

Message from the President

Allan Kaplan, M.D.



I recently returned from the two day Academy Board meeting which had been rescheduled from the weekend of September 14 to occur

after the Eating Disorders Research Society meeting in New Mexico. During the meeting, the Board dealt successfully with many important issues. We agreed on the terms for renegotiating a more favorable contract for the Academy with Wiley, publishers of the *International Journal of Eating Disorders*. We also agreed in discussions with Michael Strober, the Editor of the journal, on ways to streamline the editorial process and make the journal more innovative and responsive to the readership's needs as reflected in a recently conducted survey.

The Board spent all of Sunday in a training session learning how to effectively engage in fundraising for the Academy. The success of this training has already been reflected in the number of positive responses that Board members have received to requests for support for the Academy fundraiser dinner in Boston on April 26. The Board agreed that the theme for this event will emphasize the Academy's commitment to building bridges while moving forward. The proceeds from the dinner will go towards innovative education and training initiatives for underserved areas nationally and internationally, and for the dissemination of evidence-based treatments to clinicians. The evening will consist of notable speakers, great food, and dancing. Please consider supporting these important initiatives by buying a ticket to attend this first ever Academy fundraising event in Boston.

The Board spent several hours on Monday morning engaged in strategic planning. This included discussions on ways to increase recruitment of international members, including the possibility of training days outside of North America. The nature of future Academy collaborations with the National Eating Disorders Association and the Eating Disorders Coalition for Research, Policy, and Action was also discussed, as was a more focused and defined role for past presidents of the Academy. I think all who attended the meeting would agree that it was a very productive few days indeed.

I wish all members of the Academy and their families a happy and healthy new year.



The Journey of Treating Eating Disorders: One Center Closes, Another Opens

Laura Hill, Ph.D., CEO, CCO

The Center for Eating Disorders & Psychotherapy

She was a junior in high school, an identical twin, and acutely ill with anorexia nervosa when I first met her through an assessment session at The Center for the Treatment of Eating Disorders (CTED). She needed inpatient treatment, and received it out-of-state. Mary* (*not her real name) was inpatient for one month. When she returned, she entered the day treatment eating disorders program at CTED, a twenty-year specialized program that was part of Harding Hospital. Harding was a seventy-eight year old psychiatric facility.

Upon returning from inpatient treatment, she recovered well at first, but then began to relapse, expressing less motivation

Continued on page 2

Message from the Editor

Lisa Lilienfeld, Ph.D.

Academy newsletter advertising rules and rates were determined at the most recent Board of Directors meeting. Those interested in advertising job postings or other items of potential relevance to Academy members should contact me at Lilienfeld@gsu.edu.

The current newsletter includes various columns from the Eating Disorders Research Society meeting that took place last month in New Mexico, as well as information about the Academy meeting next Spring in Boston. You will find particular emphasis on training fellowship opportunities for young professionals in our field, a goal of great importance to the Academy. As always, I welcome comments, suggestions and news of recent honors and awards from all Academy members. I wish everyone a very happy and healthy 2002.



Inside This Issue

Page

1. Message from the President
1. Message from the Editor
1. The Journey of a Treatment Center
3. Academy Teaching Day Report
3. AED/EDRS Training Day
3. Call for Small Grants Proposals
4. Translational Research
4. Junior Investigator Travel Fellowships
4. Research Council Update
5. Junior Researcher "Stand Out"
6. Academy Elections
7. Privacy of Health Information
7. Online IJED Access
8. 2002 ICED Preliminary Program
9. Book Review Corner
9. Coalition Fundraiser
12. AED Gala Fundraiser

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Journey, Continued from page 1

to try to eat, and decreased desire to restore her physical, emotional and interpersonal strength. She said she was afraid to eat and did not want to face the many issues of life.

Just a few months before Mary had her first assessment in February of 2000, The Ohio State University Medical Hospitals became affiliated with Harding Hospital. Initially, Harding was defined as OSU's north campus (since Harding is located in Worthington, a northern suburb of Columbus, Ohio.) However, as the new year began in 2000, it was determined that programs would be more cost effective if they were moved to OSU's main campus. The inpatient programs were moved first. The outpatient programs were condensed from five locations to one location. It was announced in April that all remaining programs at Harding would be moved to the main OSU campus at the end of the summer. Harding's emergency services were moved by the end of the year.

As the medical hospitals of OSU faced a newly developed debt, programs across the medical hospitals were being cut back or closed. In June of 2000, the specialty eating disorders treatment program, CTED was closed. This was the program that Amy Baker Dennis, Ph.D. (The Academy's Education & Training Council Co-Chair) was central in forming. This was also the treatment program that founded the development of The National Anorexic Aid Society, later titled The National Eating Disorders Organization. It hosted annual international clinically-oriented eating disorders conferences from the early 1980's to 1994. This specialty program held a long, rich tradition of excellent care, and it was closing. CTED was a relatively small program compared to many of the medical services at OSU. With increased administrative costs, CTED and the OSU hospice program were closed in the same week. The need for treatment did not decrease, but available funds had. In spite of a large number of letters sent to the OSU administrators from people in the Columbus area, patients and AED members nationally, the program was closed.

What does one do with anger and frustrations that need to be expressed? I realized

they need an avenue, just as we expect our patients to find one. However, fear to take action was overwhelming. To take a risk was no different from what our patients experience in their lives.

Mary was relapsing, afraid to face life, and found the numbing nature of anorexia to be her solace. My job was changing. I was able to offer individual treatment to Mary as I was being transferred to the OSU campus; however, CTED could no longer offer her the multidimensional treatment that was needed. So I took a clinical risk. I told Mary that I thought I must start a new nonprofit eating disorders program to serve the community once again. I told her that I was quite afraid to do this, to face the demands that it would take, and that I would rather just go hide. There would be many meetings with officials that I did not want to face, many overwhelming details to address.

