



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

Message from the President

Scott J. Crow, MD, FAED



The past several months have been busy ones in the life of the Academy for Eating Disorders. In this column, I would like to highlight several current issues.

First, the AED has appointed a Credentialing Task Force led by Mary Tantillo, PhD, FAED. This hardworking group is examining the potential role of providing credentialing to treatment centers. Currently, work is under way to examine what such credentialing should look like and for whom it would be useful. This likely would begin on a limited scale, both in terms of level of service and geographic location (i.e., North America or U.S. treatment centers), but such efforts are likely to be pertinent to various treatment centers around the globe. Stay tuned for more on this effort.

This past summer, in the United States, a cable television channel introduced a new television show titled "Starved." This show, remarkably enough, is a situation comedy about four individuals with eating disorders. The Academy has responded by urging the network to cancel the show, by joining with other organizations in a letter-writing campaign and by a news release publicizing the views of the Academy on this issue.

The Academy's response was timely and rapid. Providing just such a response to breaking issues was one goal discussed by the board at the board meeting in Montreal. Thanks to the efforts of the Public Affairs Council (chaired by Debbie Franko, PhD, and Allan Kaplan, MD, FAED) and the work of its Media Committee (chaired by Ellen Rome, MD), this rapid response represents a

first step in reaching this goal. This kind of coordinated effort is a great example of how, by working together, our ability to impact events that can adversely affect our patients is greatly amplified.

In the realm of education, I want to mention five events. The Athlete Special Interest Group held a one-day conference titled "Identification and Treatment of the Female Athlete Triad: Disordered Eating, Amenorrhea, Osteoporosis, and Related Issues" on October 7, 2005, in Indianapolis, Indiana, USA. The Bariatric Surgery and Medical Care Special Interest Groups are holding a Teaching Day on November 9, 2005, in King of Prussia, Pennsylvania, USA, titled "Learning How to See Success: Cutting Edge Essentials in the Management of Eating Disorders and Bariatric Surgery Recovery." The Academy also is endorsing a conference in Barcelona, Spain, to be held November 25, 2005, titled "V Seminario Internacional sobre Trastornos de la Alimentacion: Tratamientos basados en la evidencia." This conference is organized primarily by the University Hospital of Bellvitge and the University of Barcelona. The 2nd Annual AED Hispano Latino American Congress will be held in Monterrey, Mexico, October 19-22. The Congress is the work of the HLA SIG.

Finally, the 2006 annual meeting of the Academy for Eating Disorders also will be held in Barcelona, June 7-10, 2006. If you haven't done so yet, be sure to mark this date on your calendar. The Conference Committee, led by Conference Co-Chairs Tracey Wade, PhD, FAED, and Daniel le Grange, PhD, FAED, is hard at work planning an outstanding program.

Message from the Editor

Debbie Franko, PhD

This quarter's issue of the *AED Forum* is packed full of news, information and honors received by AED members. The SIG report details the many activities of these AED mem-

ber groups, particularly with plans for the Barcelona conference in June 2006. Soon the call for abstracts for the Barcelona conference will be sent to members, or see www.aedweb.org/abstracts. Be sure to make your plans early for what promises to be an exciting and instructive conference in a spectacular city (see www.barcelonaturisme.com for information about Barcelona). In this issue, you also will learn about eating disorders in Iceland, the work of the Public Affairs Council, and the events taking place in other eating disorders organizations. If you'd like to get more involved in the AED, the Membership Recruitment and Retention Committee is looking for new members — apply by sending a letter of interest and a current CV to the committee co-chairs, Diann Ackard, PhD, diann_ackard@mindspring.com, and Becca Ringham, MS, ringhamrm@upmc.edu, by November 1, 2005. You'll find lots of member news, but I'm always looking for more, so send me your accomplishments, promotions and other professional activities so that all AED members can know what you've been up to.

Inside this Issue

| | |
|---|----|
| Message from the President | 1 |
| Message from the Editor | 1 |
| Call for Members to Membership Committee | 2 |
| Global Spotlight | 2 |
| Member News | 3 |
| Special Interest Group (SIG) News | 3 |
| Eating Disorders Coalition for Research, Policy & Action (EDC) Update | 4 |
| National Eating Disorders Association Update | 6 |
| Sage House Opens | 6 |
| Public Affairs Council Report | 7 |
| Upcoming Conferences | 7 |
| Junior Researcher Standouts | 8 |
| Classified Ads | 9 |
| Book Review Corner | 10 |



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Join Membership Recruitment and Retention Committee

We are looking to recruit new members with expertise in dietetics, primary care medicine or other fields to join the Membership Recruitment and Retention Committee. Help us ensure that the Academy for Eating Disorders remains a vital and growing organization. To apply, e-mail a letter of interest and a current CV to the committee co-chairs, Diann Ackard, PhD, diann_ackard@mindspring.com, and Becca Ringham, MS, ringhamr@upmc.edu, by **November 1, 2005**.

Global Spotlight on Iceland

Sigrún Daniëlsdóttir, Iceland

Iceland is an island in the North Atlantic with a population of 300,000. Almost half the population lives in or near the country's capital, Reykjavik; the rest live in small towns and villages around the coastline. Most of the country is a rugged wilderness; Iceland is known for its unique landscape and unbridled nature: hot springs, volcanoes and glaciers. Throughout the ages, Icelanders have been a nation of farmers and fishermen. Although fish is still the most important export product, Icelandic people have become ever more involved in industry, business and technology in recent years. Today's Iceland is a typical Western society, democratically governed, with high educational levels, a prosperous economy and a relatively high standard of living.

The public health care system in Iceland is completely state-run. The National Hospital provides all psychiatric inpatient beds for children and adolescents, as well as 90 percent of all adult psychiatric hospital beds. In the last decade, there has been a major increase in the request for mental health services in the country, including treatment for eating disorders. Unfortunately, this demand has not been adequately addressed. For example, a recent study by Dr. Thorsteinsdóttir, a psychiatrist at the National Hospital, shows that the number of first-time admissions due to eating disorders increased dramatically between the years 1997 and 2001. In spite of this, there was a concurrent 19 percent decrease in available hospital beds during the study period.

