baucom, and Jennifer Kirby) developed and tested a couple-based intervention entitled UCAN, that emphasizes the power of the partner in treating adult AN. UCAN jointly engages patients and partners in the treatment of AN while simultaneously addressing the burden AN imposes on intimate relationships. This work was supported by the National Institutes of Mental Health. Results of our initial clinical trial are highly encouraging. This workshop will launch our dissemination of UCAN to eating disorders practitioners. Drs. Baucom and Bulik will discuss the major components of UCAN for the couple, including: psychoeducation, communication training, addressing disordered eating as a couple, managing body image and sexuality as a couple, and relapse prevention and map out how UCAN is integrated within a multidisciplinary approach to treatment. The workshop will engage participants by using videos of couple interactions, rich clinical vignettes, and role plays in order to introduce clinicians to the rewards and challenges of delivering UCAN.

Learning Objectives:

- Explain how the treatment of adult anorexia nervosa can be optimized by including the couple as a component of treatment.
- Demonstrate the various clinical components of UCAN, our couple-based approach.
- Clarify how UCAN is integrated into a broader, multidisciplinary approach to treating adult AN.

E.

The Use of Virtual Reality in the Study, Assessment and Treatment of Eating Disorders

Marta Ferrer-García, PhD, Universitat de Barcelona, Barcelona, Spain; José Gutiérrez-Maldonado, PhD, Universitat de Barcelona, Barcelona, Spain

This workshop provides information about the use of virtual reality in the study, assessment, and treatment of eating disorders (ED). During the last decade the successful implementation of virtual reality (VR) in psychological treatment, especially in the area of phobias, has provided specialists in ED with a technology that by its very nature seems to be particularly suitable for the assessment and treatment of body image disturbances in these pathologies. Indeed, several virtual environment-based software systems have been developed for this purpose. Furthermore, virtual reality seems to be a good alternative to guided imagery and in vivo exposure, and is therefore very useful for studies and intervention programs that require exposure to life-like situations but which are difficult to conduct in the real world. The session is structured in three parts: First, we will introduce VR technology and its main features. Here, we will talk about the rationale of using VR in clinical psychology and, specifically, in ED, and we will discuss about the advantages and disadvantages of using this technology. Second, we will provide a comprehensive and critical review of published literature about the use of virtual reality technology for the study, assessment, and treatment of ED. Finally, we will focus on two research projects developed at the University of Barcelona in this field: The study of intra-individual variability of body

image disturbances in patients with ED using VR exposure, and the use of VR exposure in the treatment of bulimia nervosa.

The workshop aims to show the state of the art in this topic and provide two practical examples of the use of VR in the assessment and treatment of ED. Future research directions will be also discussed.

Learning Objectives:

- Update the Knowledge about using VR technology in the assessment and treatment of eating disorders.
- Assess intra-individual differences on body image disturbances in ED using VR exposure.
- Apply VR exposure to the treatment of bulimia nervosa.

F. Family-Based Treatment of Pediatric Overweight and Obesity: An Innovative Application of the “Maudsley Method”

Katharine L. Loeb, PhD, Fairleigh Dickinson University, Teaneck, NJ, USA; Daniel Le Grange, PhD, FAED, The University of Chicago, Chicago, IL, USA; Tom Hildebrandt, PsyD, Mount Sinai School of Medicine, New York, NY, USA; Angela Celio Doyle, PhD, Evidence Based Treatment Centers of Seattle, Seattle, WA, USA; Kristen Anderson, LCSW, The University of Chicago, Chicago, IL, USA

Pediatric overweight (PO) is considered to have reached epidemic proportions, and its treatment is a high public health priority in light of the significant risk for development into adult obesity. Treatment studies of PO indicate that parental involvement is key in the acute and long-term reduction of PO. However, data are fragmented with regard to the intensity and quality of parental intervention as a function of developmental stage, and there are minimal data to inform best practice guidelines for overweight adolescents in particular. The National Institute of Child Health and Human Development has funded a grant to develop and test a parent focused intervention for PO that addresses the unique needs of adolescents and modifies parenting practices in a developmentally sensitive manner to target parent-driven factors and adolescent behaviors associated with PO. This intervention represents an innovative adaptation of an established, efficacious family-based treatment (FBT) for adolescent eating disorders (“the Maudsley Method”) that enlists parents as the primary agents of symptom management during the acute stages of illness. Inherent in the original FBT model is a mission to increase parental competence and efficacy in facilitating healthy behaviors and outcomes for offspring. Beyond this, FBT provides a strong foundation for application to the significant problem of PO because of its attention to parental engagement strategies, its demonstrated efficacy in correcting maladaptive eating and related behaviors, its explicit agenda of blame reduction, its disease-based model, and its emphasis on promoting normal physical and psychosocial development. This workshop will describe the rationale for and treatment model of FBT-PO, including how it is similar to and differs from the original eating disorder protocols, present preliminary data from the completed trial, and illustrate the application of FBT-PO with case studies.