I then looked at Mary and told her if she would commit to eat in order to gain strength and work to face the battles of her life, I would agree to face my own battles of opening a new clinic. She stood up, walked across the room and said, "Will you shake on that Dr. Hill?" We did, and she lived up to her commitment. In November of 2000, she had her last session with me because she no longer met criteria for an eating disorder and was ready to move on. She is physically stronger (a BMI of 20 from a low of around 15). She had begun to assert herself, and had become an active participant in relationships. She took up dancing again, but on her terms. Within each session she would share her progress, and then would say, "OK Dr. Hill, what are you doing to hold up your part of the agreement?" At her last session we celebrated her progress with her mother. She asked about the progress I had made. I told her that a new nonprofit clinic would begin on February 1, 2001 (ironically, one year from when she began treatment).

The Center for Eating Disorders & Psychotherapy opened February 1, 2001. Anger and frustration were transformed into action.

Mary graduated from high school and moved. She has contacted me a couple of

Continued on page 11

Academy Regional Teaching Day Report: Feedback from a Participant

Susan R. Smith, Ph.D.
Private Practice

The Academy for Eating Disorders' Regional Teaching Day in Chicago on October 19, 2001 showcased three empirically supported treatments for eating disorders by presenters well-known for their expertise in each approach (Cognitive-Behavioral Therapy with G. Terence Wilson, Ph.D., Interpersonal Psychotherapy with Denise Wilfley, Ph.D., and Family Therapy with Daniel le Grange, Ph.D.) The morning session provided an overview of each model for all attendees describing the theoretical basis, history of the model, and key concepts and phases in treatment. The afternoon session was a more in-depth presentation of each model dealing with the application of the skills/tools of the approach in treating the eating disordered patient. Having to choose between one of three equally interesting afternoon presentations for me was a challenge, but I chose the CBT workshop for an opportunity to hear Dr. Wilson, whose written material has so influenced my practice style over the years. I had also wanted to hear about the family approach, as I have been reading Dr. le Grange et al.'s recent book on Family Therapy. Some colleagues with a more psychodynamic background were particularly interested in hearing Dr. Wilfley discuss IPT, as it seemed to them a more workable model.

As I have not been able to attend the Academy Conferences for a few years, the opportunity to attend a teaching day at a convenient local venue was extremely appealing to me. I found that the day more than met my expectations with some unexpected bonuses. Not only were all the presenters knowledgeable and extremely experienced clinician-researchers, but it was also an opportunity to renew collegial relationships in this specialized field, and do some very worthwhile networking. I had an opportunity to run into long-time friends from other parts of the region who I see infrequently and make some new contacts with college health/counseling centers, which I find an invaluable resource in preparing adolescents to continue their recovery work while attending college. There

was also the chance to catch up on others' experiences with residential/structured treatment programs, as I find this to be an ever changing reality. My only regret for the day is that I wish there had been hand-outs for all three morning sessions. I do hope that the Academy continues to develop these Regional Workshops and I encourage all members to attend these worthwhile ventures.



Academy for Eating Disorders and Eating Disorders Research Society Sponsor First Research Training Teaching Day

Stephen Wonderlich, Ph.D.
University of North Dakota School of Medicine & Health Sciences

In a day-long workshop which ushered in the annual Eating Disorders Research Society (EDRS) meeting at the Hyatt Tamaya Resort in New Mexico, the EDRS and the Academy co-sponsored the first Eating Disorder Research Training Day. Twelve teaching day fellows received intensive instruction from eight faculty members, all with extensive research and grant writing experience.

In the morning session, the fellows received lectures on topics including measurement issues, statistical and research design problems, ethics in human subjects research, interacting with the National Institute of Health, and tips on how to write a successful grant. Dr. Regina Dolan-Sewell, the official eating disorders "point person" at the National Institute of Mental Health (NIMH), provided an overview of the structure of the NIMH and advised the fellows on tips regarding grant preparation and submission to federal agencies.

In the afternoon session, two to three fellows were assigned to each faculty mentor to review grant proposals that the fellows had prepared for the day. In addition, small group consultation was offered on specific data analytic questions. Dr. Dolan-Sewell was available in the afternoon to advise fellows regarding specific funding mechanisms available for their research proposals. Overall, the initial reviews were extremely positive and fellows and faculty

alike thought that it was a very valuable experience. Furthermore, it reflects an excellent example of collaboration between the Academy and the EDRS that is sure to benefit young researchers in the field.

Teaching Day Fellows:

Anna Bardone-Cone, Ph.D.
Maureen Dymek, Ph.D.
Kelly Klump, Ph.D.
Kirsten Krahnstoever Davison, Ph.D.
Kathryn Miller, Ph.D.
Stephanie Riolo, M.D., MPH
James Roerig, Pharm.D.
Debra Safer, M.D.
Jennifer Sanftner, Ph.D.
Mary Tantillo, Ph.D., RNCS
Kristen von Ranson, Ph.D.
Claire Wiseman, Ph.D.

Teaching Day Faculty:

Ross Crosby, Ph.D.
Regina Dolan-Sewell, Ph.D.
Walter Kaye, M.D.
Marsha Marcus, Ph.D.
James Mitchell, M.D.
Ruth Striegel-Moore, Ph.D.
B. Timothy Walsh, M.D.
Stephen Wonderlich, Ph.D.