The demand for eating disorder treatment continues to rise, but no added funding, professional positions or resources have been

made available by the Icelandic authorities. As a result, eating disorder treatment in the country is not at its proudest moment. There is no specialized eating disorder clinic, so patients are treated in common psychiatric units at the National Hospital. Adolescent patients are treated in a special unit by a team of psychiatrists, psychologists, nurses and occupational therapists. Their treatment consists of cognitive-behavioral therapy, family therapy and patient support groups. At the adult unit, however, there is no psychologist working with eating disorders. Therefore, the patients do not receive psychological treatment such as CBT or IPT. They receive nutritional rehabilitation, drug therapy and access to psychiatric sessions and educational support groups. There is no physical rehabilitation provided by the hospital during treatment. There is no official follow-up treatment, apart from routine check-ups. Furthermore, there is no available outpatient treatment that addresses the unique needs of eating disorder patients. These patients can, of course, turn to the general psychiatric outpatient unit for treatment, but most likely they will not receive specialized care by an eating disorder professional. It is important to note that this state of affairs has not resulted from lack of knowledge, skill or ambition by the health care professionals



working with eating disorders in Iceland. There are many talented and committed people who are doing an amazing job under difficult conditions. Nevertheless, more money and manpower will be needed to provide patients with proper and prolonged care. In recent years, there has been a lot of pressure from the public and professional community to improve the state of eating disorder treatment in Iceland. In 2002, a non-profit organization called "The Mirror" was founded, in part to fight for better treatment for eating disorder sufferers. Around the same time, a parliamentary resolution was passed stating that funding would be increased for this mental health category. However, as real results are yet to be seen, the battle for improved care continues, and with hope, it will not be too long before progress is made.

Member News

Mary Tantillo, PhD, RN, CS, FAED, was honored with the "Woman of Influence in Health Care" award by the Girls Scouts of Genesee Valley Inc., on June 8, 2005. This award is given in recognition of an individual's achievements and efforts that have influenced women and girls to fulfill their promise.

Rachel Levi, LMFT, CEDS, of the Shoreline Center for Individual and Family Healing-Eating Disorder Treatment in Long Beach, California, announces the opening of two new programs. The programs include a new Eating Disorder Intensive Outpatient Program and "Satori House," an extended-living home for supportive recovery in a transitional and supervised setting. For more information on these programs, call 562-434-6007 or visit www.Shoreline-eatingdisorders.com.

Daniel F. Gunnarson, PhD, announces that after five years as a therapist with the Eating Disorders Institute in Fargo, North Dakota, he will be taking a similar position with the Canterbury District Health Board, Eating Disorders Service, the Princess Margaret Hospital, Christchurch, New Zealand, beginning September 20, 2005.

In July, **Diane McKay, PhD**, was honored by the Florida Psychological Association with the 2005 Award for "Distinguished Psychologist."

Books Published

Tony Paulson, PhD, and Johanna Marie McShane, PhD, *Because I feel fat...Helping the ones you love deal with an eating disorder*. ISBN-0595320619, iUniverse Inc. August 2004, \$14.95.

Margo Maine, PhD, and Joe Kelly, *The Body Myth: Adult women and the pressure to be perfect*. ISBN: 0-471-69158-5, Wiley, August 2005, \$24.95 US/\$35.99 CAN

Join the Web Site Task Force

The Web Site Task Force (WTF) collaborates with AED committees to update and maintain information on the AED Web site, helps manage the listserv and supervises other Web site technology issues. Participation in monthly teleconference and regular e-mail discussion is required. To apply to be a member, e-mail letter of interest, experience and a current CV to the committee co-chairs, Kelly Klump, PhD, klump@msu.edu, and Pat Fallon, PhD, FallonP@aol.com, by Wednesday, October 19, 2005.

Special Interest Group Activities

Judith Banker, MA, LLP, FAED, and Katharine Loeb, PhD
SIG Oversight Committee Co-Chairs

The AED Special Interest Group (SIG) Program has a full events calendar for the months ahead. A number of SIGs have sponsored or are planning regional educational events, research collaborations and other projects. Of particular note:

- The Hispano Latino American (HLA) SIG supported *The First International Seminar on Eating Disorders* in El Salvador, June 2-3, 2005. Guest speakers included Ovidio Bermudez, MD, FAED, medical director of Laureate Clinic, Tulsa, Oklahoma, USA, and chair of the AED Medical Care SIG; and Rullina Acra, BS, nutritionist, and Julissa Senices, PhD, psychologist, both of the Renfrew Center of Florida. The event was sponsored by Fundasalva, a national drug addiction treatment organization in El Salvador. HLA SIG Chair Armando Barriguete, MD, FAED, Co-Chairs Fabian Melamed, PhD, FAED, and Fernando Fernandez-Aranda, PhD, FAED, state that the mission of the HLA SIG is to bring awareness and education about eating disorders to as many Latin American countries as possible.

The HLA SIG will also be hosting the AED 2nd Hispano Latino American Congress in Monterrey, Mexico, October 19-22, 2005. For registration information, contact Armando Barriguete at barriguete@quetal.innsz.mx.

- The Athletes SIG, co-chaired by Roberta Sherman, PhD, and Ron Thompson, PhD, held its second one-day conference, *Identification and Treatment of the Female Athlete Triad: Disordered Eating, Amenorrhea, Osteoporosis and Related Issues*, October 7, 2005, at the Indiana State Government Center in Indianapolis, Indiana, USA. This meeting explored issues related to female athletes who are at risk for or who are experiencing aspects of the female athlete triad.

Keynote speakers included: Barbara Drinkwater, PhD, FACSM, member International Olympic Committee Medical Commission, Medical and Scientific Group, who provided an overview of the female athlete triad; and Kimiko Hirai Soldati, member 2004 U.S. Olympic diving team, who provided an

athlete's perspective on the female athlete triad. The conference also hosted presenters from the Netherlands, Canada and the U.S., including SIG members Anne Monroe, Kelly Pedrotty and Ron Thompson.

- The Medical Care SIG (Ovidio Bermudez, MD, FAED, chair) and the Bariatric Surgery SIG (Carol Signore, LMFT, FAED, chair) will present *Learning How to See Success: Cutting-Edge Essentials in the Management of Eating Disorders and Bariatric Surgery Recovery*, a teaching day for primary care physicians and other health care professionals, November 9, 2005, in Philadelphia, Pennsylvania, USA. The program will include:
 - ❖ *A-Z of Eating Disorders* — Ovidio Bermudez, MD, FAED
 - ❖ *Treatment of Eating Disorders* — Russell Marx, MD
 - ❖ *Surgery and Aftercare Panel* — Matthew L. Kirkland, MD, Janelle D. McLeod, RD, Alan Schuricht, MD, Carol Signore, LMFT, FAED, David Wernsing, MD
 - ❖ *Psychological Evaluation and Treatment of Bariatric Surgery* — Melissa Kalarchian, PhD

For registration information, contact aed@aedweb.org.

