

## Message from the President

Pat Fallon, Ph.D., F.A.E.D.



Here in Seattle, there has been a subtle shift in the air, a coolness that signals the ending of summer and the onset of fall and all that comes with it. I know that it is not fall for all of you reading this newsletter but

September now carries for all of us a reminder of the catastrophic events of 9/11. My colleagues, friends and children now talk about where they were and how they heard the news of the September 11<sup>th</sup> tragedy. A year later, it still seems incredulous to think of the way in which life changed for so many people that day. It is funny how the world can stop and life can go on at the same time. Another year has passed for the Academy and we continue to evolve and change. People from all over the world suffer from the emotional and physical consequences of eating disorders and we continue our research, clinical and prevention work to address these disorders.

With all that is going on in the world, it seems significant that this is the year that the AED has dedicated itself to truly becoming an international organization. We are working to become an organization that is not just international in membership, but in spirit as well. We are dedicated to understanding the ways in which we can serve our membership in every country. Here are a few of the ways in which we have been working on this agenda in the past three months.

The most significant way in which the Board has dedicated itself to this task is by taking on the rewriting of the strategic plan. When we looked at the plan, developed in 1999, we found that while some of the goals had been met, others seemed irrelevant and

needed to be discarded. The most glaring omission in the 1999 plan was the lack of an international focus in our thinking about the aims and mission of the AED. I was a member of the Board at the time that the strategic plan was written and looking back, it was a reflection of where we were at that time in our growth and development as an organization. However, just as it is time for a different look at the world, it is also time to look at the AED in a different way. To that end, a *strategic plan task force* has been formed, headed by President Elect Cindy Bulik and consisting of myself, Eric van Furth, Treasurer and George Degnon, AED Executive Director. This task force will guide the Board through the process of reviewing the previous plan in depth and then will begin the process of constructing a new strategic plan with a more international focus which will lead us into the years ahead.

An *international task force* has been formed and has already submitted a formal report to the Board which has been summarized for this newsletter. You will see some of the suggested changes implemented immediately. Our thanks go to Tracey Wade and Cindy Bulik for their leadership on this committee and to the people who worked so thoughtfully on the ideas. The task force will continue to work on helping the AED “walk the talk” about being an organization for all.

Exciting training opportunities are ahead for Academy members. Kathy Pike and Glenn Waller are chairing the *international teaching day committee*, dedicated to providing education and training outside North America. Watch for interesting training opportunities coming up in the near future.

An email has been sent out to all Council Chairs encouraging them to think globally as they look at the needs that they have

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## Message from the Editor

Lisa Lilienfeld, Ph.D.

The current newsletter includes two areas of focus that I think will be of particular interest to the membership. The first is an expanding international focus within the Academy. I direct readers to the International Task Force report, the Education and Training Council international teaching day plans, and our student members honored in this issue.

The second item that I wish to highlight is a debate over a very important and oft-disputed topic in our field. I look forward to hearing feedback from members on this issue’s “pro-con debate” focused on the question, “To what extent should we rely upon empirically supported treatment in the field of eating disorders?” Six of our highly esteemed colleagues, three representing the “pro” side and three representing the “con” side of the debate, share their views with us. This discourse is a direct

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## Academy for Eating Disorders

6728 Old McLean Village Drive  
McLean, VA ♦ 22101-3906  
(703) 556-9222 ♦ Fax (703) 556-8729  
Email: aed@degnon.org  
www.aedweb.org

### President

Patricia Fallon, Ph.D., F.A.E.D.  
Seattle, WA  
fallonp@aol.com

### President-Elect

Cynthia M. Bulik, Ph.D., F.A.E.D.  
Richmond, VA  
cbulik@hsc.vcu.edu

### Treasurer

Eric van Furth, Ph.D.  
Leidschendam, The Netherlands  
E.vanFurth@robertfleury.nl

### Secretary

Michael J. Devlin, M.D., F.A.E.D.  
New York, NY  
mjd5@columbia.edu

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Toronto, Ontario  
Allan.Kaplan@uhn.on.ca

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Rockville, MD

### Newsletter Editor

Lisa Lilienfeld, Ph.D.  
Atlanta, GA  
Lilienfeld@gsu.edu

### Executive Staff

George K. Degnon, C.A.E.  
Executive Director

Meg Gorham  
Associate Director

Bette Anne German  
Association Manager

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## To what extent should we focus on Empirically Supported Treatments? Academy members debate

Lisa Lilienfeld, Ph.D.  
Newsletter Editor

My idea for this article was generated by a letter to the editor from Charles Portney, M.D., one of the Academy members I asked to contribute to this debate. I am very grateful to have had six knowledgeable, interested, and experienced Academy members who enthusiastically agreed to participate in this project. My goal is to raise an issue of great importance to our field, with the hope that it might begin a productive dialogue among members. I realize this is a potentially contentious issue, though I believe the benefits of framing the issue in a debate format outweigh the costs.