Call for Proposals NEDA Small Grants Program for Eating Disorders Research

The National Eating Disorders Association is sponsoring a small grants program to support eating disorders research. Proposals will be accepted for the following topic areas: Eating Disorders Prevention Science: \$10,000 (one award to be made); Any Eating Disorders Topic: \$7,500 (two awards to be made).

Although Letters of Intent were due January 1, 2002, potential applicants who have not previously heard about this program but would still like to submit a proposal should let Jim Mitchell know as soon as possible (mitchell@medicine.nodak.edu).

*Research Proposals are due February 1, 2002. For more information and complete application guidelines please visit www.NationalEatingDisorders.org.

Translational Research

David Jimerson, M.D.
Beth Israel Hospital

The opening plenary session of the recent Eating Disorders Research Society meeting in New Mexico focused on “Translational Research.” This plenary session was supported in part by a contract from the National Institute of Mental Health. Chaired by Drs. James Mitchell and Ruth Striegel-Moore, the goal of the session was to highlight recent advances and promising future directions for the “translation” of basic psychosocial and neurobiological science to clinically oriented research on eating disorders. In her introductory presentation, Dr. Regina Dolan-Sewell described her role as the “point-person” for eating disorders at the National Institute of Mental Health (NIMH). She commented on current NIMH priority areas, including opportunities for translational research centers, training initiatives, and mechanisms (e.g., workshops) for disseminating research findings.

Dr. B. Timothy Walsh then discussed the topic, “From Bench to Bedside, Part 1 - Animal Models.” This presentation illustrated the advantages of collaborating with preclinical laboratories in exploring such issues as the regulation of meal size through direct and indirect control mechanisms. The application of animal models to clinical investigation was illustrated with experiments involving sham-feeding and activity-related anorexia in laboratory rodents. In the next talk, “From Bench to Bedside, Part 2 - Clinical Neurobiology,” Dr. David Jimerson described possible translational approaches arising from advances in the elucidation of hypothalamic regulation of eating behavior. Examples were drawn from recent studies providing increasing evidence for dysregulation of the serotonin and leptin-based modulation of meal patterns in patients with eating disorders.

Dr. Peter Lewinsohn’s presentation focused on the topic of, “Translating the Results of Longitudinal and Family Studies into Prevention and Intervention Science.” The starting point for discussion included an overview of findings from the large prospective Oregon Adolescent Depression Project. Dr. Lewinsohn identified a number of challenges for translational

studies, including the relatively low prevalence of eating disorders, the frequent occurrence of comorbid psychiatric disorders, and the importance of considering interactions between biological and psychosocial risk factors.

The concluding presentation by Dr. G. Terence Wilson, “Clinical Psychology and Translational Research – Old Lessons, New Challenges,” discussed the importance of continued efforts to integrate basic psychological science with clinical applications. His overview of research challenges for the eating disorders field included identifying mechanisms of action of effective treatments, learning from developments in related theoretical and clinical areas, and disseminating research findings more effectively. The session concluded with a lively and thought-provoking panel discussion.



Academy for Eating Disorders Junior Investigator Travel Fellowship Program

The Academy for Eating Disorders (AED) anticipates being able to fund eight junior investigators to attend the AED’s International Conference on Eating Disorders in Boston, April 25-28, 2002. Junior Investigators will be invited to present their research at a special paper session. The travel stipend will cover the registration fee of the conference, and support for air or ground transportation and hotel accommodation. The specific amount of travel support to be offered will be determined based on the applicant’s permissible travel costs and total number of qualifying applicants and is expected to range from \$700 to \$1,500. Funding for this program has been requested from the National Institute of Mental Health; final approval of funding is pending.

To be considered for this fellowship program, candidates need to submit:

- A brief statement describing the applicant’s career goals and how the fellowship will further these goals.
- Documentation of current training status as a graduate student, post-doctoral fellow, or resident in a field of study of relevance to the understanding or treatment/prevention of eating disorders.

- An abstract describing original research of the candidate to be presented at a special session during the AED conference.
- Endorsement letters from the candidate’s research mentor and department chair.

Address all correspondence regarding this program to: AED Junior Investigator Travel Fellowship, Attention: Ms. JoAnn Brazinskas (jbrazinskas@wesleyan.edu); Department of Psychology, Wesleyan University, 207 High Street, Middletown, CT 06459.

Successful candidates will have a demonstrated interest in research in eating and weight disorders, show promise as researchers, meet the eligibility criteria regarding trainee status, and have submitted an abstract for the AED conference that has been accepted for presentation by the AED International Conference Program Committee. The AED Junior Investigator fellowship program is committed to ensuring that researchers in the field represent the diversity of the population in the United States.

For more information about the Academy for Eating Disorders or the International Conference, please visit the AED web site at www.aedweb.org.



Academy Research Council Update

James Mitchell, M.D.
Research Council Chair

The Research Council made the decision to partner with the National Eating Disorders Association (NEDA) to create a small grants program for junior investigators. NEDA appointed a Research Advisory Committee, Chaired by Jim Mitchell, which met by conference call. NEDA also has been able to raise start-up funds for the small grants program, including funds for a \$10,000 grant in prevention research in the Lori Irving Memorial Fund and an additional grant of \$7,500 for research in any area of eating disorders from the Laureate Foundation (see Call for Proposals on page 3). We’re hoping that with NEDA’s cooperation, this research fund will be able to markedly expand in the years ahead.



Junior Researcher “Stand-Out”

Lisa Lilienfeld, Ph.D.

The following researcher was among those nominated by the paper session moderators at the Academy conference in Vancouver last May as having given exceptionally strong research presentations. This column of the newsletter will allow all Academy members to learn about what these up-and-coming researchers are doing. A summary of her outstanding presentation from the conference can be found below.