Other SIG News and Upcoming Activities:

All 20 AED SIGs are planning to hold annual meetings at the AED 2006 International Conference on Eating Disorders in Barcelona. As in previous years, many of the SIGs will host invited speakers and other planned events during the annual meeting.

- The Nutrition SIG (Erica Goldstein, MS, RD, CDN, and Jillian Croll, PhD, RD, MPH, co-chairs) is working to strengthen the relationship between the AED nutrition community and SCAN, the Sports, Cardiovascular and Wellness Dietitians Dietetic Practice Group of the American Dietetic Association. There is significant overlap in membership between SCAN and the AED, forming a natural collaborative body for the development of education and training initiatives. At the SCAN meeting in March 2006, the Nutrition SIG co-chairs will present a session on building a nutrition toolbox for eating disorder treatment. They also will meet with SCAN leadership to discuss improving communication and relationships between the two groups.

- The Medical Care SIG (Ovidio Bermudez, MD, FAED, chair) is developing plans for conducting several regional U.S. teaching days, the first scheduled for November 9, 2006, in Philadelphia in partnership with the Bariatric Surgery SIG. In development are plans for teaching days to be held in St. Louis (Kim McCallum, MD, and Chris Ohlemeyer, MD), Las Vegas (Brenda Woods, MD, and Wendy Oliver-Pyatt, MD) and Austin (Ed Tyson, MD, and Ovidio Bermudez, MD, FAED). The MCSIG also is exploring presenting a Spanish-language teaching day at the AED 2006 International Conference on Eating Disorders in Barcelona on the medical care of eating disorders in partnership with the Hispano Latino American SIG.
- The Prevention SIG (Ricardo Dalle Grave, MD, chair, and Carolyn Black Becker, PhD, co-chair) is developing a panel proposal for the AED 2006 ICED in Barcelona. The PSIG also is developing a database of prevention studies in a project headed by SIG member Dianne Drummond.
- The Child and Adolescent SIG (Shelagh Wright, chair) has been working for the past year on collating measures that have been validated or are being used in the child and adolescent population. These measures have been entered into a database that will make searching easier. The database is being piloted in the UK and should be available to all soon. This resource will be updated regularly to provide a valuable tool for researchers in this area.
- The Psychodynamic Psychotherapy SIG (Judith Banker, MA, LLP, FAED, chair, and David Tobin, PhD, co-chair) is developing proposals for a panel discussion, workshop and paper session for the AED 2006 Barcelona ICED. Also, plans are in development for a teaching day on eating disorder treatment to be held in London in collaboration with an eating disorder treatment center in the UK. The data from the PPSIG clinical practice survey has been analyzed, producing interesting results about the clinical interventions used by psychotherapists across clinical orientations. David Tobin presented the results of this paper at a poster session at the Eating Disorder Research Society Meeting in Toronto, September 2005. Preliminary planning is under way for a follow-up study.
- The Athletes SIG co-chairs Roberta Sherman, PhD, and Ron Thompson, PhD, recently completed their participation in writing the "Disordered Eating" section of the International Olympic Committee Medical Commission Position Stand on the Female Athlete Triad. The Position Stand is now accessible online on the IOCMC Web site at http://multimedia.olympic.org/pdf/en_report_917.pdf. Also, in conjunction with the new position stand, Roberta will be speaking at the IOCMC Consensus Conference in Lausanne, Switzerland, in November to discuss ways to implement the recommendations of the Position Stand. Roberta and Ron also have recently completed a manual for all the U.S. National College Athletic Association coaches of female athletes entitled, *NCAA Coaches Handbook: Managing the Female Athlete Triad*, as well as a quick reference guide for coaches and an information/referral card for athletes. Roberta and Ron will be meeting with different NCAA coaches groups to introduce the manual, and they are also working with the NCAA to make this information available to everyone via a Web site or PDF file.

Special Thanks

We wish to extend a warm thank you to Carolyn Becker, PhD, and Carol Signore, LMFT, FAED, for their contributions to the SIG Oversight Committee (SOC) during the past several months. SOC member Carolyn Becker stepped in as interim SOC co-chair while Katharine Loeb, PhD, was on leave. We welcome Katharine back and thank Carolyn for all of her help. Carol Signore has been working with AED headquarters on establishing the smooth operation of the SIG listservs and the SOC listserv. We are grateful to Carol for her steadfast efforts on this project.

Acknowledgements

The SOC extends a warm thank you and an acknowledgement of the extraordinary energy and dedication of Athletes SIG co-chairs Roberta Sherman, PhD, and Ron Thompson, PhD, as they prepare to hold their second SIG-sponsored conference in Indianapolis, Indiana, USA, in October 2005. Due to the skilled planning of Roberta, Ron and AED headquarters, we expect the October conference to be as big a success as their 2003 conference.

We also acknowledge the efforts of Carol Signore (Bariatric Surgery SIG) and Ovidio Bermudez (Medical Care SIG) who are nearing completion of preparations for their upcoming teaching day in Philadelphia, Pennsylvania,

USA, in November 2005. We congratulate them on the excellent program they have planned and thank them for the time and effort they have invested in this valuable project.

Join a SIG

AED members are welcome to join any number of the 20 Special Interest Groups the Academy has to offer. 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 and developing rapidly. Now is the time to become part of this vital and enriching professional opportunity within AED. For a current listing of AED SIGs and further membership information, click on the link to the SIG section on the AED Web site home page at www.aedweb.org.

Annual Eating Disorders Coalition (EDC) Events in Washington, DC

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

5th Annual Lobby Day National Conference on Eating Disorders Legislation, and State Advocacy Summit, July 2005

Have you ever wondered how you can be more of an advocate for your patients struggling with eating disorders? Have you wondered how to effect change at a governmental/policy level? This annual event is your opportunity to be steeped in advocacy efforts and spark your wondering into action. The Eating Disorders Coalition (EDC) 5th Annual Lobby Day and the National Conference on Eating Disorders Legislation brought together people and their families struggling with eating disorders, family members who have lost loved ones to eating disorders, eating disorder professionals, legislative staff, policy makers and others to give voice to the struggles of people with eating disorders. While this is a U.S.-based event, it has far-reaching implications, and advocacy efforts in other locations could be informed by the energy and dedication of the EDC.

