



Promoting excellence in research, treatment, and prevention of eating disorders.

Message from the President

Eric van Furth, PhD, FAED



At the age of 13, with a membership of 1,400, the Academy was ready for the next step in her development. The annual meeting was held far from home in Barcelona, Spain, and she inaugurated her first non-North American

president. The annual meeting was a great success and, together with the launch of the World Wide Charter for Action on Eating Disorders, provided an exceptional kick-off for my presidency.

Conference co-chairs Tracey Wade (Australia) and Daniel Le Grange (USA), and their program committee, treated us to an exciting and innovative scientific program in one of the liveliest cities in Europe. The Barcelona meeting drew almost 900 colleagues, many of whom were nonmembers, from all around the globe.

In the last issue of the *Forum* (Vol. 14, No. 2), I concluded that the perception of AED as a North American organization is outdated. But do you share my view? Our overall membership is increasing every year. Currently, the non-U.S. membership stands at 26 percent and is increasing at a steady pace. Approximately 30 percent of the committee and task force members reside outside of the United States.

Important Message for Members:

On behalf of the board, it is a pleasure to announce that all legal issues between Degnon Associates, our former management company, and the Academy have been resolved. On Friday, June 30, 2006, our legal team reached a mutually agreeable settlement, which enables us to leave the past behind and work unencumbered on serving professionals involved with eating disorders globally. If you have any questions regarding this announcement, contact Eric van Furth, AED President, evanfurth@tiscali.nl.

On the board, the division is almost 50/50, with six of the 11 members hailing from North America.

From a factual perspective, AED is changing rapidly. But when I put my ear to the ground, I hear a dissenting voice. I detect a lack of sense of ownership in many members outside North America. The fact that AED was started, and is headquartered, in the United States may contribute to the persistent perception that AED is highly influenced by American sociopolitical forces. Extra effort is needed in order to achieve a truly international community of eating disorder professionals.

What are the advantages and challenges of further internationalization? A case study: The World Wide Charter.

The results of a Web survey conducted by AED to gather data for the World Wide Charter for Action on Eating Disorders was illustrative. Clearly, so much needs to be done to improve the availability, accessibility and quality of care for individuals with eating disorders around the globe. How can AED, as the premier global eating disorders professional organization, serve its members better? When professionals involved in the prevention, research and treatment of eating disorders unite we will be able to achieve more. In close collaboration with organizations representing sufferers and carers, we are many and we can become a stronger global force.

Global communication is clearly a challenge. The dominance of the English language was reflected by the fact that the vast majority of the respondents to the Charter survey were from

English-speaking countries. The translation of the World Wide Charter for Action on Eating Disorders into Spanish, Portuguese, Japanese, German, Dutch, Hungarian and other languages is an important step in overcoming language barriers, which will help us reach more people. These translations will soon be available via our Web site.

What does AED gain from internationalization?

A truly international platform of eating disorder professionals will provide an excellent avenue for a transcultural dialogue that will enhance our understanding of the etiology and treatment of eating disorders. Greater cultural diversity in the Academy will also help us understand the meaningfulness of honors and awards across countries. For some, attaining the status of Fellow of AED is just another line on their CV; for others it is an achievement that warrants a family celebration. Further internationaliza-

continued on page 2

Inside this Issue

Message from the President	1
Important Message for Members	1
Message from the Editor	2
New Board Members	2
Nominations Committee Announcement	3
New Fellows	4
Award Recipients Attending the Annual Conference in Barcelona, June 2006	4
AED Development Committee	6
World Wide Charter for Action on Eating Disorders	6
AED Sister Organizations: Partnerships Around the Globe	7
AED Patient/Carer Task Force Spotlight	7
AED Special Interest Group (SIG) News	9
Sister Organization Spotlight	11
Fellows in Profile	11
Member News	13
ANAD Update	13
Book Review Corner	13
Classified Ads	14
Upcoming Conferences	15



60 Revere Drive, Suite 500
Northbrook, IL 60062 USA
Tel 847/498-4274 ❖ Fax 847/480-9282
www.aedweb.org

President

Eric van Furth, PhD, FAED
Leidschendam, The Netherlands

President-Elect

Kelly Klump, PhD
East Lansing, Michigan, USA

Treasurer

Judith Banker, LLP, MA, FAED
Ann Arbor, Michigan, USA

Secretary

Mimi Israël, MD, FRCP
Montreal, Quebec, Canada

Immediate Past-President

Scott J. Crow, MD, FAED
Minneapolis, Minnesota, USA

Board Members

Jillian Croll, PhD, RD, MPH
St. Louis Park, Minnesota, USA

Fernando Fernandez-Aranda, PhD, FAED
Barcelona, Spain

Paulo Machado, PhD
Braga, Portugal

Susan Paxton, PhD
Melbourne, Australia

Ulrike Schmidt, MD, PhD
London, England

Lucene Wisniewski, PhD, FAED
Willoughby, Ohio, USA

Newsletter Editor

Rachel Bryant-Waugh, PhD
London, UK
rachel.bryant-waugh@ntlworld.com

Executive Director

Greg Schultz
Northbrook, Illinois, USA

Managing Director

Sally Finney, MEd, CAE
Northbrook, Illinois, USA

www.aedweb.org

**Message from the President
continued**

tion also provides opportunities for growth. Close collaboration with other organizations and/or an increase in membership will help us achieve our goals more efficiently and more effectively. Activities like Web learning, teaching days, accreditation, advocacy and public education and sponsorship will become easier to achieve. Our influence on policy makers and grant providers will increase.

What do non-North Americans gain from associating with AED?

The Academy provides many opportunities for active involvement (i.e., committees, task forces, the board). Special interests, based on topic, region or language, are addressed by joining or starting a Special Interest Group (SIG). However, it is not always easy to find your way in an organization like AED. To increase transparency, a chart of the organization and all policies and procedures can be found on the AED Web site. But that alone does not suffice. Contacting a SIG chair or board member is a hurdle for many. However, personal contact is such an important way of getting to know the organization and the people involved.

It took me years to understand the scholarships and awards program that AED offers. Many non-North American colleagues would never even consider applying for a scholarship or fellowship, simply because of unfamiliarity with the system. Learning about the benefits, meaning and value of these programs will greatly help members benefit from AED.

Another example of a relatively unknown benefit is the Fellowship program, which offers the opportunity of mentorship. Contacting an AED Fellow in your region may be a great first step toward finding guidance within the organization.

I realize that achieving further internationalization is ambitious. Some will say this initiative clearly reflects AED's current adolescence. However, the board is committed to continue on its course (mind you, social integration is one of the important developmental challenges of adolescence). During my year as your president, I will be reaching out to increase mutual understanding and integration of the best that all participating cultures have to offer.

If you would like to respond to this message, contact me via evanfurth@tiscali.nl.

**Message from the
Editor**

Rachel Bryant-Waugh, PhD

This is such a full edition, I will keep my comments very brief. Thank you to all who have submitted material for the *Forum*. Remember that this newsletter is largely what you, the membership of AED, make it. Let me know your views: What's missing? Is the newsletter of interest? What would you like to see included? Consider writing an article. Don't forget to e-mail contributions, comments and notices to me at rachel.bryant-waugh@ntlworld.com. Next deadline: Dec. 1. Many thanks.

New Board Members

Two new Board Members began their duties at the ICED Barcelona conference: Susan Paxton from Australia and Paulo Machado from Portugal. Congratulations to both. Susan has written an introduction below, and you can see her in the photo on page 8.

Susan Paxton, PhD

*Incoming Board Member
Annual Meeting Portfolio*

I feel very privileged to have been offered the opportunity to take on the challenging role of the Annual Meeting Portfolio for the Academy. I am an academic and clinical psychologist with specific interest in the evaluation of prevention, early intervention and treatment options for eating disorders. In addition, I have had a range of experiences I hope will equip me for this position on the board.

I have been an active participant in AED conferences for many years and appreciate the vital role they play in bringing researchers and clinicians together to exchange ideas and update their skills. I hope this experience will assist me in ensuring that our conferences offer opportunities for learning and networking for participants from all disciplines, backgrounds and countries. Although I have not previously been involved in AED conference organization, as president of the Australian and New Zealand Academy for Eating Disorders, I have been on the organizing committee and convened a number of our conferences, which has alerted me to many organizational issues.