Marion F. Zabinski, B.A.

Education

1995 B.A., Dual Degree in Computer Science and Psychology, Yale University, New Haven, CT

Current Position

Ph.D. Student at San Diego State University-University of California, San Diego, Joint Doctoral Program in Clinical Psychology and San Diego State University Graduate School of Public Health

A SYNCHRONOUS, COMPUTERIZED INTERVENTION TO REDUCE BODY IMAGE AND DISTURBED EATING CONCERNS AMONG COLLEGE-AGED WOMEN: A PILOT STUDY

Marion F. Zabinski, B.A.¹, Denise E. Wilfley, Ph.D.¹, Senaida Fernandez, B.A.¹, Karen J. Calfas, Ph.D.¹, Andrew J. Winzelberg, Ph.D.², C. Barr Taylor, M.D.²
¹ SDSU/UCSD Joint Doctoral Program in Clinical Psychology, ² Stanford University, Department of Psychiatry

Body image disturbance is prevalent in our society, especially among women, and is associated with negative psychological consequences (e.g., low self-esteem, depression, and social anxiety; Cash, 1990; Cohen-Tovee, 1993). Furthermore, poor body image has also been hypothesized to be a risk factor for the development of eating disorders (Striegel-Moore & Steiner-Adair, 1998).

A common problem in treating eating disorders and body image problems is that patients suffering from either a full-blown disorder or subclinical symptoms may not present for treatment (Fairburn, Hay, & Welch, 1993). This may be due to feelings

of shame or embarrassment associated with discussing emotions related to weight and shape. One way to effectively treat such a population that might not present for treatment is through an anonymous psychoeducational program via the Internet. As Internet use becomes increasingly easy and accessible, it has the potential for effective interventions through widespread education and interaction via on-line groups.

On-line interventions can take several forms: psychoeducation, asynchronous communication, or synchronous interaction. Computer-based psychoeducation provides information for various health-related domains. One benefit of such programs is the ability to tailor information to a particular subject. Other forms of computerized communication, specifically asynchronous and synchronous, are more interactive. Asynchronous communication is characterized by interactions between people that do not take place at the same time. Instead, messages are posted to an electronic bulletin board to be read and responded to by others at their leisure. Synchronous communication is more interactive and better mimics face-to-face interactions as every sentence typed is immediately displayed on the screen for other participants to respond to in “real time.” These interactions take place in common areas, or ‘chatrooms,’ where participants can simultaneously log onto a particular website to interact and communicate with each other.

While the true effects of the Internet have been under scrutiny, preliminary evidence has been positive. Asynchronous groups have been used across multiple domains (e.g., sexual abuse, suicide and depression, cancer). In general, results have found that on-line groups provide therapeutic factors and support similar to face-to-face formats.

Synchronous interventions have yet to be systematically evaluated; however, anecdotal evidence suggests that participants are highly satisfied and enthusiastic about the availability of synchronous communication and the advantages that instant support offers (Miller, 1997; Finn 1995). These studies examined whether a synchronous, internet-based intervention for improving body image concerns would be feasible and acceptable, and systematically evaluated the

efficacy of synchronous communication as an additional medium for therapeutic interventions.

The first study examined the feasibility and acceptability of a synchronous intervention with a small, pilot study (n=4; Zabinski et al., in press). Overall, participants reported high satisfaction with the intervention and the technological medium. In addition, there was some indication that the intervention was effective for reducing body image concerns and eating disorder pathology. Effect sizes indicated that the intervention had a small to medium impact (Cohen, 1988). Because there was no control group and the sample size for this pilot study was small, findings need to be interpreted carefully.

Therefore, a second controlled pilot study was conducted. Participants were 18 college-aged women (mean age = 19.7; mean BMI = 25.7; 55% Caucasian, 22% Latina; 6% African American, 6% Asian/Pacific Islander and 11% Other) from a public, West Coast University. Participants were selected based on high body image concerns and were assigned to either the intervention group (n=9) or the wait-list control group (n=9). Participants who met criteria for substance abuse, mood, anxiety, or eating disorders were excluded and given an appropriate referral. Primary measures of eating disorder pathology included the Eating Disorder Examination – Questionnaire (Fairburn & Beglin, 1994) and two subscales of the Eating Disorders Inventory (Drive for Thinness; Bulimia; Garner & Olmstead, 1983). Body Mass Index was included as a secondary measure. Participants were assessed at baseline, post-intervention (8 weeks), and 10-week follow-up.

Due to the small sample size, only effect sizes are reported. From baseline to post-intervention, effect sizes indicated a small effect on the weight concerns subscale of the EDE-Q (= .21). From baseline to 10-week follow-up, there was a small to medium effect on the EDE-Q global (-.31) and the Drive for Thinness subscale of the EDI (-.34), as well as medium effects on the weight (-.48) and shape (-.50) concerns of the EDE-Q. In terms of BMI, there was no change for either group from pre- to

Continued on page 6

post-treatment, suggesting that these improvements were not due to actual changes in weight or body shape. Together, results suggest that the current intervention may be effective for reducing concerns regarding shape and weight, as well as maladaptive behaviors among college-aged women via synchronous, online communication. Currently, a larger, controlled study is being conducted.

Overall, it is clear that computers are gaining in popularity and use. Applications have already started to extend to the psychological and therapeutic domains. Computerized interventions have the potential for effective means of treatment delivery to a wide variety of patient populations, as this is a cost-effective means of treatment dissemination and can be useful for sub-clinical populations at risk for developing an eating disorder. These interventions may also be helpful for disorders that may be shameful, for patients with limited access to treatment, or for those who delay treatment.