Marsha Marcus, PhD, FAED, Receives APA Award

The American Psychological Association Clinical Psychology of Women Mentoring Award is given annually to a psychologist who has aided women in clinical psychology to succeed in their careers.

Dr. Marsha Marcus, professor and chief of the Behavioral Medicine and Eating Disorders Program in the Department of Psychiatry at the University of Pittsburgh School of Medicine, was this year's winner. The award was presented by Ruth H. Striegel-Moore, PhD, FAED, a previous recipient of this award, who honored Dr. Marcus for her work in the following presentation speech:

Dr. Marcus is widely known and respected for her commitment to mentoring young clinicians and researchers. She focuses on all aspects of her students' professional development, approaching the task with the highest standards for herself and her students, yet with an equally high level of warmth and support. She spends extensive time focusing on specific research or clinical skills, yet also attends with equal care to her students' professional development. For example, she helps students navigate the difficult issues associated with determining authorship; practices with them how to negotiate salaries or start-up offers; and supports them in their efforts to balance a career and family.

At conferences, she frequently introduces her early career colleagues to other senior investigators and provides them with opportunities to present together with her in workshops or other formats. She gives full credit to her students' or early career colleagues' contributions and goes out of her way to showcase their accomplishments. While uncompromising in her standards of performance, she conveys feedback in a supportive manner and offers extensive help and encouragement. Young scholars across the country are aware of her reputation as an outstanding scholar, a person of integrity and a highly effective mentor — and they often vie for the opportunity of training with her.

Dr. Marcus quietly but persistently supports others, whether or not this is fashionable or rewarded. She is an exceptional mentor who deserves this honor.



EDC members, families and friends at the 5th Annual Lobby Day in Washington, DC



Senator Hillary Clinton (D-NY) speaking at the 5th Annual Lobby Day

For the 5th Annual Lobby Day, the EDC orchestrated 65 visits to lawmakers by more than 75 people from the U.S. (and some visiting Australians too) to share with policy makers the concerns of people with eating disorders and the need for more comprehensive and equitable insurance coverage of eating disorder treatment. These face-to-face meetings between concerned citizens and policy makers put into action the ideal that the United States was founded on: "government for the people, by the people."

The next day, centered on the goal of creating a draft of model legislation that would increase educational opportunities, funding

and comprehensive insurance coverage, conference attendees heard from family members, eating disorder professionals and legislative staffers. Equipped with background information on research, treatment, prevention priorities, needs identified by family members and tips from policy makers, conference participants then outlined principles for new legislation to be crafted by the EDC, together with policy makers in Congress. If passed, this proposed legislation would increase funding for research, prevention, and education activities, demand equitable mental health coverage, and improve treatment access.

The last day of the summit was focused on regional advocacy efforts around the United States. Within the U.S., eating disorder coverage by insurers, access to care, and education, prevention and research opportunities vary tremendously from state to state. There is much to share across experiences that can help advance efforts in areas with little coverage or limited access.

To read more about the specific proceedings from the three-day event, go to the Eating Disorder Coalition Web site, www.eatingdisorderscoalition.org. Consider attending next year's event — it is an exhilarating, inspiring process and a true call to action.

Update from the National Eating Disorders Association

Lynn Grefe, MS, CEO
Seattle, Washington, USA

One of the underlying challenges facing the eating disorders field but rarely expressed is the lack of empathy about the illness. There is no doubt that the figure of a young, attractive, slim girl — who may have or be headed for an eating disorder — does not entice sympathy. Yet that often is the “look” of the illness before it becomes seriously life threatening. Unlike autism, physical disabilities or other illnesses that are more visible and bring a tear to the eye, the public doesn’t connect well to eating disorders, viewing them as a fad or phase. As a result, program and research dollars are harder to raise, and treatment access and insurance coverage are too often on the back burner.

To begin change, families must replace the stigma and silence with the squeaky wheel that gets the grease. Loud, but articulate, squeaking is a must to engage the public, legislators and insurance companies to evoke the empathy necessary for change. One more example of the ridicule and stigma that eating disorders confront daily was “Starved,” the recent new “shameless comedy about splurging and purging.” Here at the National Eating Disorders Association (NEDA), we said “enough” to this shameless television comedy and organized a boycott and media attention surrounding it.

Through our public relations, outreach and education, we can stay focused and begin to create change. There is nothing funny about the potentially life-threatening illnesses featured on “Starved.” Thanks to our members, we launched our Media Watchdog at full speed in protest of the show and its sponsors. Our efforts were featured on many major news outlets.

However, as we continue to view ads, glamorous magazines and air brushed photos, it is so clear that we are David in a world of Goliaths. When asked recently by a reporter if we were going to protest a particular clothing line that had “anorexic” looking models, I commented in frustration that we can’t because we would have to protest most clothing lines and would have nothing left to wear!

In addition to our media watchdog program, we have started “Educating the Educators” through local seminars. Our Web site is a

home for many. Our largest education and awareness effort is National Eating Disorders Awareness Week, which this year united more than 740 volunteer coordinators in all 50 states and 11 foreign countries, reaching millions.

We must all pull together and magnify the effort by hitting the “send” button with every ounce of powerful information we can. In that moment, the fact that females between the ages of 15 and 24 die from anorexia nervosa at a 12 times higher rate than all other illnesses combined in that age range is sad, powerful and true.

As eating disorders are starved for empathy, we must feed the message board with hard cold facts that make that “too slim girl” no longer a creature of envy, but someone suffering from an illness deserving of help. Too many lives have been lost. We have our work cut out for us, but with such an enlightened field of professionals, family and friends providing the facts, we can turn the tide and, with hope, inspire the tear because people will finally “get it.”

Sage House Opens

Mary Tantillo, PhD, RN, CS, FAED, Director, Eating Disorders Program, Unity Health System, Rochester, New York, USA

DePaul Community Services opened a supported housing program for women enrolled in eating disorder treatment programs on Monday, June 13, 2005. At the June 9 open house, Dr. Mary Tantillo stated “Healing and recovery occur in the context of mutual relationships with others. Sage House will ensure that residents have access to growth-fostering connections with peers and staff who will support them on their recovery journey.”