I would like to clarify that I have specifically asked each of the six contributors to state their viewpoint in a rather extreme way, in order to optimally frame the issues in the debate. Thus, while many of the contributors agree with at least some points on the other side, they stated their opinion in a more one-sided way than they otherwise might have, as a direct response to my request. I look forward to hearing your feedback on the debate below in response to the following question I posed: "To what extent do you believe we should we focus on empirically supported treatments in the field of eating disorders?"

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### PRO

Clinicians who do not wish to be limited by empirically supported treatments (ESTs) should find anorexia nervosa an ideal specialty area. Except for the subgroup of young, recent-onset patients, research provides minimal guidance about effective interventions. Few of us consider this a desirable state of affairs. Our freedom has not led to the proliferation of creative models and methods, as EST critics might predict; instead, our ignorance has sustained stagnant and stereotyped approaches. In the treatment of anorexia nervosa, we continue to do what we are accustomed to doing - at great expense and often with poor results - because we don't know any better. In order to progress, we must begin to rely on EST research - not

to constrain our practice to one or two fixed alternatives, but to enliven as well as inform it. The very process of studying therapy changes the way we think about the problems we treat as well as the ways we behave. Our unimpressive record in this area suggests both are long overdue.

The potential benefits of examining what we do are illustrated by the single modality that does satisfy EST criteria at present. In multiple trials, family therapy has proven equal or superior to comparison treatments when applied to adolescent cases of relatively short duration. Interestingly, one specific replicated finding is that outcomes are enhanced when parents and child are seen separately rather than in conjoint sessions. Family therapists may prefer the latter format for theoretical reasons or because it is more stimulating to implement clinically. Through putting their preferences to the test, however, they gained the chance to be surprised and to adjust their approach on the basis of what they discovered. Other models for the treatment of anorexia should seek out the same opportunity.

The danger is not that we will rely too much on EST research, but that we will rely too soon on too little research. For example, it would be premature to conclude that the family control model is the only defensible treatment for adolescent patients, when it was simply the first to be defended. We all profit from the identification of one effective intervention for this subgroup of anorexic patients; as has proven to be the case for bulimia nervosa and depression, it is probable that alternative approaches will yield comparable benefits, while better suiting the inclinations of different patients, therapists, and systems. It is certain, however, that some of the approaches we find appealing will not survive comparison, and it would be unconscionable to continue practicing them all the same.

Kelly Bemis Vitousek, Ph.D.  
Associate Professor of Psychology  
Clinical Associate Professor of Psychiatry  
University of Hawaii

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## CON

The Academy seems to have a progressively more exclusive tilt towards manualized “evidence-based treatments” (EBT) of eating disorders. There often seems to be the implication that if a clinician’s treatment plan doesn’t conform to “pure” EBT, it could only be due to his or her being lazy, ignorant, self-serving and potentially criminally negligent. The attitude is that clinicians, the majority of whom are eclectic because they need to be practical, should be made to conform, as opposed to the view that EBT researchers could respect and gain from the “non-scientific” information collected in clinical practice. The problem is that the pathology itself doesn’t conform and even our diagnostic criteria, including the DSM-IV, are compromise solutions.

The “evidence” in EBT is not definitive, is based on studies with relatively small sample sizes, follow-up for inadequate lengths of time, and overly broad exclusion criteria. The applicability to and results of these interventions in wider populations can only be determined in clinical practice with large numbers of patients (including those patients with characteristics that would have excluded them from EBT studies), followed for long periods of time. There aren’t any treatments that have been shown to help or even be appropriate for all patients. It is poor judgment to focus exclusively on what treatments are easier to study or teach while not acknowledging the potential importance of what treatments are not being studied, who is not treated and who drops out in these studies. Defining what is useful only on the basis of ability to be quantified is irresponsible.