There are many advantages to this form of therapeutic contact, but we need further evaluation of efficacy and guidelines to help regulate this practice before proceeding. Future interventions should examine the long-term effects of synchronous, computerized communication as well as applications of this medium to various subgroups, such as eating disordered individuals and various age groups.

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Academy Elections

James Mitchell, M.D.
Chair, Nominating Committee

Please find below the slate of officers as proposed by the AED Nominating Committee.

President Elect
Cynthia Bulik, Ph.D.

Board Members
Scott Crow, M.D.
Mary Tantillo, R.N., Ph.D.

Nominating Committee
Amy Baker Denis, Ph.D.
Leah Graves, L.D., R.D.

Treasurer
Eric van Furth, Ph.D.

Due to the vacancy created with Cindy Bulik moving to President Elect, it became necessary to present a candidate for Treasurer.

There will be a membership vote at the Annual Business Meeting, Friday, April 26 at 11:30am at the Boston Park Plaza Hotel & Towers in Boston, MA. The meeting will take place during the 2002 International Conference on Eating Disorders. If you would like more information on the meeting please contact the National office or visit our website at www.aedweb.org.

On behalf of the entire Nominating Committee and Board of Directors, thank you for considering these recommendations. We hope to see you in Boston to participate in this important vote.



Special Interest Groups

Interested in joining or starting a Special Interest Group (SIG)? Time has been set aside in Boston during the 2002 ICED Conference on Eating Disorders for attendees to meet with colleagues to discuss a variety of topics of special interest within the field of eating disorders. Visit our web site at www.aedweb.org or contact Eric van Furth at vanfurth@worldonline.nl for further information.



Protecting the Privacy of Health Information: New Medical Privacy Rules and Regulations

Christine Hartline, M.A.

Director, Eating Disorder Referral and Information Center

Each time a patient is admitted to a hospital, sends a claim to a health plan, or sees a doctor, a record is made of his/her personal and confidential health information. In the past, healthcare providers protected the confidentiality of those records by sealing them and filing them away. Today, this information is protected by a patchwork of state laws; however, most of these state laws are deficient in their ability to protect the patients' confidentiality. The final federal rule regulating the privacy of health information was published in December, 2000. Then on July 6, 2001, the Department of Health and Human Services (HHS) issued its first set of guidelines to answer questions and clarify confusion about the final rule's provisions.

Where are the new medical privacy rule and guidance materials published? A fact sheet summarizing the privacy rule's rights is available at <http://www.hhs.gov/news/press/2001pres/01fsprivacy.html>. More detailed information about the rule is available at <http://www.hhs.gov/ocr/hipaa>.

What are the HHS Guidelines? The HHS guidance is designed to clarify key provisions of the rule providing a question-and-answer format about the new privacy protections for consumers. Requirements for providers, hospitals, health plans and insurers, and other healthcare providers are also addressed.

The HHS guidance materials provides clarification of the following key provisions:

1. Consumer consent
2. Minimum necessary disclosure
3. Protection of oral communications of personal health information
4. Requirements related to business associates receiving personal health information
5. Rights of parents and minors concerning personal health information.
6. Health-related communications and marketing
7. Disclosure for research purposes

8. Restrictions on government access to health information

9. Use or disclosure of personal health information for payment purposes

The federal rule on privacy rights establishes federal safeguards to protect the confidentiality of personal health information; however, state laws that provide stronger protections will continue to take precedence over the federal privacy rule. Most entities covered by the rule have until April 14, 2003 to be in compliance with the rule. Civil and criminal penalties may be imposed for violations.

What are the implications for therapists and treatment providers? While many believe that the federal rule is not perfect, the final rule appears to have achieved a balance between protecting medical privacy and allowing for the necessary and effective flow of information for purposes of clinical treatment and administration. Protections must be in place to ensure that sensitive information about a person's psychological and psychiatric treatment is not inappropriately disclosed. However, as providers, we must also recognize that good clinical outcomes are enhanced by the smooth and efficient flow of clinical/medical information among treatment providers.

What impact will the new privacy rulings have? The effect of the privacy rulings remains to be seen. The impact on private therapists is hoped to be minimal. While patients will have more access to their records and more ability to restrict disclosure of information, private therapists are already bound by the rules of privileged communication and understand the necessity to maintain confidentiality. In turn, psychotherapists explain issues of confidentiality to their clients and obtain consent for treatment and have their clients sign releases as required.

The greatest impact is likely to be on hospitals and insurance companies. They will be required to maintain stricter standards regarding disclosure of information. Also, requirements that written policies and procedures be established and in place to secure privacy and informed consent for consumers will further impact these industries. Covered entities will be required to train employees in privacy procedures and must designate a privacy officer. Additionally,

civil and federal criminal penalties can be levied against those failing to meet privacy requirements and standards. Time will tell what the ultimate effect these privacy rulings will have on the healthcare industry. I believe that both the consumers and the healthcare providers will eventually realize that considerable benefits have accrued from this new rule. At that point they will accept that these necessary changes and the benefits which will derive from them, will outweigh the time consuming modifications required for compliance.

Sources:

Department of Health and Human Services, Press Release: <http://www.hhs.gov/news/press/2001pres/01fsprivacy.html>, 2001.

Department of Health and Human Services, Guidance for Medical Privacy Act. <http://www.hhs.gov/ocr/hipaa>, June, 2001.

National Alliance for the Mentally Ill, HHS Issues Guidance on New Medical Privacy Information. www.nami.org. August 16, 2001.



