

Message from the President

James E. Mitchell, M.D.



On October 19, Mike Hatch, the Attorney General for the State of Minnesota, filed a civil suit in District Court against Blue Cross and Blue Shield of Minnesota (BCBSM). The suit alleges that the defendant BCBSM “denies medically necessary mental health treatment”. Additionally, defendant BCBSM “denies medically necessary eating disorders treatment... it also denies medically necessary chemical dependency treatment”. The suit contends that the defendant “has engaged in a pattern and practice of misconduct”. The suit then goes into considerable detail outlining the contention that BCBSM has shifted costs to taxpayers and/or families and has used standards and criteria for denials that have been hidden from subscribers, placing subscribers at a disadvantage in the appeal process.

A few individual cases are discussed in this suit. One is that of a 21-year-old woman who had anorexia nervosa and tragically eventually committed suicide. The suit carefully documents an ongoing pattern of delays in responding to pre-authorization requests and an ongoing pattern of denial of coverage for various interventions. It is, of course, difficult to know what will happen to this suit and as we all know the legal process may take months to years to

Continued on page 6**Message from the Editor**

Lisa Lilienfeld, Ph.D.

I'll begin by wishing all Academy members a very happy and healthy new year. I am still adjusting to the relatively mild January temperatures here in Atlanta after living for eight years in the (slightly) colder climates of Minneapolis and Pittsburgh...

The end of next month marks the national annual Eating Disorders Awareness Week. This is an opportunity to share the message of the Academy with the general public. We have a lot going on here in Atlanta, the highlight of which is a gala entitled, “Beyond the Looking Glass”, hosted by Jane Fonda. We have an exciting black-tie evening planned, which will involve lots of great food, live music, as well as a live and silent auction to benefit the Atlanta Anti-Eating Disorders League. Jane Fonda is not only our featured guest, but also our auctioneer. Let me give you an idea of just a few of the unique items she will be auctioning: a ski home package in Colorado, a beach house package on the Georgia Coast, and a Los Angeles package including walk-on parts on popular NBC sitcoms. It should be an exciting evening where Jane will help raise money for a group of eating disorders professionals doing a lot of very important outreach work here in Atlanta. I would love to hear from Academy members about other Eating Disorders Awareness Week activities where you live to include in the Spring newsletter.

Two columns in the current newsletter highlight the dire need for Academy members to get out there and start spreading the word about lack of adequate, available treatment for many of those suffering with eating disorders. Both Jim Mitchell in the President's column, as well as Pat Santucci in her report on a recent Congressional Briefing, summarize recent events that highlight the need for us to become proactively involved in order to change the sorry state of affairs for many who are currently in desperate need of treatment. I encourage you to read and consider

their call to action. As members of this Academy, we are in a uniquely privileged position to do so.

I would like to thank our other contributors to the current newsletter. Michael Devlin and Amy Baker Dennis are co-chairs of the Education & Training Council of the Academy. I encourage you to read their news of exciting new workshops being planned for the near future. Debra Franko has reviewed another recently published book by one of our Academy members. I expect that many of us who do clinical work will find this book to be a real asset when the next parent asks us for a written resource to aid them in best helping their child. Next, I want to congratulate Fary Cachelin, who was chosen as our “Junior Researcher Stand-Out” this issue, based upon her outstanding presentation at the International Conference on Eating Disorders in New York last May. Her research on treatment seeking among women of different ethnic backgrounds is important work in a relatively new field of study. Finally, congratulations goes out to David Herzog, who recently received the Year 2000 Outstanding Psychiatrist Award for Research from the Massachusetts Psychiatric Society.

As always, I look forward to hearing your comments and suggestions about our newsletter.

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Congressional Briefing: "Fighting for Treatment, Fighting for Life"

Pat Santucci, M.D.

News from the Government Affairs Committee

"Fighting for Treatment, Fighting for Life" was the title of a Congressional Briefing held in Washington, DC on September 13, 2000. Jeanine Cogan, PhD, who serves as a consultant for the Eating Disorder Coalition for Research, Policy and Action, organized the meeting, which was sponsored by Representative Louise Slaughter (D-NY) and Senator Harry Reid (D-NV). Members of the Coalition sent representatives resulting in a successful collaborative effort. In addition to eliciting awareness and interest in our mission and activities, the crisis of access to care was highlighted. A full day of activities on the Hill preceded the afternoon briefing.