However, rather than a specifically organizational role on the board, my task is primarily to serve as liaison between the current conference committee, the board and AED's admin-

continued on page 3

New Board Members continued

istrative arm at The Sherwood Group. I am very fortunate that we have such terrific people involved at each of these levels, and I am learning a great deal from them. We are committed to delivering conferences of the highest quality and value to AED members. We are also very keen to extend conference opportunities for AED members around the globe and to ensure that our international membership is also reflected in our conference programming. I welcome any comments members have that will assist in this task.

Susan Paxton
susan.paxton@latrobe.edu.au

Nominations Committee Announcement: Call for Nominations

AED members are invited to submit nominations for the positions listed below. We encourage all members to take an active role in identifying the leadership of the future. There are five positions open for 2007-2008. AED is particularly interested in nominees who represent the global multidisciplinary profile of the organization and who have the skills and dedication to assist with realizing the current strategic plan. Nominations are due by Oct. 27, 2006. Submit nominations at www.aedweb.org, and include your name, the nominee's name and contact information, the position for which you are nominating them, and their strengths and experiences which make them an excellent candidate.

President-Elect

The president-elect functions as a backup to the president and becomes familiar with the various activities of the Academy to prepare for the presidency the following year. When the president-elect becomes president, he/she becomes the chief elected officer of the Academy. The president serves as chair of the board, Executive Council, the Annual Business Meeting, and other meetings of the Academy, and fulfills such other duties as necessary and as prescribed by the Policies and Procedures of the Academy.

Board Portfolio Holder (two positions available)

Six members shall serve at large on the board of directors, each elected to a three-year term, staggered so that two new board portfolio holders are elected annually. For 2007-2008, we will elect portfolio holders for Print Media and Teaching Days.

Nominations Committee (two positions available)

The Nominations Committee consists of six at-large members (not officers or board members) who are elected by the membership and the past-president, who is the chair of the Nominations Committee. Each year two members are elected by the membership to a single three-year term. The composition of the Nominations Committee shall be multidisciplinary. Currently serving members of the Nominations Committee are not eligible for elected office.

Submit your nominations to the following address:

E-mail: AED@aedweb.org
Phone: 847/498-4274
Fax: 847/480-9282
Academy for Eating Disorders
Attn: Nominations Committee
60 Revere Drive, Suite 500
Northbrook, IL 60062, USA

AED Board Nominations — Become Involved in AED Share Your Expertise — Help Shape Your Organization's Future

Board and Nominations Committee: Position Information

Scott Crow, Nominations Committee Chair

An elected board member is entrusted by the Academy's members to represent them in determining the direction of AED and overseeing its activities. AED's full-time staff at a professional management firm implements its activities and handles day-to-day administration. AED is a nonprofit corporation organized under Section 501 (c)(3) of the IRS code. AED carries Association Professional Liability Insurance (sometimes called "directors and officers liability insurance") that covers board members.

Basic Board Member Responsibilities:

- Manage an assigned portfolio
- Establish long-term goals
- Maintain focus on mission
- Develop policy
- Oversee financial status
- Monitor current programs
- Prioritize activities
- Consider new programs and projects
- Provide feedback to staff

General Requirements and Information:

- Candidate is a member in good standing of AED (dues are paid and current).
- Board members are elected for a three-year term.
- This is a volunteer position; there is no compensation for board service.
- The Nominations Committee attempts to maintain a board that reflects the interests and diversity of the membership.
- Candidates must have a desire to participate and contribute to AED goals.
- Board membership carries significant responsibility in terms of managing a portfolio of AED activity.

Suggested Experience:

- Current participation as a leader in the eating disorders field
- Active role in an AED committee
- Participation as a volunteer leader in other organizations

Specific Expectations:

- To serve as overall manager of one portfolio of AED function
- To actively participate in all board meetings and conference calls
- To attend the annual meeting

Board Meetings:

Two in-person meetings are held each year. A full-day meeting is held immediately preceding the annual meeting and a midyear meeting at a location determined by the board. In addition, there may be special-purpose conference call meetings as needed.

AED will reimburse travel costs (transportation, hotel) associated with attendance at board meetings except those held in conjunction with the annual meeting unless an additional hotel night is required. An expense reimbursement policy outlines specific details.

It is expected that candidates have their employer's support for the time involved with board participation.

continued on page 4

**Board Nominations
continued**

The slate will be developed in the fall, and the election will take place in the spring with the results becoming official at the annual business meeting held during the annual meeting. Terms begin immediately following the business meeting.

New Fellows

Nine new fellowships were awarded at this year's annual meeting in Barcelona. Their names are listed below. Many congratulations to all.

AED Class of Fellows: 2006

Barton Blinder, MD, FAED
Clinical Professor, Department of Psychiatry and Behavior, School of Medicine
University of California Irvine, USA

Debbie Franko, PhD, FAED
Associate Professor, Psychology Department
Northeastern University, USA

Mimi Israel, MD, FAED
Associate Professor, Department of Psychiatry,
McGill University, Canada

Pamela Keel, PhD, FAED
Associate Professor, Department of
Psychology
University of Iowa, USA

Kelly Klump, PhD, FAED
Associate Professor, Department of
Psychology
Michigan State University, USA

Paolo Machado, PhD, FAED
Professor, Department of Psychology
Universidade do Minho, Portugal

Reba Sloan, MPH, Licensed Registered
Dietician, FAED
President Elect
Eating Disorders Coalition of Tennessee, USA

Eva Maria Trujillo Chi Vacuan, MD, FAED
Instituto Tecnológico y de Estudios Superiores
de Monterrey, Mexico

Kenneth Weiner, MD, FAED
Assistant Clinical Professor,
Department of Psychiatry
University of Colorado, USA

Award Recipients Attending the Annual Conference in Barcelona, June 2006

Every year the AED awards a number of travel fellowships and clinician scholarships. A number of this year's recipients let us hear about their experiences and views:

NIMH Student/Early Investigator Travel Fellowship Recipients:

**Kelly Beth Bowker,
Meredith College, Raleigh, N.C., USA:**

This was my second year attending the AED conference, and while I was impressed by the 2005 and 2006 conferences, this past year was a particularly enriching experience thanks to the Early Investigator Travel Fellowship. The Research Training Day was undoubtedly the highlight of my trip. As an early student in the field, it was a privilege to get tips on conducting sound research, advice on successful grant writing, and answers to questions about my personal career path from some of the most accomplished professionals in the field. I admire the Academy for supporting not only graduate students, but also undergraduate students like myself, who are at the start of their careers in the eating disorder field. It's rare to find a field so genuinely interested in and dedicated to the upcoming generation of professionals.

**Christina M. Capodilupo, Teachers College,
Columbia, New York, N.Y., USA:**

Attending the Teaching Day at the 2006 AED conference was an incredible and memorable learning opportunity. The sense of community

and support created during this day was overwhelming. We broke into small groups to discuss a myriad of issues from research design to choosing doctoral programs. In these groups, not only did the faculty mentors share their insight and provide valuable guidance, but fellow students in various stages of their education also offered their experiences and perspectives. The diverse feedback I received about my research ideas and design will be invaluable as I begin to write my dissertation. I am extremely thankful to the National Institute of Mental Health and AED for giving me this opportunity.

**Crystal Edler, University of Iowa,
Iowa City Ia., USA:**

I really enjoyed attending the Research Teaching Day chaired by Drs. Striegel-Moore and Bulik. It provided a unique opportunity to discuss my research interests with experts in the field. It was also fun meeting such a diverse group of graduate students who share my interest in eating disorders research.

**Kristen Fay, Tufts University,
Wellesley, Mass., USA:**

I felt extremely honored to receive a Student/Early Investigator Travel Fellowship and to have the opportunity to attend and participate in the annual Barcelona conference. The conference energized, challenged and inspired me for many reasons. Specifically, the NIMH Research and Training for all fellows was an enriching and valuable experience to "pick the brains" of field experts. In addition, the wide array of angles taken by all the fellows in researching eating disorder etiology and treatments was very motivating and

continued on page 5



From left to right: new fellows Kelly Klump, Paulo Machado, Mimi Israel, Barton Blinder, Reba Sloan, Debbie Franko, Pamela Keel and Eva Maria Trujillo Chi Vacuan

Award Recipients continued

satisfying. I met so many interesting people and scholars, united by one common passion and goal. It was particularly inspiring for me to participate in this large-scale "eating disorder think-tank" that comprised people from diverse backgrounds and disciplines. The conference and the people I met were memorable for reasons too numerous to describe, but I left the conference feeling the energy and activity in the field that will undoubtedly lead to more positive, multi-disciplinary contributions in the future. I cannot thank AED enough for this invaluable opportunity.