On-line IJED Access for Members Now Available

Now that AED members are entitled to on-line access to the *International Journal of Eating Disorders* through their Academy membership, they just need to go to the member registration page at www.interscience.wiley.com, click on "login," fill in their usernames and passwords and click on "login." Logging in takes members to a personal home page, where each person can store journal and article bookmarks and search parameters as well as set user preferences.

AED members who do not have a copy of the online instructions letter sent to them by the publisher may contact: Membership Coordinator, Subscription Department, John Wiley & Sons, Inc., 605 Third Avenue, New York, New York 10158-0012. Phone: 800-825-7750 (in US) or 212-850-6645 (outside US); Fax: 212-850-6021; E-mail: uscswis@wiley.com.

2002 International Conference on Eating Disorders and Clinical Teaching Day
New Aspects of Gender in Eating Disorders
April 25 - 28, 2002
Boston Park Plaza Hotel & Towers - Boston, MA USA

Thursday, April 25

1:00 p.m. - 4:00 p.m.

Clinical Teaching Day Workshops

(separate registration is required)

A. *Enhancing Readiness and Motivation for Change in Individuals with Eating Disorders*, Josie Geller, PhD

B. *Building Bridges: Assisting Clients Through the Continuum of Nutritional Care*, Leah L. Graves, RD, LD, FAED and Nancy L. King, MS, RD, CDE, Private Practice, Los Angeles, CA, USA

C. *Weight Phobia or No Phobia, That is the Question: Implications for Assessment and Treatment*, Arthur H. Crisp, MD

D. *Dialectical Behavior Therapy (DBT) in the Treatment of Eating Disorders*, Marsha D. Marcus, PhD, and Elizabeth B. McCabe, MSW

E. *Medical Complications, Medical Management and Pharmacotherapy of Eating Disorders*, Pauline Powers, MD and James E. Mitchell, MD

F. *Innovative Approaches to the Treatment of Body Image Disturbance Among Eating Disordered Patients*, Ann Kearney-Cooke, PhD

5:30 p.m. - 7:00 p.m.

Opening Reception

Join colleagues as the Academy kicks off the 2002 International Conference on Eating Disorders

6:30 p.m. - 8:00 p.m.

Discussion Panels

Friday, April 26th

7:30 a.m. - 5:00 p.m.

Conference Registration

8:00 a.m. - 8:15 a.m.

Welcome and Conference Goals

8:15 a.m. - 10:15 a.m.

Plenary Session I - Sociocultural Issues

Anne E. Becker, MD, PhD; Hans W. Hoek, MD, PhD; Katharine A. Phillips, MD; Christopher P. Szabo, MMed

10:15 a.m. - 10:30 a.m.

Break

10:30 a.m. - 11:30 a.m.

Keynote Address: Jean Kilbourne, EdD

11:30 a.m. - 12:30 p.m.

AED Annual Business Meeting

12:30 p.m. - 1:45 p.m.

Lunch Break

1:45 p.m. - 3:45 p.m.

Plenary Session II - Neurobiology and Genetics

Wade Berrettini, MD, PhD; Howard Steiger, PhD; Stephen J. Suomi, PhD; Carol Worthman, PhD

3:45 p.m. - 4:15 p.m.

Break

4:15 p.m. - 5:45 p.m.

Workshop Session I

6:00 p.m. - 7:15 p.m.

Special Interest Groups

7:30 p.m. - 11:00 p.m.

Fundraising Gala

Saturday, April 27th

7:00 a.m. - 8:00 a.m.

Continental Breakfast/Membership Breakfast

8:00 a.m. - 8:15 a.m.

Academy President's Remarks

8:15 a.m. - 10:15 a.m.

Plenary Session III - Nutrition

John M. de Castro, PhD; Julie Parks, PhD; Cheryl L. Rock, PhD, RD; Barbara J. Rolls, PhD

10:15 a.m. - 10:45 a.m.

Break

10:45 a.m. - 12:45 p.m.

Scientific Session I

(Oral paper presentations)

12:45 p.m. - 2:15 p.m.

Conference Luncheon and Awards

2:15 p.m. - 4:15 p.m.

Plenary Session IV - Clinical Trials & Closing Remarks

Michael Devlin, MD; Ivan Eisler, PhD; Peter Joyce, MB ChB, PhD; Ulrike Schmidt, MD, PhD

4:15 p.m. - 4:45 p.m.

Break

4:45 p.m. - 6:15 p.m.

Workshop Session II

7:00 p.m. - 8:30 p.m.

Poster Session/Wine and Cheese Reception

Sunday, April 28th

7:00 a.m. - 8:00 a.m.

Special Interest Groups

8:00 a.m. - 11:00 a.m.

Scientific Session II (Oral Paper Presentations)

11:00 a.m. - 11:30 a.m.

Break

11:30 a.m. - 1:00 p.m.

Workshop Session III



Please contact the Boston Park Plaza Hotel & Towers directly for hotel reservations at (800) 225-2008 and mention that you are with the AED meeting to receive the special rate of \$175 US. The cut-off date for hotel reservations is April 2, 2002.

For further program details, registration materials, visit our website at www.aedweb.org or contact the national office at AED@degnon.org.



Book Review Corner

Daniel le Grange, Ph.D.

Comparative Treatments for Eating Disorders

Katharine J. Miller and J. Scott Mizus (Editors) (Springer Publishing Company 2000, ISBN 0-8261-1358-3, \$47.95, 368 pages)

Clinicians ought to be, and most of the time probably are, curious about the case conceptualization and clinical practice of their colleagues. This curiosity is, of course, especially evident when a colleague has a different or even opposing theoretical understanding of eating disorders than oneself. This book has the potential to satisfy this clinical curiosity, as well as stimulate debate about different treatment strategies to pursue in our most difficult cases.