Learning Objectives:

- Describe the similarities and differences between FBT-PO and FBT for anorexia nervosa and bulimia nervosa.
- Discuss how FBT-PO operates differently across different stages of development (early childhood, middle childhood, and adolescence).
- Apply the FBT-PO treatment model to patients in practice settings.

G. Grantmanship: How to Write a Winning Grant Application

Ruth H. Striegel, PhD, FAED, Wesleyan University, Middletown, CT, USA; Ross Crosby, PhD, FAED, Neuropsychiatric Research Institute, Fargo, ND, USA

This workshop targets graduate students and early career scholars. It will provide guidance on approaches to securing extramural funding. Presenters include two AED members who have been core faculty in the Research Teaching Day program and have a strong track record of receiving and federal and foundation grants. Topics will include 1) identifying potential funding mechanisms, 2) understanding the core questions every grant has to answer, 3) writing the data analysis section, 4) strategies for making an application “stand out,” and 5) the review process and how to respond to reviewer feedback. The workshop also will discuss the role of grant writing during the early career stage and how to maximize the pay-off of this time consuming and challenging work. The workshop will include a 30 minute discussion period during which participants can ask questions of presenters and share their own experiences.

Learning Objectives:

- Describe different mechanisms for early career scholars, including training or career development awards, small grants, and other mechanisms specifically geared toward students or recent graduates.

- Develop strategies for successful grant writing by understanding the core required elements, learning approaches to effectively linking all components into a coherent narrative, identifying essential details for statistical methods section, and finding ways to convey information comprehensively yet succinctly.
- Describe the grant review process and how to interpret and respond to reviewer comments.

H.

Building Body Acceptance: Research Evidence and Strategies in Action

Susan J. Paxton, PhD, FAED, La Trobe University, Melbourne, Victoria, Australia; Beth Shelton, DPsych, Centre for Excellence in Eating Disorders, Melbourne, Victoria, Australia; Sian McLean, BSc (Hons), La Trobe University, Melbourne, Victoria, Australia

How can we build body acceptance and satisfaction? Body dissatisfaction causes distress and frequently plays a role in the development and maintenance of low self-esteem, depressive symptoms and eating disorders. Despite recognition of the role of body dissatisfaction, therapists often believe they lack skills and strategies to successfully treat body image concerns. This workshop will address the need for body image treatment strategies, using a combined informational/experiential approach to help participants explore different treatment options. Initially, risk and maintaining factors for body dissatisfaction will be described as these provide foci for intervention. Evidence for body image programs for different age groups will be reviewed briefly. Next, different cognitive behavioral therapy intervention techniques will be described and participants will have the opportunity to develop skills to implement a number of these strategies. These will include behavioral experiments to challenge body comparison, changing fat talk, cognitive dissonance approaches for internalisation of appearance ideals, exposure techniques for avoidance, response prevention for checking, mindfulness for “feeling fat”, movement and dance to enhance positive body experiences and building self-care behaviors. Participants will be provided with relevant resources and program manuals for evaluated body image treatment programs for different age groups will be made available.

Learning Objectives:

- Identify appropriate risk and maintaining factors to target in a body image treatment.
- Apply CBT interventions that assist in reduction of body dissatisfaction.
- Conduct movement based activities that enhance body satisfaction.

I.