Sage House is a six-bed supported housing program located in the historic Cornhill neighborhood in Rochester, New York. It was born out of a collaboration between DePaul Community Services and Unity Health System. DePaul Community Services will provide the residential component of the project, and Unity Health System will provide the staff training and treatment component for women living in the house. Sage House is the first residence of its kind in the state and one of only a handful in the U.S. Sage House provides supportive housing for women 18 and older who are receiving services in an eating disorder program through Unity Health System, Golisano Children’s Hospital or their private practitioner. Sage House offers a safe

and supportive environment where women can achieve their goal of overcoming their eating disorder and create a life for themselves without illness. Potential residents include women who lack support in the community, are in abusive relationships with others, live in dysfunctional, chaotic or unsafe environments, or come from homes wherein the burden of the illness has severely strained family relationships. Other women who require housing come from out of town for treatment at the Unity Eating Disorders Partial Hospitalization Program.



Left to right: Mary Tantillo; Erin Gwara, recovered person on Eating Disorders Community Advisory Board; Mary Ellen Burris, senior VP Consumer Affairs Wegmans; and Gillian Conde, VP DePaul Community Services.

Individuals who require housing in tandem with participation in an Eating Disorders Partial Hospitalization or Outpatient Program have great difficulty with transitions, are fearful of new situations, lack life skills needed to attain independent living in the community and experience low self-esteem. They can benefit from the additional peer support available within a community of women residing together and struggling with similar problems, as well as support from recovered peer volunteers and a staff person in the house. A safe and supportive environment also is critical for women outside treatment program hours, so they can practice coping and self-care skills, eat healthfully and develop supports in the community. The availability of housing along with eating disorders treatment can help obviate inpatient admission for some individuals and promotes continuity of care for others who otherwise might have to be sent out of town for the combined housing and treatment option.

The availability of housing also is essential if Rochester is designated a Department of Health Comprehensive Care Center for Eating

Disorders. The Eating Disorders Programs at Unity Health System (Mary Tantillo, PhD, director) and Golisano Children's Hospital (Richard Kreipe, MD, director) have collaborated to submit a response to a recent Department of Health RFA for Comprehensive Care Centers. They will be working with affiliate providers in Syracuse, Watertown, Buffalo and Binghamton in this initiative. Therefore, having housing available to patients in need in Upstate New York will be essential.

Sage House was made possible through generous donations. Tantillo secured funding from the Daisy Marquis Jones Foundation (\$22,000), the Wegmans Foundation (\$22,000) and the Eating Disorder Network (\$2,500). Wegmans also donated many of the supplies for the home, including dinnerware, cooking utensils, pots and pans, and decorations, in addition to offering to provide food for the house for an entire year.

Many other groups and organizations have joined forces to support the efforts of Sage House, including the Rochester Area Eating Disorders Community Advisory Board, composed of professionals, consumers, recovered individuals and families. Daisy Marquis Jones also has agreed to match donations to Sage House up to \$15,000 to establish financial aid/scholarship money for women who would benefit from staying at the home but who have limited means to pay for their stay. Another way people can support Sage House, is through the purchase of "Eat to Live" wristbands and "Life" (periwinkle beaded) bracelets. The wristbands and bracelets are available through Sage House. For more information about Sage House or to make a donation, call Jennifer Dry, manager, at 585-232-3000.

Public Affairs Council Report, Summer 2005

Debbie Franko, PhD, Co-Chair
Allan Kaplan, MD, FAED, Co-Chair

The Public Affairs Council is focused on developing the interface between AED and the public. This work is carried out by three committees: Advocacy, Media and Position Papers.

Highlights:

- In February 2005, Allan Kaplan attended the NIMH Advisory Committee Meeting and had a lengthy one-on-one conversation with Dr. Tom Insel, NIMH director, about research funding for eating disorders.

- At the end of February 2005, several PAC members, including Doug Bunnell, PhD, FAED, and Richard Kriepe, MD, presented at the 1st Annual New York State Conference on Eating Disorders in Syracuse, New York, and also provided membership materials at an exhibit booth.
- On March 22, 2005, Allan Kaplan, MD, FAED, on behalf of AED, attended the NIMH Coalition for Research Progress, by invitation of Dr. Tom Insel.
- In July 2005, a press release was sent out in response to the U.S.-based television program, "Starved," and a request encouraging North American AED members to contact the network to voice concern about this program was distributed.

Committee Reports:

Advocacy Committee (Mary Gee, Chair)

- Welcomed 13 new members to the committee in early 2005
- Under the leadership of Bryn Austin, ScD, members of the Advocacy Committee and Cindy Bulik, PhD, FAED, were introduced to Dr. Bill Potts-Datema of the Harvard Prevention Research Center on Child Nutrition and Physical Activity. Potts-Datema is part of a national advisory committee that is developing a guidance report to be sent to all primary and secondary schools to advise them on how to improve their nutrition and physical activity policies and programs. The guidance report will be in concert with the work of U.S. Department of Agriculture, the Centers for Disease Control and the U.S. Department of Education to help schools better address nutrition and physical activity. The team offered guidelines as to how eating disorders language could be added to the guidelines.

- Under the leadership of Ann Kearney-Cooke, PhD, FAED, several members of the PAC (Bryn Austin, DSc, Doug Bunnell, PhD, FAED, Debbie Franko, PhD, and Ellen Rome, MD) met with Regina Dolan-Sewell, PhD, Eating Disorders point person from the NIMH, at ICED Montreal. The focus of the meeting was a discussion of priority areas for research at the NIMH, with an emphasis on prevention research.

Media Committee (Ellen Rome, MD, Chair)

- A Workshop titled "Media Exposure: How to get your message across effectively" was presented Thursday, April 26,

at ICED in Montreal and featured panelists Stephanie Lassonde (Montreal television producer), Ellen Rome, MD, Rachel Bryant-Waugh, PhD, Ron Thompson, PhD, and Bryn Austin, ScD. The workshop had 35 participants who practiced mock media interviews and critiqued a video interview.

- Members responded to dozens of media hits over the past year and the Media Committee has developed a "Media Tips" guide to members, which can be found at www.aedweb.org.

Position Paper Committee

(TJ Raney, PhD, Chair)

- Under the leadership of Rachel Bryant-Waugh, PhD, and TJ Raney, PhD, the first AED position paper is under way. The topic is "Misuse of Laxatives in Eating Disorders" and the first draft is scheduled to be reviewed by the PAC during 2005.
- A second position paper is under way and will focus on "Bariatric Surgery." It is being spearheaded by Donald McAlpine, MD.