The editors take a provocative approach in putting this volume together. They provide a brief, yet comprehensive overview of anorexia and bulimia nervosa, and then present a case of an adult female with a long-standing and complicated history of an eating disorder. They did not provide a clinical diagnosis with their case description, perhaps intentionally, and then set out to have a variety of clinicians and researchers in the field comment in detail about how they might approach conceptualization and treatment of this case.

In order to compare responses across treatment modalities, each group of clinicians was invited to provide comments within the rubric of their specific treatment model, as well as the *therapeutic skills and attributes* required by a therapist adhering to this model. They were then asked to detail their *assessment, conceptualization, and treatment plan*. Finally, comments were solicited regarding the *therapeutic relationship, treatment implementation, and outcome*.

Familiar perspectives with demonstrated efficacy, such as cognitive-behavioral therapy and interpersonal therapy, were solicited. The editors also obtained opinions from those using newer innovative and integrative approaches such as cognitive-analytic therapy and integrative cognitive therapy. Finally, no volume of this nature can be complete without also hearing the psychoanalytic and self-psychology perspectives.

The editors assembled a diverse group of contributors to this volume, some very well-known clinical researchers, and others who are perhaps not as widely known to everyone in the field. In the final chapter, the editors attempt to provide the reader with a comparative summary of the nine treatment approaches that are presented in the book. This is quite a daunting task, and once the reader has consumed this well-written summary chapter, s/he still has to navigate the rather cumbersome Appendix that outlines these approaches.

To what extent do nine, often disparate, treatment approaches to the same clinical dilemma strike common ground? Each individual reader must attempt to answer this question. Be that as it may, a considerable degree of integrative thinking is evident in the writing of the various contributors. Several themes seem to find an agreeable cord with many of these clinicians. Miller does a nice job in summarizing common themes to the reader, that is, interpersonal relationships, underlying beliefs about oneself and others, and thinking patterns and styles. In addition, a sound therapeutic alliance is emphasized by most, and the importance of a comprehensive approach within a multi-disciplinary team finds frequent support.

Every agreement, though, seems to be matched with a point of departure. Most striking perhaps, is the fact that some authors chose not to provide a diagnosis, while some referred to the patient as having a diagnosis of anorexia nervosa, and still others diagnosed her as bulimic. This was a striking and telling difference among the contributors. One might expect that the ability to agree upon a diagnosis and rely on evidence-based treatment is one of the few guarantees we have in our difficult work with eating disorder patients. However, this is clearly not the case. These discrepant views apply not just to the issue of diagnosis, but also the degree to which an emphasis on and timing of medical care, the use of medication, and nutritional counseling were highlighted (or not) across treatment approaches is noteworthy. Miller concludes this book on an optimistic note by pointing out the anticipated degree to which most clinicians actually do the same work in clinical practice, more so than we are able to witness in a volume such as this one.

In summary then, this book provides stimulating reading. It reminds us of the great variety of treatment strategies used in working with eating disorder patients. At the same time, it also reminds the reader to keep an open mind regarding the different treatment modalities at our disposal. This book might also succeed in getting researchers and clinicians to talk more to each other, so that the work we do every day will continue to draw from the rich source of evidence-based interventions available, and rely less on treatment plans based solely on anecdotal experience.



Coalition Fundraiser Celebrating our Innovators with Senator Hillary Clinton

Please join the Eating Disorders Coalition for Research, Policy, and Action in our first annual reception and awards presentation, "Celebrating our Innovators." The awards honor three individuals who have been innovative leaders in Research, Policy and Action.

Senator Hillary Rodham Clinton will receive our policy award, Dr. Ruth Striegel-Moore our research award, and Kitty Westin our action award. Additional guests are Carré Otis and Kate Dillon, both ex-super skinny models who are now models at their normal beautiful body sizes.

Highlights include Senator Paul Wellstone presenting the action award to Kitty Westin and a slide presentation titled "Eating Disorders in a Disordered Culture" by Robin Lasser and Kathryn Sylva.

Wednesday, February 27th, 2002

6:30-9:00 pm

Doolittle Guest House

506 East Capitol St.

Washington, DC

Tickets: min. \$200 donation/person or \$50/student; Eating Disorders in a Disordered Culture posters \$30; Business Attire. Appetizers and drinks provided.

To purchase tickets and view more information go to: www.eatingdisorderscoalition.org or contact Jeanine C. Cogan, Ph.D., Executive Director, (202) 543-3842.

Scenes from the Board Meeting December 2-3 Albuquerque, New Mexico



Susan Willard and Ann Kearney-Cooke discuss more about the meeting topics

Management staff representatives Meg Gorham and George Degnon confer with current President Allan Kaplan and Past President Jim Mitchell, as they direct the meeting



Michael Devlin, Susan Willard, Dianne Newmark-Sztainer and Ann Kearney-Cooke form opinions about issues being presented



Membership Council Chair Kelly Klump informs Board Members of the growing number of members in the Academy

Secretary Michael Devlin records minutes dilligently during each Board meeting.



Board Member Tim Brewerton and President-Elect Patricia Fallon listen intently to the discussion at hand.

times, and her mother became a volunteer at our Center for Eating Disorders. The Center has grown since the day we opened faster than we ever dreamed. The community saw the need for the specialty services and expressed their support through grants. We received community seed grants to help us open the doors, buy furniture, computers, and materials and provide educational outreach. The grants raised awareness, along with the media and former patients themselves. OSU, in turn, agreed to rent us the former CTED building, even though The Center is a separate nonprofit clinic, not affiliated with OSU. In addition, OSU showed their support by referring their eating disorders patients to The Center.