Jeanine and Pat Santucci met with Jonelle Rowe, M.D. (Advisor for Girls and Adolescent Women's Health, Department of Health & Human Services). It was gratifying to see the sincere efforts made by the Office on Women's Health to address eating disorders. The modified and expanded BodyWise Eating Disorder Information Packet was reviewed. This revision includes various racial and ethnic information, as well as updated parent and resource materials. The easy to read fact sheets and handbook are geared toward the middle school student. These materials are designed to be copied and distributed. To access this information, contact their web site: www.4woman.gov or contact kmccarty@osophs.dhhs.gov.

A meeting with Bruce Cuthbert, PhD, newly appointed to NIMH, explained the recent restructuring and his role with regard to eating disorders. He will also serve as the superior to Regina Dolan Sewell, appointed by NIMH as "point person" for eating disorders. His initial impression of eating disorders was completely reversed after he learned of the magnitude, co-morbidity and seriousness of the disorder. He also supported our suggestion to have representation on their research review panel.

The highlight of the day was the Congressional Briefing. Access to care is a hot topic

and staffers were interested in learning. There were about 50 individuals who attended, with the majority of these being from congressional offices, both House and Senate. This was an extremely good turnout with a great deal of interest generated by additional congressional leaders, media and other organizations.

Presentations from Coalition members included: Ruth Striegel-Moore, PhD, representing the Academy for Eating Disorders- "Myths and Facts about Eating Disorders"; David Herzog, MD, representing Harvard Eating Disorders Center- "Not Simply a Passing Phase: The Dangers of Eating Disorders"; Pat Santucci, MD, representing ANAD- "The Bumpy Roads Leading to Access of Care". A parent and a woman still struggling with an eating disorder gave their heart-filled description of the difficulties of the illness and the agonizing issues of attempting to access affordable, adequate care.

There was no question of the impact on the group when coming face to face with individuals who suffer the effects of an eating disorder. Terminology became reality. A stimulating question and answer session followed with final emphasis upon the need for congressional support for full mental health parity. The day was a huge success and served as a great foundation from which we can build further support for our policy issues.

Wearing many hats and blurring of boundaries are typical for many of us. When you are fighting for a common cause, identities and titles become meaningless. It is important to recognize that this is the time to collaborate and utilize all of our resources to lay the road for the challenge ahead.

As an AED member, your help is needed. Many are reluctant to join the government affairs committee. "I'm a researcher, a teacher, a private practitioner. What do I know about politics? I'm not a lawyer. What could I do? Where would I start?" Well, I share your feelings. However, there are many supportive, compassionate individuals outside of our field who can help link us to Washington. As professionals, we need to seek them out and provide them

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Junior Researcher “Stand-Out”

Lisa Lilienfeld, Ph.D.

The following researcher was among those nominated by the paper session moderators at the New York meeting 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 New York conference can be found below.

Fary Cachelin, Ph.D.

Education

1988 B.A., Psychology, Stanford University

1992 M.A., Harvard University

1996 Ph.D., Harvard University

1996-1997 Post-Doctoral Fellow, Wesleyan University

Current Position

Assistant Professor, California State University- Los Angeles



Treatment Seeking for Eating Disorders among Ethnically Diverse Women

¹Fary M. Cachelin, Ph.D., ¹Ramona Rebeck, M.A., ¹Catherine Veisel, M.A., ²Ruth Striegel-Moore, Ph.D. ¹California State University- Los Angeles; ²Wesleyan University, Connecticut

The general belief, until recently, had been that eating disorders afflict only White women, based largely on the fact that clinical samples are disproportionately White. The rate of minority women found in clinics is very low (3% to 5%), even in cities with large minority populations. On the other hand, community studies reveal that eating disorders do exist among minority groups. One possibility is that women with eating disorders from minority groups are not seeking treatment. Or, they may be seeking treatment for their eating disorders, but not actually receiving appropriate diagnosis. The purpose of our study was to compare, amongst an ethnically diverse sample with eating disorders, those individuals who had sought treatment to those who had not, and to explore reasons for, as well as barriers against, treatment

seeking. Additionally, we wanted to investigate whether treatment seekers actually had received treatment for their eating disorders.