EBT should be among the treatments presented and taught, but not as if they are definitively proven and the only competent treatments. Many, if not most patients (including the large numbers who would meet exclusion criteria), need eclectic treatment, and sticking only with EBT (modified or not) is a disservice. The elements of EBT that are clearly practical and useful have already been included in how many or most clinicians treat eating disorder patients. In clinical work, we have to be practical and respond to the urgent

needs of patients who we often follow for years and through many crises and transformations. The history of science and medicine predicts that there will be inevitable and unending progress that will repeatedly result in treatments that replace or improve upon all current treatments. Insistence on the exclusivity and purity of current EBT is unsupportable and potentially dangerous given the heterogeneity of eating disorders and their considerable morbidity and mortality.

Charles W. Portney, M.D.  
Assistant Clinical Professor of Psychiatry  
UCLA Medical School  
Chairman, Eating Disorders  
Saint Johns Hospital and Health Center  
Santa Monica, California

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## PRO

Advantages of Manual-Based Treatment  
The advantages of evidence-based treatment manuals for clinical practice have been well-documented (Wilson, 1998). Perhaps the two principal advantages are (1) that some forms of manual-based therapy have been shown to be effective in rigorously controlled outcome studies, and (2) that these structured treatment protocols reduce reliance on intuitive clinical judgment, the limitations of which have been well-established over the past 40 years (Dawes, 1994; Wilson, 1996). In addition, treatment manuals make it easier to train and supervise therapists in specific clinical techniques and strategies, facilitate clinical audit (assessing whether clinical guidelines are being properly implemented), and encourage accountability and adjustment of treatment if the patient is not responding. Treatment manuals also make psychological therapies more disseminable (e.g., by making it easier for therapists to acquire specific skills). Importantly, they have also spawned the effective use of empirically-supported self-help protocols (Fairburn & Carter, 1997).

### Misconceptions about Manual-Based Treatment

Misconceptions about manual-based treatment are commonplace (Addis, Wade, & Hatgis, 1999; Wilson, 1998). They include the following: (1) It de-emphasizes and even undermines the therapeutic alliance. In fact, the development of a positive therapeutic relationship is imperative. Therapist skill in blending a consistent focus on specific

therapeutic goals while remaining responsive to the patient’s changing needs is essential. Studies show that competently conducted manual-based therapy is characterized by high levels of therapeutic alliance and significant positive correlation with adherence to the manual. (2) Manuals are useful for research but not routine clinical practice. Of course the generalizability of the findings of any efficacy study to different clinical settings must be evaluated directly in clinical effectiveness research. Existing studies on anxiety and mood disorders have shown promising clinical effectiveness of manual-based treatment. (3) Manual-based treatments cannot address comorbidity. In fact, the efficacy studies that provide empirical support for manual-based treatments typically include patients with severe psychopathology and high rates of psychiatric comorbidity. (4) Adoption of structured treatment protocols will block clinical innovation. Actually, they have stimulated research designed to develop innovative strategies for enhancing current treatment efficacy, and led to studies that are challenging the theoretical bases of existing approaches. (5) Manuals prevent individualization. In fact, although current manual-based treatments deliberately limit the range of interventions, they nonetheless do allow for a good deal of individualization (Wilson, 1996).

### The Future of Manual-Based Treatment

We need to improve the efficacy of existing cognitive behavioral therapy (CBT) for eating disorders by expanding the scope of treatment and tailoring interventions to individual patients. This entails assessment of the specific mechanisms that maintain the eating disorder in particular patients - the traditional hallmark of behavioral assessment. The challenge in doing this is to balance a renewed focus on flexibility (and the clinical judgment this inevitably requires) with the structure of manual-based treatment.

Fairburn, Cooper, and Shafran (in press) have provided a blueprint for achieving this balance in an effort to develop more effective CBT for all eating disorder patients. They have proposed a “transdiagnostic” framework in which diagnosis does not determine treatment planning. Rather, the latter comprises “personalized treatment

formulations” derived from a focus on mechanisms that maintain the disorder for each patient. These mechanisms, identified by research on the specific psychopathology of eating disorders, are then targeted using innovative treatment “modules” that supplement the existing CBT manual. Regardless of the ultimate success of this specific approach, it will serve as a significant impetus to the development of a new generation of manual-based treatments that will increasingly attempt to address some of the limitations of existing approaches.