The Center for Eating Disorders opened with three full-time clinicians, a full-time office manager, and a part-time nutritionist. Before the doors opened, the phones began to ring, and they have not stopped. We began by serving about 90 patients a week. Today, just seven months later, we have five full-time clinicians, a nutritionist, a psychiatrist, an office manager, a director of development, five part-time staff persons, nine phenomenal, regular volunteers and another ten volunteers who help on an as-needed basis. In September 2001 we were scheduled to see about 145 patients weekly. A grant has allowed us to reopen community support groups, which were outlined at the Academy's Vancouver Conference in May, in a workshop with Joel Yager, M.D.

Because we have yet to get ahead of the waiting list, we followed the research and work of Marion Olmsted, Ph.D. and Allan Kaplan, M.D., in Toronto, and developed a weekly educational series tailored for eating disorder patients on the waiting list. It has been well attended and is given excellent evaluations by the participants.

While I worked with Mary to find avenues of strength, others helped me. Katherine Zerbe, M.D., Jim Mitchell, M.D., Beth McGilley Ph.D., and Tamara Pryor, Ph.D. offered words of encouragement and support. Ruth Striegel-Moore, Ph.D. stepped forward to make a statement for the Academy, objecting to the closing of a specialized eating disorders treatment center. Craig Johnson, Ph.D. continued to explore with me alternatives in all directions, as the

new Center was being created. Ann Kearney-Cooke, Ph.D. and Michael Levine, Ph.D. stepped forward to be founding members of the Board of Trustees. Their advice, encouragement and time has given The Center direction, and given me courage and support beyond any words I can share with you on this page.

Others believed in specialized eating disorders treatment, and their support and actions have made The Center a reality. There is not a single person working at The Center who does not give in extraordinary ways. The original clinicians served without pay until insurance began to reimburse. Now payroll is met monthly and clinicians are also receiving back pay. They believed in the purpose of The Center. Every staff person from the original clinicians to the cleaning people, give, and then give some more. Our vision statement is: "Creating a vision of strength."

Just as others believed in The Center, is it not critical that we believe in our patients, even when they seem to be failing and their chronicity wears us down? I now see that we cannot give up hope in them, or in specialized treatment around the country.



We would like to publish information on Academy members. If you have received an award, have been promoted, have taken a new job, have published a book, or have undertaken any other activity of interest to the membership, please let us know so that we can include it in the Newsletter. Contact Lisa Lilienfeld at Lilienfeld@gsu.edu.

Classified Advertising

ENDOWED PROFESSORSHIP IN EATING DISORDERS

The Department of Psychiatry of The University of North Carolina School of Medicine at Chapel Hill is seeking an established investigator to develop and direct a new clinical and academic program in Eating Disorders. This is a full-time, tenure-track position at the Associate Professor or Full Professor level, which will be supported in part by an endowed chair. Responsibilities will include: designing and directing a multidisciplinary clinical program focusing on the treatment of anorexia nervosa, bulimia nervosa, and related eating disorders; provision of clinical training and teaching in this area to psychiatry residents, child psychiatry fellows, medical students, and other health care trainees and clinicians; implementation of a program of clinical research, and the successful application for extramural funding to support the research program.

The successful candidate should have strong clinical skills and a record of scholarly accomplishment, including demonstrated excellence in research and teaching in eating disorders. Special consideration will be given to candidates with an established record of extramural funding.

Applicants must have an M.D. or Ph.D. in clinical psychology, or an equivalent degree, and be eligible for a North Carolina license. Salary will be commensurate with experience. The University of North Carolina at Chapel Hill is an Equal Opportunity employer. Applicants should forward a curriculum vitae and four letters of reference to: Robert N. Golden, M.D., Professor and Chair, Department of Psychiatry, University of North Carolina School of Medicine, Campus Box 7160, Chapel Hill, NC 27599-7160.



Have you returned your 2002 Dues Renewal notice?

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Fundraising Gala — Show Your Support for AED Education and Training Initiatives

In conjunction with the International Conference on Eating Disorders in Boston, we will be hosting the 2002 Academy for Eating Disorders Fundraising Gala.

The Gala, themed “Moving Ahead: Forging Paths for Others to Follow,” will be held Friday, April 26 in the Imperial Ballroom of the Boston Park Plaza Hotel from 7:30 p.m. to 11:00 p.m. During the evening, AED will be honoring people who have made a difference in the field of eating disorders. Dinner will be served following the awards presentation. Then be prepared to dance the night away with Boston’s most popular swing band, the White Heat Swing Orchestra.

Tickets are \$250 US per person (\$200 US is tax deductible) and can be ordered along with your conference registration by visiting the website, www.aedweb.org, or by



contacting the AED Central Office at 703-556-9222.

Make sure you don't miss this exciting and entertaining evening while at the same time supporting new training and education initiatives of AED **by helping us to forge new paths and help more people move ahead.**



Academy Newsletter

Please send all suggestions for articles, job opportunities, information regarding upcoming events or meetings, letters to the Editor, awards and honors received by Academy members, published books, and all other items of interest to:

Lisa Lilienfeld, PhD

Department of Psychology
Georgia State University
Atlanta, GA 30303
Phone: 404-651-1291
Fax: 404-651-1391
E-mail: Lilienfeld@gsu.edu

**Submission deadline:
March 1, 2002**

All contributions to the Newsletter must be submitted to the Editor via e-mail or disk in Microsoft Word format.