Empowering Families: Advocacy and Action from the US and UK

Susan M. Ringwood, BA Hons, Beat, Norwich, United Kingdom; Laura Collins Lyster-Mensh, MS, F.E.A.S.T., Warrenton, VA, USA

This workshop will describe work underway in the UK and US by advocacy groups to empower families to be agents of change in the treatment process of their loved ones. The presenters will describe how families can utilize non-professional resources like advocacy and charity group training/resources to acquire the skills and confidence they need to become active supports during treatment; and how to work with treatment providers to improve standards of care. The workshop will outline the work of parent nonprofit F.E.A.S.T. to use online tools to create information sharing and local networking and the work of UK charity BEAT to provide skills based training for carers and to act as Carer Champions. The World Wide Charter for Action on Eating Disorders will be presented, with examples of how it has informed advocacy and action globally. Participants will be encouraged to share their experiences and any concerns about family based advocacy and action. The workshop will conclude with sharing practical guidelines on safe and effective ways to empower families and build alliances that benefit clinicians, individual sufferers and the eating disorder community.

Learning Objectives:

- Describe advocacy work with families.
- Recognize safe and effective methods of empowering families.
- Involve empowered families to improve treatment outcomes.

J.

Using Assessment Data as the Foundation of the Clinical Relationship: Strategies for Moving Beyond Measurement

Carol B. Peterson, PhD, FAED, University of Minnesota Medical School, Minneapolis, MN, USA; Kelly Berg, PhD, University of Minnesota Medical School, Minneapolis, MN, USA; Nora Durkin, MA, University of Minnesota Medical School, Minneapolis, MN, USA; Leah Jappe, BA, University of Minnesota Medical School, Minneapolis, MN, USA

Assessment data are commonly used in research and clinical settings to determine eating disorder diagnosis and measure treatment outcome. Although the importance of assessment data for diagnostic formulation and outcome measurement has been well established, the value of interview and questionnaire data used for the purpose of building clinical relationships is often underappreciated. The purpose of this workshop is to provide specific techniques for using structured and semi-structured assessment instruments to develop and maintain clinical rapport. The workshop will be divided into two main content areas: 1) utilizing questionnaire data and feedback sessions to facilitate communication, engagement, and motivation and 2) using semi-structured eating disorder interviews to convey empathy, establish clinician credibility, and deepen understanding of clinical phenomena. The workshop will also include strategies to monitor non-verbal stimuli expressed by the patient and experienced by the clinician during the interview to clarify diagnosis, avoid interpersonal obstacles to rapport, and strengthen the clinical relationship. This workshop will illustrate assessment techniques using detailed clinical examples of individuals with different types of eating disorders including anorexia nervosa, bulimia nervosa, and binge eating disorder. The presentation will also provide an overview of empirically-supported measures that can be used in developing and maintaining the clinical relationship as well as monitoring progress. In addition, a detailed handout that includes a comprehensive list of eating disorder assessment instruments accompanied by measure descriptions and user recommendations will be provided.

Learning Objectives:

- Use questionnaire data in feedback sessions to enhance clinician credibility and establish rapport.
- Utilize semi-structured interviews to facilitate patient insight and trust in the interviewer.
- Identify specific measurement instruments that can be used to enhance the clinical relationship and monitor outcome.

Workshop Session III

Saturday, May 5, 2012

1:15 – 2:45 p.m.

A.

Case Conceptualization and Core Belief Modification in Long-term CBT Treatment to Achieve Attitudinal Shifts

T. J. Raney, PhD, UNC Eating Disorders Program, Chapel Hill, NC, USA

This workshop will present ways in which CBT conceptualization and core belief modification provide the long-term treatment directions for eating disorder patients. Cognitive behavioral therapy for eating disorders is often presented in time-limited manualized treatment packages ranging between 20-40 sessions. Although this model results in rapid change for some people, many individuals with eating disorders measure their recovery efforts in years, not weeks. Providers may mistakenly conclude that a “treatment non-responder” didn’t make much progress with CBT, so now they need to do “something else” or face repeating the material ad nauseum. Far too many individuals have the experience of being successfully “re-fed” without a significant shift in their thoughts, fears or expectations. CBT is an inherently adaptable orientation that can be scaled to meet the needs of individual patients. Workshop participants will be provided with a practical approach to developing collaboratively with the patient an empirically-based conceptualization that has direct implications on a range of factors - from the dynamics in the room, to motivation to change, to overemphasis on body image. Participants will explore how focusing on core beliefs can better reflect many patients’ experiences of the eating disorder not as a problem, but as a very bad solution to a separate, maybe more intrinsic, problem. Upon completion of the workshop, participants will be able use behavioral experiments and cognitive restructuring techniques with their patient to shift core beliefs to be more accurate and allow more flexibility in interpretation of experiences. Workshop participants will explore how branching into other treatment modalities or orientation can be integrated into a consistent CBT approach when utilized as a means to improve core beliefs and schemas.