Upcoming Conferences

AED 2nd Hispano Latino American Congress

October 19–22, 2005
Monterrey, Mexico
For further information,
e-mail barriguete@quetzal.innsz.mx

AED Teaching Day

Learning How to See Success: Cutting-Edge Essentials in the Management of Eating Disorders and Bariatric Surgery Recovery
November 9, 2005
Philadelphia, Pennsylvania, USA
For additional information, visit www.aedweb.org.

The 15th Annual Renfrew Center Foundation Conference for Professionals

Feminist Perspectives on Eating Disorders: Enduring Wisdom, New Frontiers
November 10–13, 2005
Philadelphia, Pennsylvania, USA
For more information, visit www.renfrew.org.

Junior Researcher Standouts

The following are a subset of the 15 individuals who were awarded one of the AED-NIMH Fellowships at the International Conference on Eating Disorders in Montreal in April 2005.

Angela Picot, MA

Angela Picot is a graduate student in the clinical psychology doctoral program at Georgia State University and currently is in her internship at Northwestern Memorial Hospital. She received her MA from Georgia State University in 2001. Her research interests include the assessment of body image, particularly in understudied populations, and the impact of sociocultural variables on the presentation of eating disorder symptoms.

An examination of factors associated with eating and body image pathology in gay and lesbian individuals

Angela Picot, MA, Northwestern Memorial Hospital, Chicago, Illinois; Lisa Lilienfeld, PhD, and Carli Jacobs, MA, Georgia State University, Atlanta, Georgia

Introduction: Previous research has indicated that sexual orientation is a relevant variable in determining vulnerability to eating disorder symptomatology. Specifically, gay men are thought to be at risk for developing negative body image and disordered eating. Conversely, lesbian women are thought to be protected against body dissatisfaction and eating pathology, although results are mixed. The main study hypothesis was that greater community affiliation is associated with increased eating disorder symptomatology among gay men and decreased eating disorder symptomatology among lesbian women. Furthermore, the roles of self-esteem, media internalization, gender role identification and ethnicity on eating disorder symptomatology were examined. A straight sample was also considered in order to evaluate previous findings.

Method: Participants were 1,028 individuals who attended the 2002 Gay Pride Festival in Atlanta, Georgia, and completed a self-report questionnaire consisting of several standardized measures.

Results: Results indicate that gay men have similar rates of body dissatisfaction and eating pathology as straight men, and lesbian women have similar levels of eating disorder symptomatology as straight women. Gay men had similar levels of eating pathology and drive for thinness as lesbian women, as well as greater drive for muscularity and less body dissatisfaction than

lesbian women. Results of the moderation hypothesis suggest that lesbian women at higher levels of community affiliation have greater drive for thinness than lesbian women at lower levels. No significant differences were found among gay men at different levels of affiliation. Overall, community affiliation did not appear to have a major influence on eating disorder symptomatology. By contrast, self-esteem was negatively related to all eating disorder symptomatology. Furthermore, for gay men and lesbian women, greater media internalization was associated with higher levels of eating disorder symptomatology. Higher levels of femininity were associated with more body dissatisfaction among gay men and less drive for muscularity among lesbian women. Finally, Caucasian gay men had more body dissatisfaction and eating pathology than African American gay men, and Caucasian lesbian women had more eating pathology than African American lesbian women.

Conclusions: Suggestions for developing new means of assessing eating disorder symptomatology are offered. Implications for prevention initiatives and areas for continued research are discussed.

Hemal Shroff, PhD

Hemal Shroff received her PhD in clinical psychology in December 2004 from the University of South Florida. In September 2004, she began a postdoctoral fellowship in the Department of Psychiatry at The University of North Carolina, Chapel Hill, North Carolina. Her research interests include an understanding of eating disorders from both sociocultural and genetic viewpoints and cross cultural aspects of disordered eating.

An investigation of pregnancy and birth-related factors associated with a diagnosis of Anorexia Nervosa

Hemal Shroff, PhD, Department of Psychiatry, University of North Carolina, Chapel Hill, North Carolina; Laura Thornton, PhD, Department of Psychiatry, University of Pittsburgh, Pittsburgh, Pennsylvania; Lauren Reba, BA, University of North Carolina, Chapel Hill, North Carolina; Walter H. Kaye, MD, Department of Psychiatry, University of Pittsburgh, Pittsburgh, Pennsylvania; Cynthia M. Bulik, PhD, Department of Psychiatry, University of North Carolina, Chapel Hill, North Carolina, and the Price Foundation Collaborative Group

Introduction: Prematurity and birth complications have been identified as risk factors for anorexia nervosa (AN). We examined maternal reported pregnancy and birth complications across AN subtypes and their relationship to proband personality characteristics.

Method: Participants were female probands from the multisite international Price Foundation Genetic Studies (N = 491) with anorexia nervosa subtypes (restricting, purging, bingeing, anorexia and bulimia). Birth and pregnancy complications and features were identified by retrospective reports from mothers of probands. The following variables were compared across AN subtypes: physiological measures (mothers' pregnancy weight and probands' birth weight, lifetime highest and lowest BMI and premature birth), as well as probands' personality features (TCI, YBOCS, NEO), perfectionism (MPS), anxiety (STAI), and eating disorder symptoms (EDI-BD, EDI-DT, EDI-B, YBC-EDS).

Results: There were no significant differences in birth weight, maternal complications, maternal weight gain or premature birth across the AN subtypes. Premature birth in probands was significantly related to subscales of temperament and perfectionism, obsessions, worst rituals and drive for thinness. In the AN probands, the following variables were significantly associated with low proband birth weight and low maternal weight gain—higher proband perfectionism, higher proband depression, reward dependence, persistence and self-directedness.

Conclusions: Prenatal and perinatal factors may interact with genetic predisposition to influence both risk for developing AN as well as the nature of associated traits and symptoms. Overall, these results underscore the value of more extensive studies focusing on the interaction of genetic predisposition, prenatal factors and individual temperament/personality and symptoms of AN.

Jennifer R. Shapiro, PhD

Jennifer Shapiro received her PhD in clinical psychology in July 2004 from the University at Albany, State University of New York. In July 2004, she began a postdoctoral fellowship in the Department of Psychiatry at the University of North Carolina at Chapel Hill. Her research interests include both eating disorders and obesity. She currently is working on technological upgrade of current treatment approaches, specifically by investigating the acceptability, feasibility and effectiveness of treatment delivered via CD-ROM, Internet, and SMS (text messaging).