AED Student/Early Career Investigator Travel Fellowship Recipients

Yu-hsuen (May) Chao, Wesleyan University, Middletown, Conn., USA:

I expected to learn about exciting new research developments at ICED, but the multitude of topics covered and the eloquence of the speakers exceeded my expectations by far. Also, the renowned veteran researchers were extremely friendly to junior investigators and enthusiastic about discussing everything from writing a grant proposal to balancing a research career, clinical work and a family life. Most importantly, meeting passionate eating disorder researchers and hearing about continued gaps in the literature reminded me yet again of the importance of eating disorder research and motivated me to pursue a career in the field.

Andrea Poyastro Pinheiro, University of North Carolina, Chapel Hill, N.C., USA

This award was very meaningful and memorable to me. As a psychiatrist, I had been working with EDs in Brazil since 1993, and most of my professional life had been dedicated to clinical work. By the year 2000, I decided to shift gears and pursue a career as a researcher. I am currently pursuing a PhD, and my doctoral training is on the genetics of EDs. My work at the ED Research Program at the University of North Carolina under the supervision of Dr. Cynthia Bulik, and in the Department of Genetics under the supervision of Dr. Patrick Sullivan since March 2005, has allowed me to put all my efforts into this amazing learning experience. The AED Fellowship meant not only the highlight of this incredible period of my life and the reward for all the changes I have made, but also the possibility of expanding this experience through many different means.

I felt that the research training teaching day was extremely valuable, because important topics pertaining to the career of a researcher were covered and emphasized by the presenters. The time we spent with the mentors was also an essential part of this training session, we were able to learn from their experience as researchers, and also ask for some advice regarding our projects. The atmosphere was informal, which helped a lot. I felt very comfortable asking my mentors questions and seeking their advice. They were extremely receptive and willing to help.

It was a great pleasure to meet Dr. Hans Hoek and Dr. Anna Keski-Rahkonen, and spend quality time with Dr. Striegel-Moore, Dr. James Mitchell, Dr. Cynthia Bulik and Dr. Ross Crosby as well. Furthermore, exchanging and sharing ideas with the group of colleagues that received the award was very gratifying to me. We were all in the same boat but with distinct backgrounds and life histories, which was also very enriching. I also had the opportunity to present my research to a group of experts. I was concerned that I would have some difficulties because English is not my first language, and it was the first time in my life that I was presenting my work to a group of the most respected researchers in the field. Their comments and input was of great significance in my quest for gaining more knowledge and developing new skills.

In addition, this award made it possible for me to travel to Barcelona. I met professionals from other countries, spent some time with friends and colleagues from Brazil, participated in the HLA SIG activities, and also worked with other MRRC members at the membership booth. This award helped me feel more integrated in the AED and incredibly motivated to move on with this new and exciting aspect of my professional life, that is, my career as a researcher. Therefore, I feel we need to support this AED initiative in every possible way because the AED Travel Fellowship means the ED field welcomes diversity and renovation.

AED Clinician Scholarship Recipients:

Maree Burns, PhD, Eating Difficulties Education Network, Auckland, New Zealand:

I thoroughly enjoyed the opportunity to hear about cutting-edge research in the field of eating disorders from the researchers themselves. Everyone was incredibly approachable and I enjoyed the atmosphere of scholarly debate. I was impressed with the coverage in the conference (and across the keynote presentations) of the varied sub disciplines within the field, including those of particular interest to me -

sociocultural issues, prevention, health at every size, and feminist work with disordered eating. It was also great to put faces to the names that have appeared on many of the research articles and books that I have read and used over the years. I am looking forward to the publication of many of the papers that I attended which will be very useful for the health promotion work that I do in an eating issues community agency in New Zealand. Many thanks once again to the scholarship committee for the award that allowed me to attend.

Liliane Kijner Kern, MD, Federal University of Sao Paulo, Sao Paulo, Brazil.

I was very fortunate to receive the scholarship that allowed me to attend the first ICED held outside the United States. The conference gave me important experiences that I am now sharing with my colleagues and patients here in Sao Paulo, Brazil. I expanded my network of personal contacts, grew as a clinician and gathered large amounts of information that foster the growth of our eating disorders program. The conference was a great opportunity to have contact with the most prominent scholars in the eating disorders field who hailed from all the different parts of the world. I learned what progress is being made in Canada, China, France and Israel, to mention only a few of the presentations I attended. It was important hearing more about family therapy for adolescents with eating disorders. Listening to Dr. James Lock, Dr. Daniel Le Grange and Dr. Janet Treasure, among others, was important because it gave me invaluable input on the treatment we are developing in Sao Paulo and filled me with ideas on how to improve our model. The Clinical Teaching Day Workshop I attended gave me important input on my clinical experience and valuable information regarding "therapist fatigue." As we deal with professionals in training, we will definitely be incorporating some of the information Dr. Devlin and Dr. Pike presented during the workshop into our own work. The opportunity to present my own work in the oral session was also very meaningful to me. Overall, I found the experience to be incredibly motivating and I would not have been able to attend without the support of the Academy. I am looking forward to the next AED Conference next year in Baltimore.

Congratulations also to the other fellowship and scholarship recipients: Allegra Broft, Kristen Culbert, Angela Doyle, Susan Feinberg, Stephanie Lee, John Thomas, Riikka Viljanen and Gudrun Wagner.

AED Development Committee Initiatives

Judith Banker

The new AED Development Committee is pleased to welcome T.J. Raney and Mark Warren as committee co-chairs. Formed in May 2006 as part of the new Board Development Portfolio, the Development Committee is charged with expanding and strengthening individual and community support of AED programs and services both regionally and internationally. T.J. and Mark will be laying the foundation for the work of this new committee over the next three years.

As its first initiative, the Development Committee is coordinating the AED 2006 Worldwide Scholarship Campaign aimed at raising funds to provide AED conference and travel support to clinicians and early career investigators, in particular those from under-represented regions of the world. To launch the scholarship campaign, the committee organized the Donate and Dance Fundraiser held at the AED 2006 ICED in Barcelona. This event raised nearly \$2,200 US, including a kick-off contribution of more than \$1,000 from the AED Board of Directors. The campaign will continue throughout the year in the hopes of raising \$50,000 to support deserving clinicians and early career investigators. Consider contributing to this important initiative (see box below for how you can help).

In addition to the scholarship campaign, the Development Committee will also assist President-Elect Kelly Klump in creating the AED Advisory Board. The Advisory Board is a new council comprised of professionals, laypersons and policymakers who are willing

to help further the goals of the AED in the international community. The Advisory Board will assist with fund raising initiatives and also provide guidance to the Board of Directors around AED initiatives and programs.

Finally, in another promising development initiative, the AED posted a new donations page on the AED Web site that has generated more than \$7,000 in donations in just a few short months. These funds will be directed to donor-designated AED initiatives.

The Development Committee aspires not only to build funds for important AED programs, but also to foster the participation of the entire AED membership in setting the funding goals and directions of the organization. Contact T.J. Raney (TJRaney@med.unc.edu) or Mark Warren (m3warren@gmail.com) with suggestions. The generosity and involvement of the AED community in these early stages of the organization's development efforts is a very promising indicator of the membership's exceptional commitment and dedication and of the immense potential of the organization.

The Development Committee is always seeking eager volunteers to help with its important initiatives. Current members of the committee include co-chairs T.J. Raney and Mark Warren, Mike Devlin, Armando Barriguete, Mary Gee, Erin Zaleski, Annette Kluck, President-Elect Kelly Klump, Development Portfolio Director Judith Banker, and AED Executive Director Sally Finney. Contact T.J. Raney (TJRaney@med.unc.edu) or Mark Warren (m3warren@gmail.com) with suggestions or for more information about joining the committee.

World Wide Charter for Action on Eating Disorders at ICED 06

Thursday, June 7, 2006, saw the culmination of a period of intensive work for the World Wide Summit Task Force — the official launch of the World Wide Charter for Action on Eating Disorders at ICED 06. As the press notices went out and people across the world started making contact, it was clear that we had managed to articulate a call to action that was truly global in its reach. Press coverage was widespread, with Spanish TV news and print media making headlines of the launch events.