Participants were 61 women fulfilling DSM-IV criteria for eating disorders: 33 with Binge Eating Disorder (BED), 17 with Bulimia Nervosa (BN), 5 with Anorexia Nervosa (AN), and 6 with Eating Disorder Not Otherwise Specified (EDNOS). The average age for the group was 30.5 years old. 36% were Hispanic, 20% Black, 13% Asian, and 31% White. The Eating Disorder Examination (Fairburn & Cooper, 1993) was used to determine diagnostic status; ethnic identity was measured with the Multigroup Ethnic Identity Measure (Phinney, 1992), and questions were developed to assess treatment seeking. A number of variables were examined:

- Demographic characteristics including ethnicity, socioeconomic status (SES), age, and marital status. Some research indicates that age and marital status influence treatment seeking for mental health problems. We hypothesized that White women would be more likely than the other groups to have sought treatment.
- Age of onset of disorder, age of onset of first symptom of disordered eating, severity of symptoms, and level of distress. We hypothesized that individuals with earlier onset age and/or more severe symptoms would be more likely to have sought treatment.
- Ethnic identity strength and acculturation. We hypothesized that more acculturated individuals would be more likely to have sought treatment.
- Treatment seeking history and barriers to treatment seeking.
- Insurance coverage during the prior year.

Results indicated that 85% of the sample wanted treatment for an eating problem; 57% had sought treatment, while 43% had never sought treatment. Of those who had sought treatment, only 5 individuals actually had received treatment. In fact, only 8% (5/61) of the sample had received treatment for their eating disorder. There were few differences between treatment seekers

and non-seekers: Treatment seekers reported greater levels of distress regarding their binge eating, and had earlier first experiences with overeating (13 vs. 17 years of age) as well as earlier onset of regular overeating (16 vs. 20 years of age). Treatment seekers reported the following main reasons for seeking treatment: concern with their body weight, followed by feelings of depression and anxiety, being encouraged by friends or family to seek help, feeling physically uncomfortable, and being concerned about health problems. Nonseekers most strongly endorsed the following barriers: lack of finances and insurance, not believing others could help, fear of being labeled, feelings of shame, not being aware of available resources, and fear of discrimination.

Our finding that treatment-seeking subjects had an earlier onset age of the first symptom of disordered eating (i.e., overeating) is consistent with research demonstrating an inverse relationship between age of onset of psychiatric disorder and probability of treatment contact (Kessler et al., 1998). Surprisingly, there were no differences between ethnic groups, and no effect of acculturation; our sample was fairly acculturated, and the White group included women of Armenian origin (and hence was not representative of typical White samples). There were no differences between treatment seekers and nonseekers on the remaining variables, including SES and insurance coverage. Therefore, self-reports of not seeking treatment due to finances and insurance may have been simply opportune answers. Similarly, other researchers (Olsson et al., 1998) have reported that universal health insurance does not promote greater utilization of mental health services.

In conclusion, amongst a sample of ethnically diverse women with eating disorders, over half had made treatment contact, but the large majority had not received treatment. Treatment-seeking subjects had more binge eating-related distress and reported seeking treatment due to weight concern. In fact, a majority (66%) of treatment seekers, in particular those with BED, had been treated for a weight problem. There appears to be a lack of recognition on the part of both health care providers

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Academy Council Update: Education & Training

Michael J. Devlin, M.D. & Amy Baker Dennis, Ph.D., Co-Chairs, Education & Training Council

The Education and Training Council is responsible for overseeing some of the Academy's most important goals: disseminating knowledge about eating disorders to the professional community, providing opportunities for clinicians to increase their skills and learn new treatments, and fostering communication to allow us all to benefit from one another's experience and clinical wisdom. In order to accomplish these tasks, we have developed a program of annual conferences and teaching workshops, and we hope to significantly expand this in the coming year.