CD-ROM and Web-based CBT Treatment for BED and Obesity

Jennifer R. Shapiro, PhD, Lauren Reba, BA, Maureen Dymek-Valentine, PhD, Robert M. Hamer, PhD, and Cynthia M. Bulik, PhD, University of North Carolina at Chapel Hill

Introduction: Cognitive-behavioral therapy has long depended on traditional paper and pencil homework exercises to illustrate principles. Although self-help CBT strategies have proven to be effective, at least with a subset of individuals requiring treatment, little has been done to determine how self-help can be upgraded using information technology. This randomized clinical pilot study compared traditional group CBT to a CD-ROM based CBT program to a waitlist control for the treatment of overweight adults with binge-eating disorder (BED).

Method: A total of 66 participants were randomized to one of the treatment conditions. Individuals in the group therapy condition received 10 weekly sessions of CBT for BED. Individuals in the CD-ROM condition received the CD, a suggested 10-week schedule for completion, and were instructed to contact the research assistant as needed for technical questions or concerns about their clinical condition. The waitlist control lasted 10 weeks; following this period, participants were then given the option of either group therapy or CD-ROM.

Results: At the end of the treatment phase, there were no significant differences on most outcome measures. The CD-ROM condition had a larger reduction in fast food consumption than wait list ($P < 0.001$). However, the group condition had a greater reduction in EDI scores relative to both CD-ROM and wait list ($P = 0.05$ and $P < 0.001$, respectively). Both CD-ROM and group conditions reduced the number of binges per week ($P < 0.03$ and 0.01 , respectively) but there were no differences between groups. Finally, 78 percent of those who completed the wait list condition chose to receive the CD-ROM over group therapy.

Conclusions: These preliminary observations provide initial support for the effectiveness of CD-ROM based interventions for BED and targeted behavior change.

Amanda M. Woods, BS

Amanda Woods is a graduate student in the clinical psychology doctoral program at Georgia State University. She received her BS from Michigan State University in 2004. Her research interests include etiology and treatment of eating disorders across gender. In addition she is interested in investigating the impact of potential risk factors such as restrictive dieting and media internalization on eating pathology.

Internalization of media messages as a predictor of ideal body image: a comparison of gay and straight men

Amanda M. Woods, BS, Carli H. Jacobs, MA, and Lisa R. Lilienfeld, Ph.D., Georgia State University, Atlanta, Georgia

Introduction: Previous studies have shown that women's ideal body images are influenced by exposure to, and internalization of, media messages. Unfortunately, few studies have explored this phenomenon in men, despite recent findings that males are by no means immune to eating pathology and body image distortions. Furthermore, previous research has suggested that gay men may be more susceptible to disordered eating than straight men. The current study sought to examine internalization of media messages as a potential contributing factor to distorted body images in gay and straight men.

Method: Participants included 141 men (straight $n = 89$; gay $n = 52$), who were recruited from gyms in Atlanta over a six-month period. Internalization of ideal body images presented in the media was measured with the Internalization Subscale of the Multidimensional Media Internalization Scale, including "television," "athlete" and "comparison" subscales. Ideal body image was assessed with the Somatomorphic Matrix, which asks men to choose body types varying in degree of muscularity and body fat. Simple linear regression analyses were conducted using Media Internalization Scale scores as predictors of ideal body image.

Results: Results revealed that neither the total Media Internalization Scale score nor "comparison" or "athlete" subscales were significant predictors of ideal body image in gay or straight men. Contrary to hypotheses, the television subscale significantly predicted more extreme (i.e., low body fat, high muscularity) idealistic body images in straight men ($R^2 = .084$; $p < .01$), but was not a significant predictor for gay men. More specifically, internalization of television media images significantly predicted the body fat component of ideal body image, but not degree of muscularity ($R^2 = .094$; $p < .01$).

Conclusions: When exploring the relative impact of various forms of media messages on self-reported ideal body images in men, it appears that straight men are more vulnerable to messages that are portrayed through television media than are gay men. In addition, it appears that when ideal body image is deconstructed, the degree to which low body fat is idealized is more affected by television media internalization than degree of muscularity.

Classified Ads

Psychologist

The Eating Disorder Treatment Program at The Children's Hospital in Denver, Colorado, is seeking a full-time psychologist (PhD or PsyD) with strong research and clinical experience with children and adolescents with eating disorders. Our program began in 1988, is JACHO accredited and offers a full continuum of care. Applicants must have a minimum of two years of relevant experience. The position includes development of research within the program and provision of individual, family and group psychotherapy. Contact Jennifer Hagman, MD, program director regarding the position, Hagman.jennifer@tchden.org or 303-837-2539. The position is posted at www.thechildrenshospital.org (under employment, position # 20802).

Registered Dietician

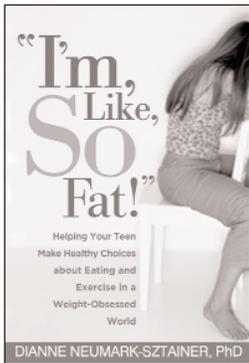
Unity Health System Eating Disorders Program is seeking to hire a full-time registered dietician to work primarily with patients and families in the Eating Disorders Partial Hospitalization and Outpatient Programs. The RD would also have a consultant role on inpatient medicine and psychiatry. Two to three years of experience with eating disordered patients and families are preferred. If you are interested in this position, contact the director of the program, Mary Tantillo, PhD, RN, CS, at tantillo@rochester.rr.com or at 585-368-6550, ext. 8590.



AED

Book Review Corner

Renee Hoste, PhD
University of Chicago



I'm Like, SO Fat!: Helping Your Teen Make Healthy Choices about Eating and Exercise in a Weight-Obsessed World

By Dianne Neumark-Sztainer, PhD, RD
The Guilford Press, June 2005,
ISBN-1572309806, \$16.95

Teenagers today are constantly faced with mixed messages about eating and weight. On one hand, portion sizes have grown, high-calorie, low-nutrient food is increasingly available and technological advances have made it easy to get through the day without engaging in any strenuous physical activity. On the other hand, teens are bombarded with media images that promote unhealthy degrees of thinness. Parents of teens have to walk a fine line — how can they help their children eat healthful foods and engage in regular physical activity without promoting an unhealthy obsession with thinness and weight loss? Dianne Neumark-Sztainer draws on her experience as a mother of four adolescents and as the principal investigator of Project EAT (Eating Among Teens) — one of the largest studies to date on adolescent eating patterns — to offer help to parents facing this formidable challenge.