Steering group co-chair and incoming President Eric van Furth introduced the Charter, its aims and purpose at the opening session of ICED. Gráinne Smith (Scotland, UK) gave a personal context to the Charter as she shared the heartfelt story of her family's battle to help their daughter overcome an eating disorder. Copies of the Charter were distributed to delegates and all were invited to attend the inaugural session of the World Summit held later during conference proceedings.

This Inaugural session saw the Charter officially signed by and on behalf of patients, caregivers and clinicians worldwide. People who participated in the session contributed their signatures, but more importantly their commitment to promote the Charter's aims in their country, region, hospital, clinic or support group. Offers included translation into other languages, national launch events and securing influential supporters.

The Summit presented a powerful message — the variety of ways the Charter can be used, including supporting the establishment of services where none currently exist, promoting excellence in standards of care, and advocating for access to treatment. But most importantly, that this is just the beginning. The true impact of the Charter's launch will be the change that it helps to drive — change that will make a real difference to people's lives worldwide.

The World Wide Charter for Action on Eating Disorders was then launched in London at the Carers Conference on June 17 at Guy's Hospital. The Carer's Conference was organized jointly by EDA and the South London and Maudsley NHS Trust, and formed part of the UK's Carer's Week activities. One hundred fifty people were present. Prof. Janet Treasure,

continued on page 7

Make Your Donation to the AED Worldwide Scholarship Campaign Today.

The AED 2006 Worldwide Scholarship Campaign needs the help of every AED member. The campaign aims to raise \$50,000 US by the end of 2006 to fund travel and AED conference registration for up to 25 clinicians and early career investigators. Every contribution, no matter the amount, helps bring us closer to our goal. Past scholarship recipients have graciously provided their personal testimonials about how the conference scholarships have helped advance their own professional experience. To hear their stories, go to www.aedweb.org and click on the "Support AED's Mission" link. The link will also take you to information about how to make a contribution as well as an up-to-date view of the progress of the campaign.

Help bring eating disorders education and training to all regions of the world. Thank you for your support.

World Wide Charter for Action on Eating Disorders at ICED 06 continued

as EDA's chief medical advisor, and by Helen Mayers on behalf of the Carer's network, formally signed the Charter. Other conference delegates were then invited to sign. The Charter will soon be launched in Portugal and the Netherlands. Please let us know about activities in your country/region concerning the World Wide Charter for Action on Eating Disorders.

The official version of the World Wide Charter for Action on Eating Disorders and any translations are now available at www.aedweb.org, where you can also sign the Charter electronically.

AED Patient/Carer Charter in Scotland – August 2006

Gráinne Smith

First steps have been taken toward change in the last year, with the AED Patient/Carer Charter coinciding with strong recommendations from the Health Committee following a three-year petition, a major investigation of Scottish ED services, and the tragic death of a young woman whose specialist treatment, or lack thereof, reads like the script for a nightmare and sparked much recent media attention after strong criticism from the ombudsman.

The situation remains patchy: in a very few areas, services have been developed by committed individuals working part-time with meager resources, while in other areas local authorities say "there is no waiting list,"

Special Thank You

The Academy expresses its sincerest gratitude to the following individuals and businesses for their recent gifts of services and support:

- **Custom Logos**, New York, U.S., Project: Donate & Dance scholarship fundraiser
- **Jan Cullis and The Bronte Foundation**, Australia, and **Wendy Oliver-Pyatt**, Center for Hope of the Sierras, U.S., Project: World Wide Charter for Action on Eating Disorders

because specialist services are non-existent. No records have been kept of eating disorders. Without services, there is no professional career structure, therefore most with a special interest in eating disorders leave. There are no adult National Health Service beds anywhere in Scotland for those whose illness is life-threatening, and few available privately. Funding is a major problem, patients frequently have to travel long distances, sometimes outside Scotland, and much time is lost as authorities argue who is responsible for care.

However, eating disorders are at last on the agenda — all authorities have been directed to conduct reviews of their services, training courses for primary care staff are being actively planned in some areas, awareness is being raised of the need for early recognition and specialist treatment, with the AED Charter playing an important role in emphasising the need for change. And there is hope for the patient.

AED Sister Organizations: Partnerships Around the Globe

Kelly L. Klump, Susan Paxton, Judith Banker

The AED board is pleased to announce the establishment of a new level of worldwide collaboration: the development of sister organizations to the AED. Sister organizations are national, professional organizations whose missions parallel those of AED and who partner with the AED to achieve shared goals. Through these global collaborations, each organization can have a stronger impact on improving the prevention, treatment and research of eating disorders than any one organization or group of people alone.

AED and Sister Organizations: Formal Partnerships

Formal collaborations between the AED and sister organizations will be mutually demonstrated in the following ways:

- Pages on both organizations' Web sites will describe the goals of the sister organization, its activities, and joint projects.
- Regular updates on sister organizations will be included in each organization's newsletter.
- Free conference and workshop advertisements will be provided in the AED Forum

and the sister organization's newsletter.

- Discounted AED membership and conference rates will be offered to sister organization members and vice versa.
- Small, joint scholarship funds (e.g., \$500) will be developed to support travel for researchers or clinicians from sister organizations to attend each organization's main conference.
- Sister organization members will be invited to speak at each organization's conference.
- Joint teaching days will be developed between the AED and sister organizations.
- Funding resources will be explored for both organizations with a focus on transnational partnerships.

In addition to these initiatives, leadership from the AED and sister organizations have semi-annual meetings to evaluate the partnership and discuss additional collaborative ventures.

First Sister Organization: The Australian and New Zealand Academy for Eating Disorders (ANZAED):

Shortly after the development of this new collaborative initiative, representatives of the AED (Scott Crow, Eric van Furth, Kelly Klump and Judith Banker) and Australian and New Zealand Academy for Eating Disorders (ANZAED) (Susan Paxton, president; Geoffrey Buckett, Executive Committee member; Roger Mysliwicz, Executive Committee member) met during the Barcelona meeting to discuss partnerships. The meeting was a success and ended with ANZAED becoming the first sister organization to the AED. More information on ANZAED can be found in "Sister Organization Spotlight" in this issue of the Forum and on the ANZAED Web site (www.anzaed.org.au).

The AED Board is very excited at the opportunity to formally collaborate with the ANZAED and its members. Watch for information on joint initiatives between these vibrant organizations on the AED homepage, the ANZAED homepage, and future issues of the *AED Forum*.

Becoming a Sister Organization:

Interested in becoming a sister organization to AED? If so, please contact Lucene

continued on page 8

**First Sister Organization:
The Australian and New Zealand Academy
for Eating Disorders (ANZAED):
continued**

Wisniewski, director of membership, at lucene.wisniewski@sbcglobal.net. Also see the AED policy and procedure on sister organizations in the Members Only section of the AED Web site (www.aedweb.org).

AED Patient/Carer Taskforce Update

By Laura Collins

Contributors: Jan Cullis, Kitty Westin, Gráinne Smith and Judith Banker

Task Force Activities

AED Patient/Carer Task Force members played a central role in two events during the recent ICED conference in Barcelona and will play a major role in an upcoming political advocacy event in the United States. Susan Ringwood (UK) coordinated a press conference June 7 at the Barcelona ICED at which then President-Elect Eric van Furth and AED President Scott Crow announced the launch of the first World Wide Charter for Action on Eating Disorders, a major advocacy initiative that joins together professionals, patients and families.

June 9 in Barcelona, PCTF member Rose Zohs (AU) and PCTF co-chair Ulrike Schmidt (UK) moderated the World Summit Inaugural Session at which PCTF member Gráinne Smith (Scotland) spoke movingly about how her own family was deeply affected by a lack of accessible, specialized eating disorder treatment services. (see the following excerpt of Gráinne's talk, *Anorexia and Bulimia in the Family*).

The AED World Wide Charter for Action on Eating Disorders, an idea that surfaced in early PCTF discussions and came to fruition through the work of the World Summit Task Force, (which includes PCTF members Jan Cullis, Kitty Westin, Gráinne Smith, Susan Ringwood and Rose Zohs), was launched in the United States at a press conference on Thursday, Sept. 14, 2006, at the U.S. Capitol Grounds. U.S. Congressman Patrick Kennedy and other government representatives spoke at this event which will also featured a talk by PCTF member Kitty Westin and AED President-Elect Kelly Klump. PCTF member Susan Ringwood and PCTF co-chair Judith Banker assisted with the coordination of the event.



From left to right: Eric van Furth, Judith Banker, Susan Paxton, Scott Crow, Kelly Klump, Roger Mysliwicz, Geoffrey Buckett.