Our next conference is the 2001 AED International Conference on Eating Disorders to be held in Vancouver on May 17-19. Under the leadership of Elliot Goldner and Susan Yanovski, the Program Committee has developed an exciting program with sessions on underserved populations, emerging technologies, and state-of-the-art treatments for eating disorders, along with an array of interactive workshops and oral presentation sessions. There will also be a Teaching Workshop on the first afternoon with sessions on motivational enhancement, dialectical behavior therapy, obesity, nutritional management of patients with eating disorders, treatment of the difficult patient, and clinical applications of biological research. Academy Special Interest Groups will be meeting to explore ways in which members with similar interests can work collaboratively and, we hope, contribute to the AED's educational mission. Further information and registration materials will be available both in printed form and on the AED web page. We look forward to a productive meeting and an enjoyable gathering of colleagues in Vancouver. And if you missed any sessions you wished to attend at the 2000 Conference, audiotapes are still available and can be obtained by visiting the AED web page.

In 2002, we will hold the next International Conference on April 25-28 in Boston. Incidentally, as the odd year conferences (such as the 2001 Vancouver meeting) continue to grow, it is becoming apparent that

all of our conferences are international, and should probably be billed as such in the future. In any case, this will be the first year that the even year conference (often referred to as "The New York Conference") has been held outside of New York, and we look forward to breaking new ground in other ways as well. Cindy Bulik, Scott Crow, and the Program Committee have already begun to develop a program which will retain the successful elements of previous conferences while adding new elements to respond to members' needs. As the program is still under development, Scott and Cindy would welcome any suggestions AED members might have regarding the structure or content of the conference.

Another very important contribution is made by the Continuing Education Accreditation Committee which works with the Program Committee and the AED Central Office to apply for accreditation for our conferences for various disciplines including medicine, psychology, social work, family medicine, dietetics, and others. As one might imagine, this is a tremendous task for a multidisciplinary organization such as ours. If our conferences have not been accredited for your discipline, and particularly if you are willing to step up to the plate to help with that effort, please let us know. With members from each discipline helping out, we have been increasingly successful in getting our conferences approved for continuing education credit by a variety of accrediting organizations.

In the coming year, in addition to our usual conferences and conference-associated Teaching Days, we plan to hold Regional Teaching Workshops in the fall. Although plans are still being finalized, the tentative plan is for day-long workshops on "Best Practices in the Treatment of Eating Disorders." We hope to hold these sessions in areas of the country where Annual Conferences have not been held, and to focus on empirically validated treatments for eating disorders, such as cognitive behavioral therapy, interpersonal therapy, and family therapy. Participants will hear a brief overview of each treatment in the morning session, and will then be able to select in-depth training in one treatment approach in the afternoon session. The afternoon session will be clinically focused

and designed to teach participants how to apply the model to the treatment of eating disordered patients. Questions and participant interactions will be encouraged. We are very excited about this new venture and hope it will begin to fulfill our goals in a new and more effective way. Details will follow soon.

As always, the success of our educational ventures will depend upon the contributions of AED members as educators, regional organizers, and participants. If you have ideas about upcoming educational ventures and, in particular, if you would like to help out, please be in touch.



2001 International Conference on Eating Disorders

Make plans now to attend the 2001 International Conference on Eating Disorders, *Eating Disorders in the New Millennium: Extending Our Reach* to be held May 17-19 in Vancouver, Canada.

Health care professionals involved in the treatment of eating disorders are invited to attend so please mark your calendar and invite a colleague. The program is set at an advanced level to meet the following objectives:

1. Provide up-to-date information on empirically validated treatments for eating disorders
2. Inform participants of new developments and technological advances in service provision to underserved populations and communities.
3. Provide up to date information on empirically validated approaches to obesity.
4. Stimulate further thinking and research concerning the prevention of eating disorders
5. Assist practitioners in understanding how to overcome barriers to treatment delivery for patients with eating disorders

Look for your copy of the preliminary program in the mail soon or visit our web page at www.acadeatdis.org for registration information.