Learning Objectives:

- Generate with a patient an empirically derived conceptualization which can be used to direct long term CBT treatment.
- Recognize how core beliefs drive dynamics in the recovery process resulting in patient ambivalence to change and lingering body image or self-esteem issues.
- Better understand the nature of core beliefs and be able to utilize behavioral experiments and cognitive restructuring to refine and repair negative core beliefs.

B.

How Can We Use Cognitive Remediation in the Treatment of Anorexia Nervosa?

Kate Tchanturia, PhD, King's College London, London, United Kingdom

The typical neuropsychological profile seen in people with Anorexia Nervosa (AN) is marked by strengths as well as weaknesses. Strengths include higher than average IQ (Lopez et al., 2010) and superiority on tasks that require directed analytic effort (e.g., Southgate et al., 2008). However, people with AN show a bias towards extremely detailed information processing with poor global integration of information ('weak central coherence'; Lopez et al., 2008) and a relative weakness is found in tasks measuring flexibility/set shifting skills (Tchanturia et al., 2005; Roberts et al., 2007), which require the inhibition or unlearning of previous stimulus-response associations and a change to newly defined associations.

Cognitive Remediation Therapy (CRT) for AN was tailored and adapted from the Cognitive Shift module of a pioneering CRT programme for people with a diagnosis of schizophrenia by Delahunty and colleagues (Delahunty et al., 1993; 2002). Further developments included adding "bigger picture" tasks, behavioural examples and instructions about how to conduct CRT for AN in a meaningful clinical way for this particular patient group (Davies & Tchanturia, 2005; Tchanturia et al., 2007).

From the results of a recent case series (50 AN inpatients) it was concluded that, following CRT, patients' cognitive performance improved (Tchanturia et al., 2008) as did clinical symptoms (Genders et al., 2008). Importantly, patients with AN liked and valued this intervention (Whitney et al., 2008), and therapists reflected positively on the benefits of the therapeutic alliance and the addition of CRT to existing treatments for AN (Easter & Tchanturia, 2011).

Recently CRT for AN has also been adapted into a short group format. Initial evaluations based on 30 patients shows a low drop out rate (15%) and high confidence rates amongst patients who went through this group (Genders & Tchanturia, 2010).

Because of the limited success of existing treatments for AN, new developments based on research such as the above are encouraging. Our pilot work with CRT has shown that it is an acceptable and well liked intervention from patients and therapists and has promising qualitative and quantitative results. Randomised clinical trials based on this work are underway in the USA and Europe.

Learning Objectives:

- Update on current developments in cognitive remediation therapy for eating disorders.
- Demonstrate some of the cognitive exercises from the cognitive remediation workbook.
- Share the results of outcome studies in CRT.

C.

Enhancing Connections with Adolescents and Families Through Therapeutic Mutual Relationships

Richard E. Kreipe, MD, University of Rochester, Rochester, NY, USA; Mary Tantillo, PhD, University of Rochester School of Nursing, Rochester, NY, USA

Adolescents with eating disorders tend to be disconnected from normal growth and development, their parents, peers, and care providers, making engagement in treatment and recovery difficult. Likewise, parents of patients tend to find themselves isolated, in conflict with one another and disconnected from the treatment team. Professionals caring for adolescents with eating disorders and their families become disconnected when "splitting", poor communication, or ineffective conflict resolution occur. Transition into adult systems of care as patients age out of pediatric care can also lead to disconnections.

Based on more than 25 years of collaborative, mutual experience of the workshop leaders, this evidence-based session focuses on the treatment of adolescents with eating disorders and their families from a biopsychosocial perspective using a developmental relational, rather than a psychopathological, perspective. Clinical vignettes will highlight pitfalls in working with adolescent patients, their parents and other professionals, but practical strategies to avoid or manage these problems will be emphasized. Motivational interviewing, which not only facilitates engaging in treatment but also models mutuality, will be demonstrated. An integrated care map, a model for staff training, consultation, joint problem solving and transition across care settings and systems will all be discussed with respect to adolescents in a case-based format. All workshop materials will be provided in hard-copy and on CDs to participants who are expected to engage in this didactic session, at the end of which they will be able to: 1) apply motivational interviewing techniques to connect with adolescents and parents who are in very different stages of readiness to change, 2) facilitate parents connecting with each other in a family-based approach, and 3) connect with other professionals from various disciplines who care for the adolescent patient, using supplied tools and techniques.