Anorexia and Bulimia in the Family

Address given by PCTF member Gráinne Smith, author of Anorexia and Bulimia in the Family, (Wiley, 2004) at the AED World Summit Inaugural Session In Barcelona, June 2006

12 years ago — My daughter came home following a disastrous marriage. She was 21.

10 years ago — I was watching my daughter lose dramatic amounts of weight. I thought she had cancer. My father died of cancer and he had been emaciated before he died. What else could it be? Then J told me of our GP's diagnosis, "anorexia, with elements of bulimia." Those were, at that time, words on the edge of my vocabulary. In my complete ignorance, I felt initial relief, thinking the diagnosis was perhaps connected with diet and nutrition. Then, she told me our GP said she was at serious risk of a heart attack because her potassium level was so low. When it was suggested that she should be admitted to hospital, J refused all treatment. Which left me, watching J's personality disintegrate as she grew even more emaciated, with no information and no idea what to do to help, in a complete black hole.

9 years ago — My mother had Alzheimer's Disease, my daughter anorexia. I decided to give up my full-time work as a primary head teacher, and writing and developing teacher training workshops, to concentrate on writing, always one of my dreams.

7 years ago — 1999 was a living nightmare. J's aggression, hostility and rejection of any and all attempts to help in any way, spectacular rages over trivia such as the curtains not drawn to her satisfaction or being given the wrong mug were frequent occurrences.

Christmas 1999 was the worst ever for our family. Just after Christmas, we had another major row about J showing no respect for others in our family, about leaving nothing edible for breakfast. And again J threatened suicide. December 30 was the longest night of my life as I waited, hoping for her return.

Then, with the turn of the millennium, after much talking, came a major turning point. Instead of fighting all those around her, J decided to focus her willpower on fighting the compulsive cycle of starvation, bingeing and over-exercising behaviors. For the next two years J saw a specialist dietician once a month.

Today — I have my beloved J back, fully recovered, living with her partner in their own house, working full-time. Today I know my daughter, my family and I are among the very fortunate.

With no information, no support and desperately trying to work out what might help my daughter (also terrified I might be doing all the wrong things and make her worse), it could so easily have been otherwise. I know that in the case of anorexia up to 20 percent of victims die an early death. Others suffer years of torment and relapses, along with their families who have a ringside seat just as I had.

The AED World Wide Charter for Action on Eating Disorders, which I encourage all countries to adopt and adapt, will give hope to millions across the world.

No community can afford to lose these young people, their gifts, abilities and talents, nor those of their families who care for them, often in extremely difficult circumstances.

Patient/Carer Task Force Spotlight: Jan Cullis of the Bronte Foundation in Melbourne



Jan Cullis is the founder and CEO of The Bronte Foundation, Australia's only nonprofit, charitable organization providing programs and services in the eating disorder field. Headquartered in Melbourne, Australia, the Foundation was established to ensure that families, sufferers and those providing treatment have access to specialized assessment, treatment, training, education and support.

The mission of the Bronte Foundation is to walk the fine line between professionalism and humanity in its commitment to provide equal access to dignified, effective treatment that responds to worldwide best practice and research; improve community understanding around the nature of eating disorders; provide specialist training for professionals; and advocacy for all.

Jan's passion and commitment to create change in the way eating disorders are understood and treated stems from the trauma of being told by doctors to let her daughter Bronte die. Her refusal to capitulate to the illness and accept the recommendations of her doctors led her to a worldwide search for answers and five years of overseas treatment. Ten years later, Bronte is patron of the foundation, a best selling author, interior designer, successful artist and amazing human being.

Jan holds a masters in educational research and organizational leadership from Melbourne's Monash University, where she is an honorary lecturer in psychology.

Her careers both in education and advocacy have seen her nominated for Teacher of the Year and Australian of the Year yet she sees her greatest achievement as galvanizing the community around the need to put an end to the deadly illnesses of anorexia and bulimia. Her passion for teaching is now being played out in the community, providing insight into the intense, unrelenting, tortured world of the eating disorder experience and a roadmap for hope and recovery.

Author of *A Journey Shared*, Jan has also worked alongside Australia's Ray Martin to produce a series of three one-hour documentaries aired nationally in both Australia and New Zealand.

AED Special Interest Group (SIG) News

*Katharine L. Loeb, PhD & Tom Hildebrandt, PsyD
SIG Oversight Committee Co-Chairs*

ICED 2006 SIG Highlights

Barcelona, Spain, host of the 2006 International Conference on Eating Disorders, was the most exciting venue to date for the AED Special Interest Groups. The majority of our 22 active SIGs held annual meetings at the conference, and collectively attracted over 50 new SIG members during the course of the event.

We had six SIG well-attended panel discussions presenting cutting-edge information on special topics including international perspectives on prevention research (Prevention SIG), using new technology in treatment of eating disorders (IT SIG), evaluation of cardiac problems in anorexia nervosa (Medical Care SIG), diagnosis and treatment of eating disorders among men (Males SIG), use of the therapeutic relationship in treating interpersonal issues (Psychodynamic Psychotherapy SIG), and new directions in neuroimaging of individuals with anorexia nervosa (Neuroimaging SIG). The Child and Adolescent SIG sponsored a workshop on assessment and treatment during family therapy with children and adolescents diagnosed with anorexia nervosa. The Psychodynamic Psychotherapy SIG sponsored a workshop on combining cognitive behavioral and psychodynamic approaches to therapy and a paper describing survey results of what therapeutic approaches eating disorder therapists were executing in practice. SIGs were also represented in the paper presentations (see below).

Many exciting initiatives will stem from the meeting discussions as our SIGs continue to grow in number, size and special interest efforts. The enthusiastic response from the conference attendees to the SIG-sponsored workshops, papers, panel discussions, and invited speakers ensures even more SIG involvement in future AED training and educational events. Plans are already underway for SIG-sponsored activities at the 2007 ICED in Baltimore, Md., May 2-5. We look forward to a similar showing in Baltimore as our SIGs

play an integral role in bringing the cutting edge of research and practice to AED members.

Other SIG News

Diann Ackard, PhD, FAED, and Timothy Brewerton, MD, FAED, have submitted a proposal for the formation of a new AED SIG, Trauma and Eating Disorders. The proposed missions of the Trauma and Eating Disorders SIG are to a) establish a forum for communication for AED members doing work in the fields of trauma and eating disorders; b) disseminate in a timely manner research results and clinical experiences related to trauma and eating disorders; and c) provide opportunities for research collaboration and clinical consultation among AED members. The first meeting of this new SIG would take place at the 2007 ICED, where interested SIG members would inform the development of an organizational structure and an acceptable description of the SIG purpose. The next step required in formalizing this SIG is to compile a roster of interested AED members. If you would like to join the proposed Trauma SIG, please contact Diann Ackard directly at diann_ackard@mindspring.com.

Members of the Child and Adolescent SIG created a database of child and adolescent measurement tools in an effort to facilitate communication and consistency in the assessment of child and adolescent disorders. Individuals looking for a measurement tool for research or clinical purposes can use this database to locate measures currently in use along with a summary of their psychometric properties and availability. This database will be posted on the AED Web site at the following link: <http://aedweb.org/sigs/child.cfm>. Individuals are encouraged to e-mail additions, corrections or ideas regarding the database to Nancy Zucker at zucke001@mc.duke.edu for bi-weekly updates to the database. In this manner, the data can be kept accurate and up-to-date. So far, only a fraction of available measures have been added to give individuals an idea of the layout and format of the database. In the long term, the plan is to enable members of AED to directly add or correct items. If you have questions or comments, contact Nancy Zucker (zucke001@mc.duke.edu).

Mark Warren, MD, will assume a co-chair role for the Males SIG and Tom Hildebrandt, PsyD, will rotate in as the new chair. The leadership of Dr. Warren was invaluable in his role as chair, spearheading this year's panel discussion on diagnosis and treatment of men with

continued on page 10

AED Special Interest Group (SIG) News continued

eating disorders. His commitment has helped to revive a very important area of interest to AED members and the public at large. Dr. Hildebrandt looks to continue in this tradition in the future with Dr. Warren and Rita Debate, PhD, continuing as co-chairs of the Males SIG.