Academy Member Honored

Lisa Lilienfeld, Ph.D.

The Academy Member highlighted in the current newsletter is **David Herzog, M.D.** David was recently chosen by the Massachusetts Psychiatric Society (MPS) Awards Committee as the recipient of the Year 2000 Outstanding Psychiatrist Award for Research. This award was presented at the MPS Annual Meeting on April 6, 2000.

David is Professor of Psychiatry and Pediatrics at Harvard Medical School, President and Founder of the Harvard Eating Disorders Center, as well as a Psychiatrist and Pediatrician at Massachusetts General Hospital. He is the Principal Investigator of a National Institute of Mental Health-funded naturalistic longitudinal study mapping the course and outcome of anorexia nervosa and bulimia in two hundred and fifty women.

David has also received several other awards for his work in recent years. In 1999, he received the Eating Disorders Scientific Achievement Award from the American Academy of Child and Adolescent Psychiatry. In 1997, he received the Simon Wile Award from the American Academy of Child and Adolescent Psychiatry for outstanding leadership and contributions in the field of liaison child and adolescent psychiatry. In 1994, he received the Joseph B. Goldberger Award presented by the American Medical Association for contributions to clinical institutions. In 1992, he was the recipient of the Blanche F. Ittleson Award of the American Psychiatric Association for outstanding research contributing to the mental health of children.

A sincere congratulations goes out to David from the Academy. We are proud of your many important contributions throughout your career and this most recent award.

If you would like to see an Academy member highlighted in the AED Newsletter, please send any suggestions to Llilienfeld@gsu.edu.



Upcoming Conferences

National Center on Addiction and Substance Abuse at Columbia University

“Food for Thought: Substance Abuse and Eating Disorders”
January 23, 2001
New York, New York

Visit www.casacolumbia or contact Sara at (212) 841-5215 for more information.



International Congress on Eating Disorders February 15-17, 2001 Rome, Italy

The main focus of the conference will be presentation and discussion of the Final Report of the European Collaborative Longitudinal Observational Study on Eating Disorders (ECLOS-ED). Contact Largo A. Gemelli at: tel. +39-06-30154123; fax +39-06-3016400 or visit www.psiche.net/eating_disorders for more information.



AED International Conference on Eating Disorders May 17-19, 2001 Sheraton Wall Centre Vancouver, British Columbia

Visit www.acadeatdis.org or contact AED@Degnon.org for more information.



XVII World Congress of World Association for Social Psychiatry October 27-31, 2001 Hotel Jaypee Palace Agra, India

An Eating Disorders Symposium is scheduled during this conference. Contact Professor Shridhar Sharma at wasp_congress@vsnl.com or visit www.17thwaspcongress.com for more information.



Academy Elections

Stephen Wonderlich, Ph.D.
Chair, Nominating Committee

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

President Elect

Pat Fallon, PhD, Seattle, WA

Board Members at Large

Ann Kearney-Cooke, PhD, Cincinnati, OH

Susan Willard, LCSW, New Orleans, LA

Nominating Committee

Michael Levine, PhD, Gambier, OH

Pauline S. Powers, MD, Tampa, FL

There will be a membership vote at the Annual Business Meeting, Saturday, May 19 at 12:30pm at the Sheraton Wall Centre, Vancouver, Canada. The meeting will take place during the 2001 International Conference on Eating Disorders. If you would like more information on the meeting please contact the National Office or visit our web site at www.acadeatdis.org.

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



Special Interest Groups

Interested in joining or starting a Special Interest Group (SIG)? There has been time set aside during the 2001 Conference in Vancouver for SIG meetings and your participation is encouraged. Visit our web site at www.acadeatdis.org or contact Eric von Furth at vanfurth@worldonline.nl for further information.



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resolve the issues involved. However, this suit may serve as a model of attempting to address issues of lack of care for eating disorder patients in other states.

Currently, the regulation of the insurance industry, and whether or not certain types of benefits are mandated in various packages, are decided on a state-by-state basis. Several states now have passed parity legislation that requires that patients with psychiatric problems be provided with benefits equal to those provided for patients with medical illnesses. However, there are several problems with much of this legislation.