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G. Terence Wilson, Ph.D.  
Oscar K. Buros Professor  
Department of Psychology  
Rutgers University  
Piscataway, New Jersey

#### CON

The complex nature of eating disorders both fascinates clinicians and challenges them to maintain therapeutic zeal. Given substantial drop-out rates from treatment, high relapse rates following treatment, and the protracted time to maintenance of full recovery, particularly with anorexia

nervosa – when it occurs (1,2,3), clinicians are unable to rely exclusively on empirically supported treatment strategies that tend to focus on symptom reduction for eating disorders. For those with anorexia nervosa, in particular, there is limited data on its optimal treatment (4).

Treatment approaches that address the individual vulnerabilities associated with the preoccupation with food, weight and shape associated with eating disorders continue to be necessary. Such approaches may be complementary to or follow treatments that are focused on symptom reduction (5) and are likely to contribute to improvement through different mechanisms. Although adequate controlled trials of psychodynamic treatment and other psychosocial treatments are lacking, reports from those recovered from eating disorders provide some insight into the process of recovery. Consistent with Hilde Bruch’s writings (6), women recovered from anorexia nervosa indicate that the most highly valued treatment was individual psychotherapy with a therapist who provides validation, assists in tolerating feelings and facilitates self-understanding (7). Likewise, those recovered from bulimia nervosa found that empathic and caring relationships, including those with therapists, contributed to recovery, whereas a lack of understanding hampered recovery (8).

Implicit in the above is the recognition that clinicians providing non-empirically supported treatments for those with eating disorders must ensure careful pre-treatment evaluation consistent with American Psychiatric Association guidelines (9), as well as regular re-evaluation of treatment progress.

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Janet de Groot, M.D., M.Sc., FRCPC  
Assistant Professor, University of Toronto  
Staff Psychiatrist, University Health Network  
Psychoanalyst, Toronto Psychoanalytic Society

#### PRO

As Alan Kazdin noted in 1996, there has been strong interest in identifying therapy techniques that are supported by research over a period of many decades, and that few of us would align with a position in support of “non-validated treatments.” That is, I think that most practitioners would endorse a strong preference for using psychotherapeutic techniques that are supported by a robust evidence base. Moreover, research stimulated by the search for validated techniques has led to the identification of efficacious treatments for numerous specific disorders, for example, cognitive behavior therapy for bulimia nervosa. Nevertheless, the debate about empirically supported or evidence based treatments continues.

First, there is legitimate concern about the viability and utility of expanding a list of “brand name” therapies, given that it is unlikely that clinicians will be willing or able to obtain training or learn to effec-

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tively utilize more than one or two of these. Second, despite evidence that specific therapeutic techniques are efficacious in the context of randomized clinical trials, there is much less evidence that these therapies can be delivered effectively in real world settings. Third, further work is needed to document that brand name treatments are actually distinct from one another; that is, we have an imperfect understanding of how and why a given therapy works, and common factors may underlie all successful treatments. Finally, it is clear that not all individuals will benefit from a course of any given evidence-based treatment, leaving the unanswered question of how to treat non-responders.

In light of the controversy, how do we proceed? I think that all of us would agree that our patients deserve optimal treatments. Further, the current healthcare system will continue to demand provider accountability. Thus, ongoing psychotherapy research is critically important. The creative tension among those who favor manual-based treatments (e.g., interpersonal therapy for bulimia nervosa), the identification of effective treatment principles (e.g., activation for depression, exposure for phobic anxiety), or the testing of other theory-based interventions with alternative research designs, will enhance the ongoing dialogue, which, in turn, will lead to more sophisticated conceptualizations and efficacious treatments.

In the meantime, how can we responsibly treat individuals who have failed available evidence based approaches? First, I would maintain that ethical practice requires utilization of strategies with research support in favor of those with little or none. Next, I think it is incumbent upon practitioners to maintain an “experimental” attitude and to collaborate with patients in establishing specific treatment goals and ways to assess whether or not goals are met. Finally, we should not ignore our roles as healers with patients for whom we currently have no clearly effective treatments.

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Marsha D. Marcus, Ph.D., F.A.E.D.  
Associate Professor of Psychiatry and Psychology  
Chief, Behavioral Medicine and Eating Disorders Program  
Western Psychiatric Institute and Clinic  
University of Pittsburgh Medical Center

### CON

In our ongoing effort to evaluate effective and appropriate treatments in the developing field of eating disorders, much of our attention in recent years has been focused on behavioral and manual-based treatments such as CBT, DBT and IPT. Academy workshops, plenaries and training sessions have been devoted to these “evidence-based” treatments, while psychodynamic approaches have been relegated to backroom discussion groups. The intentions and ethics of those who practice psychodynamically have even been questioned by some who suggest that those who practice anything other than an “evidence-based” technology are clinically lazy or, worse, therapeutic Luddites.