The Psychodynamic Psychotherapy SIG (PPSIG) welcomes Laura Weisberg, PhD, as she steps in as an additional PPSIG co-chair. As the SIG branches out in its scope of educational activities, Laura will assist with coordinating SIG-sponsored conference events as well as coordinating preliminary plans for a PPSIG-sponsored full teaching day slated for 2007.

Future Meetings: The PPSIG will hold a meeting during the 2007 London Conference on Eating Disorders in March in addition to the annual SIG meeting to take place at the AED 2007 Baltimore ICED. ICED 2006: The PPSIG was extremely pleased with its turnout and enthusiastic response at its sponsored events in Barcelona. More than 100 delegates attended the PPSIG discussion panel addressing the importance of the therapeutic relationship in eating disorder treatment. The PPSIG-sponsored workshop provoked lively discussion, in particular on gender related countertransference issues and ways to manage countertransference both for the individual psychotherapist and within larger treatment teams. The PPSIG Annual Meeting educational session highlighted an interactive panel discussion on the psychological issues that underlie eating disorders. PPSIG Co-chair David Tobin presented a PPSIG-sponsored paper, "I Know What You Did Last Summer and It Wasn't CBT: A Survey of Therapeutic Strategies Used by Eating Disorders Clinicians." The results of this survey indicate that clinicians across theoretical approaches tend to adapt behavioral and dynamic treatments, rather than strictly following manuals, in their work with people with eating disorders. The PPSIG thanks all of our presenters (Howard Steiger, Bob Palmer, Patricia Fallon, Charles Portney, Hubert Lacey, Doug Bunnell, Susan Willard and Hubert Lacey) for their outstanding contributions.



*Psychodynamic Psychotherapy SIG discussion panel members listening intently.
From left to right: Patricia Fallon, Charles Portney, Howard Steiger and Bob Palmer.*

Special SIG Report: IV Hispano Latino American Conference on Eating Disorders

Eva Trujillo, MD, FAED

In the Vol. 14, No. 1, edition of the *Forum*, I read the "Top 20 Reasons to Attend the ICED in Barcelona." With great pleasure, I can say that our expectations were met in every aspect. One day before this conference, on June 6, the HLA SIG of the Academy, under the direction of Fernando Fernández-Aranda, organized the IV Hispano Latino American Conference on Eating Disorders with the support of the University Hospital of Bellvitge and the Instituto de Salud Carlos III. Barcelona is a marvelous city and the results were amazing. The main theme for the HLA SIG conference was "Eating Disorders and Comorbid Disorders: A Multicultural Reality." With the participation of 180 attendees from 12 different Spanish-speaking countries, the conference was a complete success.

With a truly superb program supported by renowned international speakers, most of them Academy members (including Cindy Bulik, Mimi Israël, Luis Rojo, Fernando Fernández-Aranda, Ovidio Bermúdez, Armando Barriguete, Paulo Machado, Teresa Rivera, Adela Spalter, Juanita Gempeler and Andrea Pinheiro); the conference covered interesting themes: "Risk Factors," "Clinical Aspects and Psychopathology," "Environmental, Genetic and Personality factors," "Biological and Biochemical Factors," "ED and Comorbid disorders," "Diabetes and ED" and "ED in Different Hispanic Countries." In

addition, a very distinguished group of Spanish speakers including J. Vallejo Ruiloba, Marina Díaz, Rosa M. Raich, L. Sánchez Planell and X. Estivill Palleja presented.

A special meeting was held during the conference, led by Dr. Andrea Pinheiro and Dr. Cindy Bulik, to continue working on the Hispano Latino American Eating Disorders Genetics Initiative. As a closing activity, three awards were granted to the best of the 58 scientific posters presented. Fernando Fernández-Aranda made the closing remarks for all the attendees. The organization and hospitality of the president of the HLA SIG and his team were remarkable.

Special Thanks

Thank you to Judy Banker, who, before rotating off as SOC co-chair, codified her knowledge base in two invaluable manuals for SIG and SOC chairs, respectively. The SIG Chair Manual provides step-by-step instructions for leading a SIG and makes a complicated set of opportunities and responsibilities seem easy. Join a SIG

AED members are welcome to join any number of the now 22 special interest groups the Academy has to offer. Our SIGs provide unique settings that foster professional networking, education and collaboration with colleagues from around the globe in areas of mutual interest. The AED SIGS are growing rapidly. Become part of this vital and enriching professional opportunity within the AED. For a current listing of AED SIGs and further membership information, click on the link to the SIG section on www.aedweb.org

Sister Organisation Spotlight: Australian and New Zealand Academy for Eating Disorders (ANZAED)

Susan Paxton

President, Australian and New Zealand
Academy for Eating Disorders

ANZAED is delighted to have established a sister relationship with the Academy for Eating Disorders. ANZAED is a multidisciplinary organization that aims to support the activities of professionals working in the eating disorder field in Australia and New Zealand within a collegial culture. In doing so, we hope to improve prevention, early intervention, treatment and research into eating disorders in our countries. Our sister relationship with AED is recognition of mutually shared goals and cooperation but also of the fact that we believe that our combined voice will frequently strengthen the contributions that we can make.

One of the numerous benefits of a sister relationship with AED is a greater sharing of information about the activities of ANZAED in the "Sister Organization Spotlight" of the *Forum*. We look forward to providing a reciprocal opportunity for AED on our discussion board and Web site.

In this first Spotlight, I am very happy to be able to inform AED members about our upcoming conference and welcome AED members from around the world. Our conference and training day, titled "Embracing Diversity in the Treatment of Eating Disorders", will be held in Adelaide, Australia, Oct. 19–21, 2006. We are very fortunate that Ulrike Schmidt and David Epston will be giving workshops and keynote addresses related to their treatment approaches. ANZAED is also excited to be sponsoring workshops by Rachel Bryant-Waugh in Townsville and Sydney in August.

We look forward to a warm, cooperative and constructive relationship with AED in the future. You can learn more about our activities and our sister relationship with AED from our Web site, www.anzaed.org.au.



AUSTRALIA & NEW ZEALAND ACADEMY FOR

EATING DISORDERS

Fellows in Profile

Beth Hartman McGilley, PhD, FAED

I have been a member of the Academy for Eating Disorders since its inception, growing up as a professional at the same time as AED developed and distinguished itself as the premier international eating disorder organization. Serving on the managed care, membership, public affairs and teaching day committees has availed me of extraordinary opportunities to collaborate with the field's finest researchers and clinicians, and to productively direct my passion for impacting the lives of those with eating disorders. Access to cutting-edge research and practice issues through the *IJED*, AED conferences, and the invaluable AED listserv are resources that vitally inform my therapeutic perspective, and decrease the isolation and burdensome responsibilities inherent in private practice. While achieving fellowship status in the AED was a defining career accomplishment, I remain defiant in my inclination to approach my work with a beginner's mind. Accordingly, and in honor of those students in training newly joining the AED ranks, I offer the following story about my humbling and tumultuous beginning as a therapist treating eating disorders.

For those who know me well, it will come as no surprise that as life's woes and wahoos go, I'm as inclined to borrow from Winnie the Pooh as I am the Dali Lama. Indeed, much of what we need to know we *should* have learned in kindergarten and a sprinkling of existentialism here and pragmatism there goes a long way toward preparing us for the much-overrated status that is adulthood. When it comes to clinical training, and learning to successfully negotiate the perilous and wondrous terrain of eating disorder treatment, most of what we need to know we barely learn in "gradual" school. Some born, some trained, all clinicians still must learn certain

lessons that I believe only our patients can teach us. There is good reason we call it "practicing" psychotherapy — throughout our careers, we are ever approximating all there is to know in this mysterious healing collaboration. As Eeyore stubbornly puts it: "We can't all, and some of us don't. That's all there is to it." For those of us intent upon trying, I offer the best of what I learned first as a therapist in training nearly 25 years ago.

In 1982, during my first semester of clinical psychology graduate school, I saw my first client with an eating disorder. At 22 years old, I was only three years older than her, two years into my own unattended recovery from anorexia nervosa, and my clinical supervisor had limited experience treating eating disorders. The client had spent the better part of high school hospitalized at a renowned psychiatric facility distinguished by its seasoned clinicians. Her father was a prominent physician, her mother was a raging alcoholic and her brother had abused her since childhood. She was purging upwards of 10 times daily and she engaged in numerous other self-destructive behaviors. Not exactly the ideal case for a therapist on training wheels. Needless to say, I had formidable clinical predecessors to follow, a profoundly chaotic family system to negotiate and a daunting therapeutic challenge ahead. Like the caveats offered in cavern jumping truck commercials to "not try this at home," I am not advocating for or dismissing the sometimes compromised circumstances in which this case unfolded. We have indeed made gigantic strides since then in terms of ED treatment resources and practices, as well as training opportunities for new clinicians.