- Such mandates only apply to publicly offered insurance policies. Companies that “self-insure” (whereby they write their own policy and then contract it out to some other company) do not have to meet state standards for mandated benefits, and this is a growing mechanism by which companies reduce insurance costs. Minnesota, again, is a good example.
- Many of the mandated benefits laws that have been passed do not specifically mention eating disorders. They may discuss “severe persistent” mental illness, and some mention specific diagnoses, but eating disorders are often not mentioned.
- Even if benefits are required, this doesn’t mean that they are easy to access. Simply because something is provided in an insurance policy does not mean that a managed care reviewer will allow a patient or family to use those benefits. They can always claim “lack of medical necessity”.

Those of us who have been in practice for several years can remember the days prior to managed care. Things were far from perfect then. Although it was much easier to access care for our patients, there were many abuses in the system, and many patients with psychiatric disorders, including many with eating disorders, who were hospitalized unnecessarily for extended periods of time. Now, obviously, the oppo-

site is true. The system as it now exists is clearly unethical.

Most of us who are clinicians are not used to thinking proactively in legal terms. However, the time has come for us to encourage our patients and our patients’ families to advocate strongly for their care. This may mean aggressively pursuing their rights to treatment within managed care organizations, or through contact with state insurance commissioners, and, if Minnesota is a model, with the State Attorney General’s Office.



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and clients that women from ethnic minority groups do suffer from eating disorders such as BED. More research and educational intervention are needed if women of ethnic minority groups who suffer from eating disorders are to receive adequate treatment.

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with the data so they may assist us. Even your day-to-day experiences could signal an important policy change. Many of you might not realize that it was only by accident that we discovered that eating disorders were not part of mental health parity. A simple question, “Are eating disorders included?”, led to a national movement. The mental health parity bill may still need your assistance in your state. Check it out. It is your opportunity to get involved.

As a clinician, mobilizing and channeling your patients and their families into effective organizations can empower them and create this important grassroots movement. Being part of the government affairs committee will keep you updated as to the most recent events.

So I encourage you to join the committee. If we want change, we cannot be passive. We need to be heard and have the voices of our patients be heard. Start by letting me know who you are, what you are doing or what we need to do.



We would like to publish information on Academy members so if you have received an award, been promoted, taken a new job, published a book, etc., let us know so that we can include it in the *Newsletter*.
Contact Lisa Lilienfeld at
Llilienfeld@gsu.edu.

*Have you returned
your 2001 Dues Renewal
notice?*

Book Review Corner

Debra L. Franko, Ph.D.

When Your Child has an Eating Disorder: A Step-by-Step Workbook for Parents and Other Caregivers

Abigail H. Natenshon, M.A., L.C.S.W.
(Jossey-Bass Publishers 1999, ISBN 0-7879-4578-1, \$22.00, 278 pages)

Parents often ask for recommended books and over the years several helpful ones have been published. This book should certainly be added to that list and might be included as “required reading” for a parent with a child or adolescent with an eating disorder. The style is engaging and the information is both complete and scientifically based. The author writes with the voice of an experienced clinician who has listened to the concerns of parents and responds throughout the book to their most frequently asked questions.

The book is presented in a “workshop” format that provides an excellent way to take in the information and facilitate applying it to an individual family’s situation. The book covers three areas: information about eating disorders, treatment, and the recovery process. Within each are two or three chapters that contain detailed information as well as exercises and activities. Some exercises help the reader come to a “deeper understanding” of both parent and child, and to apply the material to one’s own situation, set goals, rehearse interventions, and evaluate treatment and recovery. Others encourage the reader to think and write about the topics in a way that will stimulate both self-assessment and self-awareness. Both seem to be useful tools for helping the reader go beyond the material by examining how it might fit to a given family. (They also effectively break up the text and keep the reader involved in the book.)