Evidence, however, comes in many forms—not the least of which is clinical observation and experience. In meetings of the AED Psychodynamic Psychotherapy Special Interest Group held at Academy conferences since 1998, as well as at the London 2001 Eating Disorders Conference, discussions have focused on how to effectively integrate different treatment modalities to adequately address the complex demands of eating disorder treatment. The consensus at these meetings, based on the clinical observation and experience of hundreds of clinicians from around the world, is that psychodynamic psychotherapy is a viable, and often essential, treatment approach when integrated with team treatment, cognitive behavioral technologies, family therapy and other practices, particularly with some of our more complex and refractory cases.

Clearly, psychodynamic treatment is not a user-friendly subject for empirical research design. But when more questions than answers remain about successful eating disorder treatment and relapse prevention, we need to remain open to anecdotal and phenomenological evidence, as well as to empirical evidence, and not be in too much haste to rule out those clinical methods or

approaches which are not easily measurable or quantifiable. Our treatment and research efforts are aimed at a moving and constantly morphing target, as obesity and eating disorders continue to spread around the globe. Even our attempts at eating disorders awareness and prevention, although essential, have an unnerving Sisyphian quality. Enthusiasm and support for clinical treatments that appear to be effective, based on well-designed research, is warranted, but a resulting rush to exclusivity in our attitudes about appropriate treatment is not.

Judith Banker, M.A., LLP  
Founding Director, Center for Eating Disorders  
Ann Arbor, Michigan  
Owner/Executive Director, The Therapy Center of Ann Arbor  
Chair, AED Psychodynamic Psychotherapy Special Interest Group



### Special Interest Group Mini-Conference

The Athlete Special Interest Group will be sponsoring a one day mini-conference, “Athletes and Eating Disorders: Bridging the Gap,” on September 19, 2003, in Indianapolis, Indiana. This will be the Academy’s first specialty conference sponsored by a SIG. The conference will include an invited address, multiple workshop offerings, and research paper presentations. In addition, a special panel discussion with sport representatives from the NCAA, the National Federation of State High School Athletic Associations, and representatives from one or two sport federations is being planned. Anyone interested in submitting a proposal can look on the AED web site for more specific instructions. The deadline for submissions is June 15, 2003. For more information about this exciting meeting, contact Roberta Sherman (rsherman@indiana.edu) or Ron Thompson (rthomps2@juno.com). Be sure to mark your calendars and check the web site frequently for updates.



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## Academy for Eating Disorders 2003 International Conference in Denver

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The Academy for Eating Disorders is proud to announce the 2003 International Conference on Eating Disorders in Denver, Colorado, May 29-31, 2003 at the spectacular Omni Interlocken Resort. This Four-Star resort is situated in the beautiful Rocky Mountain region with access to outstanding cultural attractions, museums, dining and outdoor activities.

The 2003 conference program committee chaired by Denise Wilfley, Ph.D., F.A.E.D. and Debbie Katzman, M.D. has put together an exciting program. The theme of the conference is "Clinical and Scientific Challenges: The Interface between Eating Disorders and Obesity". We are thrilled to have as our keynote speaker Susan Yanovski, M.D., F.A.E.D. Director of the Obesity and Eating Disorders Program for the National Institute of Diabetes and Digestive and Kidney Diseases.

The committee has convened four plenary sessions: Classification of Eating Disorders: Where do we go from here?, Body Weight Regulation, Eating Disorders and Obesity in the Pediatric Population, and the Treatment of Binge Eating Disorder.

The first plenary, Classification of Eating Disorders: Where do we go from here? will address classification systems and how they apply to eating disorders. Donald Williamson, Ph.D. (USA) will discuss categorical versus dimensional classification systems, Tim Walsh, M.D., F.A.E.D. (USA) will critically review our current DSM system and discuss future directions, and Rachel Bryant-Waugh, Ph.D. (UK) will address specific challenges associated with the classification of eating disorders in children and adolescents.