Learning Objectives:

- Apply motivational interviewing techniques to connect with adolescents and parents who are in very different stages of readiness to change.
- Facilitate parents connecting with each other in a family-based approach emphasizing mutuality.

- Connect with other professionals from various disciplines who care for the adolescent patient, using supplied tools and techniques, to avoid isolation and burnout.

D.

Is There a Role for Palliative Care in the Management of Treatment Resistant Chronic Anorexia Nervosa?

Allan S. Kaplan, MD, FAED, Center for Addiction and Mental Health and University of Toronto, Toronto, ON, Canada; Sandy Buchman, MD, CCFP, University of Toronto Department of Family and Community Medicine, Toronto, ON, Canada

Using an interactive format, this workshop will explore whether there is a role for palliative care in the management of chronic treatment-resistant anorexia nervosa. It will begin with a review of the scant published literature on this topic. A detailed case study of a patient with severe, unremitting anorexia nervosa who elected to receive home-based palliative and end-of-life care instead of further aggressive re-feeding will then be presented. The decision to incorporate and pursue a palliative approach in the management of this patient will then be examined from the clinical, legal and ethical points of view, including the important principles of medical ethics: autonomy, nonmaleficence, beneficence and justice. The presentation will also include the perspectives of the patient and her parents with regards to their feelings as to the benefits they experienced using a palliative care approach. Audience engagement in critically examining the issues that arise when deciding to pursue palliative care in the management of end-stage anorexia nervosa will be encouraged. Through an in depth examination of the role of palliative care in this group of patients, the presenters hope to highlight for the audience an appreciation of the importance of the principle of “primum non nocere” when trying to help this desperately ill and difficult to manage group of patients who deserve our serious and committed attention.

Learning Objectives:

- Identify the ethical issues inherent in deciding to pursue palliative care in the treatment of anorexia nervosa.
- Assess the clinical needs of a treatment resistant chronically ill patient with anorexia nervosa.
- Examine whether palliative care has an important therapeutic role in the management of treatment resistant chronic anorexia nervosa.

E.

The Eating Part of Eating Disorders: Effective Strategies for Normalizing the Relationship with Food

Jillian G. Croll Lampert, PhD, FAED, The Emily Program, St. Paul, MN, USA; Hilmar Wagner, MPH, The Emily Program, St. Paul, MN, USA

Normalizing eating and restoring or establishing a healthy relationship with food is a primary treatment goal. The nutritional rehabilitation component of treatment is a cornerstone of treatment, whether weight restoration is necessary or not. Depending on treatment setting and approach, work focused on normalization of eating can be within the treatment scope of a variety of clinicians. While normalization of eating is key to many treatment approaches, patients, families, and clinicians often find themselves faced with challenging questions regarding how to actually implement and sustain changes in eating. How does this normalization actually happen for individuals across the spectrum of eating disorders and therapeutic interventions? Once established, how can the wide variety of impacts on eating decisions such as schedule, cultural messages about food and weight, personal beliefs, etc. be managed in order to keep eating on track? This workshop will provide a discussion and description of a range of techniques related to normalization of eating with clinical examples of each. Clinically useful tips regarding implementation of techniques such as establishing meal patterns, teaching self-monitoring, establishment of a regular meal and snack pattern, reducing restrictive eating, reintroducing challenging foods, and practicing mindful eating will be presented. The numerous impacts on eating, both internal and external will be discussed, with strategies for maintaining normalized eating described. This workshop aims to be interactive and add to the clinician’s tool box of strategies.

Learning Objectives:

- Describe internal and external impacts on maintenance of normalized eating.
- Describe 3 techniques utilized in normalization of eating.
- Explain anticipated challenges to normalization of eating and describe helpful strategies to meet these challenges.

F.