The first section of the book, “The truth about eating disorders,” sets the stage for helping the parent deal with the child’s eating disorder. Extremely helpful descriptions of eating disorders highlight the complexity of anorexia and bulimia nervosa. In a section entitled “Causes and Triggers,” Natenshon expertly navigates the roles of family, biology, development, and culture

in her discussion of the multifactorial nature of eating disorders. In this section, as throughout the book, she integrates current and methodologically-sound empirical studies to corroborate her narrative. The brief second chapter in this section helps the parent assess whether the child has an eating disorder or is on the way to developing one. Her emphasis on the psychological, as well as the behavioral aspects of disordered eating, guides the parent to look *beyond food* when making this assessment.

The next section, “Taking Action,” focuses on reaching out to both the child and to the community to begin the treatment process. Natenshon gives detailed suggestions for how parents might begin to navigate this important step in recovery, but emphasizes that no one course of action works for every family. She focuses first on the parental role, encouraging parents to identify their own attitudes and misconceptions. Exercises such as “Avoiding parent traps” and “Walking on eggshells: the delicate dance of fear” help a parent understand potential obstacles they may encounter when dealing with a child with an eating disorder. Sections focusing on confronting resistance, active listening, troubleshooting, and hidden agendas prepare parents for what to expect during interactions with their child. Natenshon offers a “sample script for an intervention” that could be very helpful as parents begin to discuss their concerns.

The second chapter in this section, “Understanding treatment options,” systematically reviews what to expect in treatment, how change occurs in therapy, and a wide variety of therapeutic modalities. My one criticism in this section is that the psychodynamic model is described in one brief paragraph and not enough information was given to help a parent understand how and when this approach might be used. The author does a very nice job of explaining cognitive behavioral and family therapy models, and overall I think this chapter provides excellent psychoeducation about the therapeutic process. The sections on medication, day hospital and inpatient treatment are very informative, and offer enough detail to provide parents with a good understanding of the most important treatment issues in eating disorders.

The final chapter in this section, “Reaching out for professional help,” is one of the best in the book. In exquisite detail, the author takes the parent through the process of finding help, knowing and choosing the treatment team, identifying expectations, demands and problems that might arise, and how to deal with health insurers. The last section in this chapter, “evaluating the first session” is useful, but I thought gave too much emphasis (in the overall scheme of treatment) to what occurs during the first encounter. Natenshon writes, “There is much to be gleaned about the potential for treatment success in the first therapy session...In the first session, the patient and possibly her parents...assess whether or not the chemistry is good.” (p. 165). While I agree in principle with these statements, I think an important caveat is that sometimes it will take more than an hour to make this determination and that one should not be too quick to decide that the therapist is not a good match.

The last section, “Understanding the recovery process,” begins with a wonderful sentiment: “The task at hand is not about tidying up a recovery, which is naturally disorderly, but learning instead to navigate through the disarray, making corrective adjustments as one proceeds, confident of one’s capacity to stay afloat” (p. 171). Natenshon confides that this was the most difficult chapter to write, attesting to the ill-defined process of recovery. She begins by addressing very important questions such as “why recover?,” “how recovery happens,” and “how long will recovery take?” Her insightful descriptions of recovery pitfalls and red flags help the parent understand that the process is not always a straightforward one. I also appreciated the time and attention she took to focus on the end of treatment, as well as relapses, during recovery. This section is hopeful and realistic, and balances that tricky stance in an extremely informed and helpful way.

Overall, this is a book with a lot to recommend and one that promises to be a great help to many parents.



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Founded in 1993, the Academy for Eating Disorders is a multidisciplinary professional organization focusing on Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder and related disorders. The mission of the Academy is to promote excellence in research, treatment and prevention of eating disorders. The AED brings together an international membership designed to:

Promote the effective treatment and care of patients with eating disorders.

Develop and **advance** initiatives for the primary and secondary prevention of eating disorders.

Provide for the dissemination of knowledge regarding eating disorders to members of the Academy, other professionals, and the general public.

Stimulate and **support** research in the field.

Promote multidisciplinary expertise within the Academy membership.

Advocate for the field on behalf of patients, the public and eating disorder professionals.

Assist in the development of guidelines for training, research, and practice within the field.

Acknowledge outstanding achievement and service in the field.

To receive membership information to pass along to a colleague, contact:

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www.acadeatdis.org

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:

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