The terrible beauty in being a clinician in training is that it's understood upfront that we're still "learning into the answers." If we're lucky, we'll find that patient who'll tolerate the videotapes, the canned jargon and the

continued on page 12

Fellows in Profile
continued

self-conscious hand placements common to newbies until we settle into our more natural healing style and rhythm. My first client was munificent, if not forgiving, as I worked to keep up with all she had to teach me. When, as Pooh says, you are a “Bear of Very Little Brain [which I was], and you Think of Things [which I did, obsessively], you find sometimes that a Thing which seemed very Thingish inside you is quite different when it gets out into the open and has other people looking at it.” Over the next four years we opened up many things — hers and mine, in the service of her recovery. Negotiating countless obstacles, relapses and disappointments, we borrowed from the Buddhist principal that pain is inevitable but suffering is optional. Prescient of CBT techniques yet to fully evolve, she kept a meticulous journal which proved as much a teaching resource for me as a therapeutic tool for her. Eventually, we mastered the therapeutic dance, sharing and exchanging roles as leader and follower, student and teacher, equally determined to eradicate the disease that had consumed both of our undergraduate years. With my supervisor’s blessing, I did disclose my own recovery, launching me very early into the nebulous but inescapable therapeutic terrain of truth telling and self-disclosure. Since I have written and lectured extensively on this topic, I will not further elaborate except to say that it proved hopeful to her at a time when little was otherwise written or understood about ED recovery.

In 1986, we both graduated from our respective programs and completed the variously cherished, tormented, enlightening, disillusioning and ultimately transformative work we had accomplished together. Last I heard from her, she was well into recovery, engaged and pursuing an advanced degree. Luck, affection, astute supervision, determination and a healthy dose of humility sweetly conspired to see me effectively through the care of this patient. I suspect I am not alone in looking back on my first cases and wondering how my supervisors slept at night, how I managed to not get fired, and how I dared to keep showing up despite my virtual terror at what (or who.) might emerge in my next therapy session. Mercifully, my first client was a gifted teacher and a hungry soul, and the precious lessons I learned with and from her have long since informed my work as a therapist and supervisor. One of the most vital of these lessons involves

the issue of not knowing — being stumped or over your head or heart with whatever the treatment situation demands. I’ve learned that what we lack in skills or therapeutic acumen at any one point in treatment is best approached, at least initially, with unabashed, unadulterated, authentic presence. Although in matters such as developing self-esteem and combating fears, we teach our patients to “fake it till they make it,” when it comes to being their therapist, anything short of our real Velveteen Rabbit self won’t do. With clients whose healing so essentially require “getting real,” we can’t afford to lack in our ways of being genuine, even if that means admitting fault, exposing our vulnerability, or being uncertain. In the case of my first client, who also taught me the term “god fix” in reference to her father, admitting my concerns and confusion empowered her to join me in seeking solutions, effectively consolidating her confidence in her competence and decision-making skills.

As I tell those I supervise, even after nearly 25 years of practice and my own recovery to source my work, rare is the week in which I am not stymied, stuck or simply witless in relationship to a client. Our work with eating disorders is frequently fraught with complications, and unlike treatment of most other psychiatric illnesses, we are responsible for monitoring the medical, psychiatric, nutritional as well as the emotional, relational, physical and spiritual aspects of the patient’s well being. Managing the multidimensional symptoms and manifestations of eating disorders reminds me oddly of the horrendous challenge I faced learning to interpret EKGs, a graphic representation of the electrophysiology of the heart. To properly monitor the physiological status of the heart, one has to finely assess patterns of electrical stimulation by determining the rate and origin of the pulse, recorded simultaneously from numerous

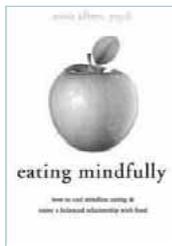
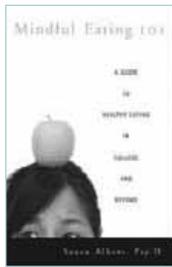
leads, each providing different windows into the same process.

As clinicians (vs. cardiologists) tasked with monitoring all else that our client’s beating hearts attempt to manage, aspire to or recover from, the “EKG interpretation” ironically requires the distillation of reactions in our own hearts and minds. Trained, over time, to recognize and respond to the nuances and fluctuations in our client’s lives, we learn to discern which leads to follow and which stressors signal disruptions in their recovery. We teach them to be their own telemeters — to keep records of their activities to look for clues to symptom triggers, to stay judiciously present to their lives and to keep a true finger poised on its pulse. Whereas an EKG can provide a black and white representation of the corporal heart, the art of psychotherapy attempts to canvas the vibrant workings of the feeling heart. When healing happens, something transcendent or synergistic occurs within and between the client and therapist that science still can’t calibrate. Beyond all the fundamental and vital therapeutic tools and best practices we now routinely and successfully use in eating disorder treatment, there is something that blessedly defies objective quantification. Kay Redfield Jamison said, “The gap between what we know and what we do is lethal.” Beyond words, in that place of shared, unspoken knowing good therapy invites, a true, loving presence fills in the gap that techniques, language and/or medication simply can’t reach. Call me nostalgic or sentimental, but over half my life practicing therapy gives me reason to believe my first client was right about this, too. Therapy, like “poetry and hums,” as Pooh would say, “aren’t things which you get, they’re things which get you. And all you can do is to go where they can find you.” Start in the heart.



AED Member News

Susan Albers would like to announce her new book for college students. "Mindful Eating 101: A Guide to Healthy Eating in College & Beyond." (Routledge, 2006) helps students navigate the weight obsessed, diet-crazed, high pressured, fast-food-saturated college environment. The mindful eating tips provide the groundwork for a healthier life well beyond college. Susan has also published "Eating Mindfully: How to End Mindless Eating and Develop a Balanced Relationship with Food." See further www.amazon.com and www.eatingmindfully.com



Message from Vicki Berkus: With humor, plain talk, practical wisdom and many examples from years of practice, the path to mental fitness is offered in her new book "10 Commitments to Mental Fitness" available from www.amazon.com

Jennifer A. Boisvert was the recent recipient of the **Psychology Association of Alberta (PAA)** (Canada) **2006 Dissertation Award** for her doctoral research on eating disorder symptomatology in women. It is the second time she has received an award from her provincial psychological association, having been the recipient of the 2003 Master's Award for her research on eating disorders in women.

Melissa Kalarchian, assistant professor of psychiatry and psychology at the University of Pittsburgh Medical Center, has joined the Editorial Board of **Bariatric Nursing and Surgical Patient Care**. This journal provides cutting-edge research, clinical protocols, and practical tools to provide optimal care for seriously obese patients. Dr. Kalarchian would like to encourage AED members to consider submitting original papers, clinical reviews, profiles of successful bariatric surgical programs and case reports.

Aimee Liu, author of the 1979 anorexia memoir, "Solitaire," has focused on the subject of recovery in her forthcoming book "Gaining: The Truth About Life After Eating Disorders" (Warner Books, February, 2007). "Gaining" includes Aimee's story of recovery and

relapse, as well as interviews with more than 30 other women and men, and insights from leading eating disorder researchers.

Ciarán Newell, consultant nurse eating disorders services, from Poole in Dorset, UK, has won an Individual National Health Service Award for Innovation. This award for excellence was given to Ciarán for his work in the development and leadership of eating disorders services over the last 12 years, "in recognition of his outstanding work in improving health services in the area and showing exceptional commitment and dedication to the NHS and its patients".

Update from ANAD

Eating Disorders Ignored

Since Nancy Reagan announced her initiative — "Say No to Drugs" — we have looked to our schools to provide effective educational programs to address various social problems. As we focused on the "Say No to Drugs" campaigns, many young people, particularly girls, were saying no to food — some starving to the point of death. In a study conducted by ANAD, the National Association of Anorexia Nervosa and Associated Disorders, schools are spending twice as much time on alcohol and drug prevention education as on eating disorders — 13 hours per school year on substance abuse vs. 6.2 hours per year on eating disorders prevention.