Getting Published: How to Disseminate Your Work to a Wider Audience

Pamela K. Keel, PhD, FAED, Florida State University, Tallahassee, FL, USA; Kelly Klump, PhD, FAED, Michigan State University, East Lansing, MI USA

This workshop will provide guidance on approaches to getting published. Presenters include two AED members who currently serve as Associate Editors for peer-review journals that publish research on psychopathology (Journal of

Abnormal Psychology) and eating disorders (International Journal of Eating Disorders) and who have established track records in publishing and mentoring trainees (undergraduates, post-baccalaureates, and graduate students) through the process of publishing their findings. Topics will include 1) identifying the appropriate audience and outlet for your work 2) understanding the balance between quality and quantity of publications, 3) strategies for successful writing, including finding the time to write, the importance of editing, and the potential value of collaboration with more experienced co-authors as well as authorship order for collaborative work, and 4) the peer-review process and factors that influence editorial decisions on manuscripts. The workshop also will discuss the role publishing plays in different career paths ranging from personal fulfillment to successfully navigating the tenure review process. The workshop will include a 30 minute discussion period during which participants can ask questions of presenters, share their own experiences, and meet new colleagues.

Learning Objectives:

- Describe different outlets for disseminating work, including newsletters, chapters, and peer-reviewed journal articles and expectations for each kind of publication.
- Develop strategies for successful writing by identifying current barriers to writing and publishing and implementing alternative approaches that have worked for others.
- Describe the process involved in submitting manuscripts for publication and how to interpret and respond to action letters.

G. The Shady Side of 50: Understanding Eating, Shape and Weight Concerns in Older Women

Marsha D. Marcus, PhD, FAED, University of Pittsburgh, Pittsburgh, PA, USA; Ruth Striegel, PhD, FAED, Wesleyan University, Middletown, CT, USA; Kathleen Pike, PhD, FAED, Columbia University, New York, NY, USA

The US population is aging and the US Census projects that by 2020 54.6% of all women will be aged 60 or older. Epidemiologic evidence documents that older women do indeed report eating disorders; moreover, the onset of diagnosable eating disorders, particularly those associated with binge eating, does occur after age 50. Anecdotal evidence suggests that increased numbers of older women are seeking help for disordered eating, but there is little information about treatment outcome in these patients. Finally, in the context of a cultural milieu with an emphasis on youth and appearance, understanding and addressing the eating, shape and weight concerns of all older women is of critical importance. In this workshop, the presenters briefly will review information regarding aging-related changes in the female body, available literature on body image, body satisfaction and disordered eating in older women, and propose a series of thought questions that will serve as the basis of this interactive workshop. Are there unique aspects to the body image concerns of older versus younger women (e.g., concerns about skin and body shape)? How do eating disorders specialists address eating and body concerns meaningfully in the general context of aging-related concerns? What are the most important clinical research questions? Participants will participate in choosing the most compelling issues to discuss, and will be active participants in small and larger group discussions designed to generate ideas and strategies to enhance our clinical work with older women and identify research directions.

Learning Objectives:

- Describe available evidence regarding eating, shape and weight concerns and disordered eating in older women.
- Examine specific issues related to eating, shape and weight concerns and disordered eating in older women.
- Formulate clinical and research priorities related to eating, shape and weight concerns and disordered eating in older and aging women.

H. We All Speak Spanish: Are Risk Factors and Prevention Strategies the Same for Everybody?

Eva Trujillo, MD, FAED, Comenzar de Nuevo, Garza Garcia, México; Guillermina Rutzstein, PhD, Universidad de Buenos Aires, Buenos Aires, Argentina; Estella Estefan, MD, Fundacion CETAI, Mendoza, Argentina; Juanita Gempeler, PhD, Equilibrio Ltda, Bogotá, Colombia; Armando Barriguete, MD, FAED, Clinicas Angeles TCA Hospitales Angeles México, México City, México; Claudia Unikel, PhD, México

Eating disorders had been identified throughout history and cultures. Cultural beliefs and attitudes had been identified as factors that contribute to the development of eating disorders. The Hispano Latino American Chapter wants to present through this workshop that even its members speak the same language, risk factors and prevention strategies are unique for each country. We invited experts from different Spanish speaking countries to present prevention strategies and risk factors found in their own countries and how they differ from each other.

Learning Objectives:

- Describe different prevention strategies of ED in several Spanish speaking countries.
- Describe risk factors unique to each Spanish speaking country presented in the workshop.
- Identify differences in the prevention strategies of each country.