With childhood obesity and eating disorders on the rise, the book emphasizes the importance of preventing both conditions. In the first of five sections, Neumark-Sztainer lays the groundwork for the rest of the book by describing what today's parents and teens are up against. Five dimensions of weight-related problems are outlined: weight control practices, physical activity behaviors, body image, eating behaviors and weight status. She explains that these attitudes and behaviors can range from healthy to problematic, and encourages parents to take action as soon as their children begin to move toward the problematic end of the spectrum. In the second

section she explores the numerous factors contributing to eating- and weight-related disorders in teens, including parents' own attitudes toward eating and weight, the influence of peers and the media, the role of physical activity, and pressures to diet. The second section ends with a description of the "four cornerstones of healthy weight and body image." Parents are offered specific strategies to accomplish the following tasks: 1) model healthy behaviors for their children; 2) provide an environment that makes it easy for their children to make healthy choices; 3) focus less on weight and more on behaviors and overall health; and 4) provide a supportive environment with a great deal of talking and even more listening.

The third section provides nutritional information for parents who are not sure what or how much their children should be eating. It begins with a review of the new food guide pyramid and goes on to discuss the importance of appropriate portion sizes. The author also addresses the delicate matter of teaching children to choose appropriate portion sizes without inadvertently fueling a preoccupation with calorie counting. The third section ends with a review of vegetarianism and includes valuable information for parents whose teens decide to become a vegetarian. In the fourth section, Neumark-Sztainer discusses the importance of family meals (supported by some astonishing but inspiring research findings) and offers ideas for how to make family meals happen more often, while also taking into account the realities of hectic schedules and busy lives. She describes ways to promote healthful eating in children even when they are eating in restaurants, and ends the fourth section with helpful ideas for improving communication between parents and children. Included in this section are tips on discussing particularly touchy subjects, such as food and weight, with sensitive teens.

The last section offers parents guidance on what to do if their child has already developed an eating- or weight-related problem. Neumark-Sztainer stresses the importance of getting children professional help as soon as possible instead of taking a "wait-and-see" approach. She also emphasizes that parents play a critical role in helping their children recover from an eating-related or weight-related problem. The resources section at the end of the book lists crucial books, magazines and on-line resources for parents and teens, and includes the names and contact information of several organizations dedicated to treating and preventing eating disorders and promoting healthful eating and physical activity. A brief description of every book, maga-

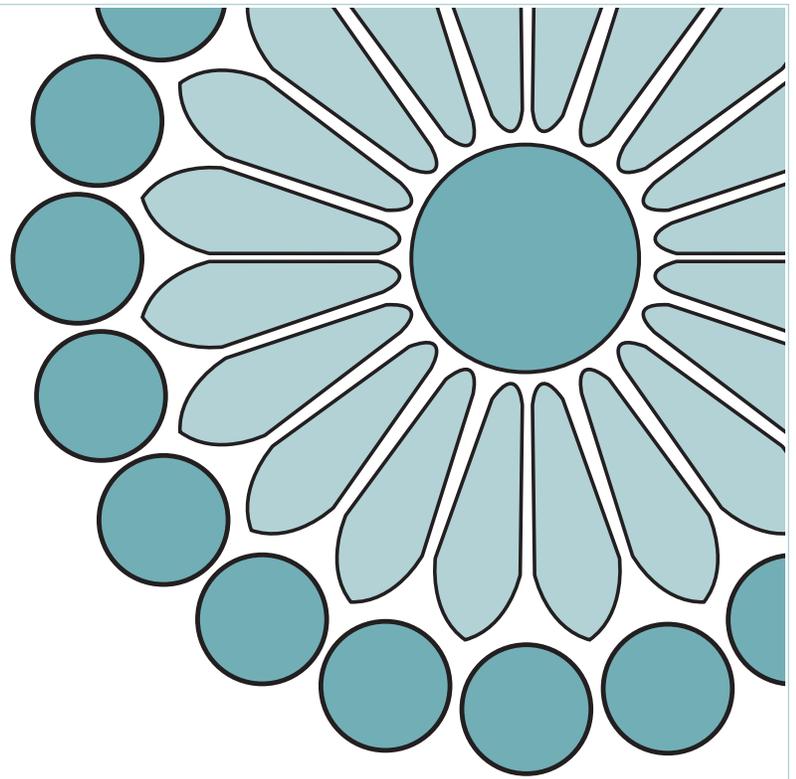
zine, Web site, and organization makes it easy for parents to find what they are looking for. One of the most important messages of the book is that parents play a critical role in helping their children avoid eating-related and weight-related problems. By emphasizing that "the example [that parents] set matters tremendously" (p. 30), Neumark-Sztainer holds parents accountable for their actions while encouraging them to make changes that will have a positive impact on their children. She backs up her statements with research findings, many of which are drawn from Project EAT. The data clearly, and often surprisingly, underscore the important role that parents play in influencing their children's eating behavior and physical activity. The research is informative and presented in a way that is easy to understand, and serves to empower parents to take on the challenge of helping their children navigate their way through conflicting societal messages regarding eating and weight.

To help parents in this task, the author packs the book with concrete, practical tips. However, she also takes care to avoid making parents feel overwhelmed. She encourages parents to take small steps, and includes worksheets throughout the book that are designed to help parents organize their thoughts, identify specific behaviors they would like to change, and decide how to go about changing them. Neumark-Sztainer also encourages a flexible approach. She acknowledges that not all suggestions will work for every family, and further empowers parents by reminding them that they are the "experts" on their own family and therefore know better than anyone else what will work for them. Importantly, she does not encourage parents to aim for perfection, but instead encourages them to have balanced, realistic goals for their families. In fact, at one point in the book, the author uses her own family as an example when discussing less-than-perfect eating habits. This revealing admission gives the book an appealing sense that "we're all in this together" and empathically reminds readers that no family is perfect, and that's okay.

Overall, this is an excellent book on an extremely important and timely topic, and a compassionate and practical guide for parents. I would highly recommend this book to any parent of children or teenagers, and I believe it could also be of interest to a range of health care professionals working with families who are seeking ways to improve their children's eating behaviors and physical activity.



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The AED Forum

Please 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:

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Submission deadline: December 1, 2005

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