In this same study, students from eight middle schools, and 10 high schools in 15 states were queried about their use of drugs, alcohol and food. Data from the survey showed that 9.8 percent of the young women used alcohol followed by drugs at 8 percent. Those with symptoms associated with eating disorders closely followed drug use at 7.8 percent. Yet, educational and prevention programs across the nation are woefully inadequate or nonexistent.

In order to address this crisis, ANAD assembled a team of eating disorders professionals to develop an educational and intervention program for the middle and high schools. "ANAD School Guidelines" is designed to help teachers, nurses, coaches and counselors to identify and assist students who may be at risk of developing an eating disorder and for those who are already ill.

The "ANAD School Guidelines" package also includes a comprehensive PowerPoint presentation developed by Steven Prinz, MD, med-

ical director of Linden Oaks Hospital Eating Disorders Program in Naperville, Ill., USA. It is designed for in-services or professional development seminars and workshops. The entire **ANAD School Guidelines** package is offered at **no charge** to school districts.

Joseph T. Scolire, former school superintendent, strongly supports eating disorders education in the schools. "I believe it is incumbent on all school administrators to utilize the superior resources available through ANAD," Scolire said. "With the increasing number of Americans with eating disorders, it is apparent that educators have a strong responsibility to educate our citizens about more healthful eating habits."

Since the release of "ANAD School Guidelines," 4,000 packages have been distributed to school districts throughout the nation. It is ANAD's objective to have the guidelines in every school district in the United States.

Annie Hayashi
Director, Communications
ANAD
National Association of Anorexia Nervosa
& Associated Disorders
847/924-1492 (office)
847/682-9619 (mobile)
anadadvocacy@aol.com

Book Review Corner

Renee Hoste

Healthy Body Image: Teaching Kids to Eat and Love Their Bodies Too

By Kathy J. Kater

Rising rates of overweight among young children have led schools to join the "war on obesity," at times with programs of questionable efficacy and even programs with questionable impact on the well-being of overweight children (e.g., BMI report cards, school lunch labeling). At the same time, programs targeting the prevention of eating disorders continue to be developed and implemented in schools. The combination of programs preventing eating disorders and programs encouraging children to lose weight can lead to confusing and contradictory messages. Kathy Kater emphasizes that the revised edition of *Healthy Body Image* aims to avoid giving children conflicting messages by targeting "the seedbed within which the full spectrum

continued on page 14

Book Review continued

of body image, eating, nutrition, fitness, and weight problems take root and grow", including risk factors that promote body dissatisfaction, unhealthy eating/weight control choices, and lack of physical activity.

Healthy Body Image is a curriculum written for teachers and designed to be delivered to fourth- through sixth-grade girls and boys. The 10 lessons included in the curriculum can be divided into four different groups, or "building blocks for healthy body image." The first building block is designed to teach students to understand and resist objectification of their bodies. This includes helping students to develop a sense of identity based on qualities other than physical appearance, educating them about the impact of mass media and advertising strategies and encouraging them to think critically about media messages regarding physical appearance, and providing students with a historical perspective on changes in body image ideals over time.

The second building block - teaching students the biological principals of size diversity - includes educating students about the normal changes they can expect to experience during puberty, emphasizing that there is a range of normal body sizes and shapes and helping students to develop a respect and appreciation for this genetic diversity, and understanding how each person's internal weight regulatory system limits the degree to which someone has control over his or her body shape and weight.

Teaching children the facts about dieting for weight loss constitutes the third building block, which educates students about the predictable negative consequences of dieting for weight loss. Finally, the fourth building block is designed to teach children of every size to

value health by encouraging them to eat in a healthy way and make physical activity a priority. It emphasizes that any attempt to eat well and exercise will not be successful if the student's only motivation is to lose weight, and explains why a healthy lifestyle is important for everyone, regardless of shape or size. In addition, students are encouraged to identify role models who they admire for reasons other than physical appearance.

Throughout the book, the author emphasizes several valuable messages, including: 1) weight is not a behavior and as such cannot be controlled, 2) it is impossible to form conclusions about a person's eating habits or physical activity based simply on his or her weight, because health is not dependent on size, 3) eating well and exercising have many physical, emotional and mental benefits and should not be undertaken for the sole purpose of changing body weight or shape, 4) if people eat well and get enough physical activity, they can trust their bodies to settle at a weight and shape that is right for them, and 5) dieting does not work, period.

Each of the 10 lessons includes lesson objectives, background information on the topic, information on lesson preparation and materials, a suggested lesson script for the teacher, an activity for the students, and handouts and overheads. The student activities are wonderful and communicate the main theme of the lesson in an entertaining and age-appropriate way. Several of the more experiential activities, such as the activity designed to help students understand how metabolism works and how it limits the control one has over his or her weight, are particularly creative and extremely informative. *Healthy Body Image* also includes a "Background for Educators" section explaining the logic behind the curriculum, as well as an appendix including information on ways to incorporate a "whole-

school approach" to the curriculum rather than limiting it to specific classrooms, a list of recommended readings for educators, parents and students, a reference list, and perforated copies of handouts and overheads that can be removed from the book for photocopying. The appendix also includes "Home Education Slips" for the students' parent or guardian to sign, thus encouraging parental participation as students progress through the *Healthy Body Image* curriculum. In addition, Kathy Kater has written a book for parents entitled *Real Kids Come in All Sizes: Ten Essential Lessons to Build Your Child's Body Esteem* (reviewed in a previous edition of the Forum) which is intended to guide parents in reinforcing the lessons their children learn in the *Healthy Body Image* curriculum.

Overall, *Healthy Body Image* is a well-written, easy-to-understand curriculum based on sound research, by an author with 27 years of experience in the treatment of body image, eating, and weight problems. Furthermore, two studies of the *Healthy Body Image* curriculum in elementary schools have found promising results. One study of 415 boys and girls between the ages of 9 and 13 found that, in comparison to a control group, boys and girls who participated in the *Healthy Body Image* curriculum showed significant improvements in knowledge about the influence of biological factors on size and shape, media awareness, body size prejudice, and lifestyle behaviors, and girls showed significant improvements in self-image. I would highly recommend this book to any elementary school teacher, and eagerly anticipate further outcome studies of this promising and much-needed approach.

Classified Ads

Staff positions:

Unity Health System's Eating Disorder Partial Hospitalization Program (PHP) is recruiting candidates for a full-time therapist position. Candidates need to have at least a master's degree, preferably in social work, psychology, or psychiatric mental health nursing. Also two years of experience working with eating disordered patients and families is preferred. The PHP therapist provides individual, group and family therapy and works within a multidisciplinary team. The program is based on an integration of cognitive-behavioral, motivational and relational therapy approaches. For further information please contact Mary Tantillo PhD RN CS, director of the program, at 585-368-6550 x8590 or tantillo@rochester.rr.com

Upcoming Conferences

Eating Disorders 2007, the 8th London International Eating Disorders Conference will take place March 29-31, 2007, at Imperial College, London, UK. The event will include topical issues and research findings presented by leaders in the field and combines plenary and concurrent sessions as well as short papers, training tracks, posters and debates. For further details contact +44(0) 207 501 6760 or e-mail ed2007@markallengroup.com. Alternatively to reserve a place, call the booking hotline on +44(0) 1722 716007.
www.mahealthcareevents.co.uk.

Editor's note:

E-mail details of conferences you would like to see included in this list to rachel.bryant-waugh@ntlworld.com. Thank you.

Essential Knowledge for Busy Clinicians

AED proudly presents its Annual Review of Eating Disorders library, a collection of state-of-the art clinical and research references featuring reviews by the world's leading experts on a variety of topics related to eating disorders.

Part 1, 2006 – Almost sold out!

Part 2, 2006 – Available for the special members-only price of \$25

Part 1, 2007 – Coming soon! Available to members for just \$38.50 – more than 20% off the list price.

To order, contact AED headquarters at info@istss.org or visit www.aedweb.org

Academy for Eating Disorders

60 Revere Dr., Suite 500
Northbrook, IL 60062 USA
www.aedweb.org

The AED Forum

Send all suggestions for articles, job opportunities, information regarding upcoming events or meetings, letters to the editor, awards, honors, or news about Academy members, (e.g., published books) and all other items of interest to:

Rachel Bryant-Waugh, PhD

Department of Child and Adolescent
Mental Health
Great Ormond St Hospital
London WC1N 3JH
UK

Phone +44 20 7829 8679

Fax +44 20 7813 8411

Email: rachel.bryant-waugh@ntlworld.com

Submission deadline:

Dec. 1, 2006

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