The second plenary will review the current knowledge relevant to body weight regulation, with an emphasis on the dietary, physiologic, environmental and genetic factors that influence body weight in healthy adults, obese persons, and patients with eating disorders. Speakers include Samuel Klein, M.D. (USA), Roland Weinsier, M.D. (USA) and Janet Treasure M.D., Ph.D. (UK).

The third plenary will focus on child and adolescent eating disorders and obesity. This

session will review the rapidly increasing prevalence of child and adolescent eating disorders and obesity, discuss the serious health consequences, and will identify effective and culturally appropriate interventions to prevent and treat obesity, overweight and eating disorders in children and adolescents. Speakers include C. Barr Taylor, M.D. (USA), Marsha Marcus, Ph.D., F.A.E.D. (USA) and Dianne Neumark-Sztainer, Ph.D., F.A.E.D. (USA).

Finally, the fourth plenary will analyze the pros and cons of different treatments for BED, including specialized psychological therapies (CBT, IPT), behavioral weight loss treatment, pharmacotherapy, and self-help strategies. The focus will be on the clinical management of obese patients with BED. Alternative views to BED treatment will be presented by Christopher Fairburn, Ph.D. (UK) and Denise Wilfley, Ph.D., F.A.E.D. (USA). Commenting on these views will be James Mitchell, M.D., F.A.E.D. (USA) and Carlos Grilo, Ph.D. (USA). This will be followed by audience participation as well as interaction among the four speakers.

The Program Committee is well on its way to finalizing a program that retains the successful elements of previous conferences while adding new elements to respond to members' needs. In addition to these rich plenary sessions, we will be hosting a pre-conference teaching day, a welcome reception followed by SIG (special interest groups) meetings, plenty of high quality papers and workshops, and a 10th anniversary celebration of the Academy for Eating Disorders. This anniversary celebration promises to be filled with good friends, great food, dancing and all kinds of fun!

The initial call for abstracts has been issued and we are using an updated web-based submission system that is extremely user friendly. Visit [www.aedweb.org](http://www.aedweb.org) for more information. The deadline for submitting an abstract is **October 31, 2002**.

It is not too late to email us with any ideas or suggestions, especially if they involve an emerging issue that would be of interest to our AED members. We encourage you to start making plans for Denver 2003! On behalf of the Program Committee, we look forward to a successful and productive conference for all participants.

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## Education and Training Council Update

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Michael Devlin, M.D., F.A.E.D. & Amy Baker Dennis, Ph.D., F.A.E.D.  
Education and Training Council Co-Chairs

### *Fall Teaching Days*

Mark your calendars for October 24<sup>th</sup> and 25<sup>th</sup> and join us in New Orleans, LA or Columbus, Ohio for ***Clinical Innovations in the Treatment of Eating Disorders***. This one-day program will feature three internationally known experts in the field of eating disorders. Kelly Bemis Vitousek, Ph.D. will address the treatment of anorexia nervosa in her presentation entitled ***Enhancing Motivation for Change Across All Stages of Treatment***. Michael Devlin, M.D., F.A.E.D. will be focusing on ***The Treatment of Bulimia Nervosa: Basics and Beyond*** and Scott Crow, M.D., F.A.E.D. will speak on ***The Problems of Obesity and Binge Eating Disorder: Course, Complications and Treatments***. Participants will hear a brief clinical overview of a full range of treatments for each disorder in the morning session and then have an opportunity to select one, in-depth training workshop in the afternoon session. The afternoon session will be clinically focused and is designed to provide participants with a comprehensive understanding of treatment alternatives for each disorder. Questions and participant discussion will be encouraged.

This program will be offered on Thursday, October 24<sup>th</sup> in New Orleans, LA at River Oaks Hospital and is co-sponsored by the eating disorders program at River Oaks. Room reservations can be made by contacting the ***Towne Places Suites by Marriott*** (504-818-2400) or the ***Hampton Inn & Suites*** (504-733-5646). On Friday, October 25<sup>th</sup>, this program will be offered in Columbus, Ohio at the Westin Great Southern and will be co-sponsored by The Center for Eating Disorders and Psychotherapy. For room reservations contact ***The Westin Great Southern*** (614-228-3800). For further information and to register for the fall teaching day, please visit our website at [www.aedweb.org](http://www.aedweb.org) or contact the Academy office at 703-556-9222.



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## Education and Training, continued from page 6

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### 2003 Academy Annual Meeting

Our tenth anniversary meeting for the Academy, **Clinical and Scientific Challenges: The Interface between Eating Disorders and Obesity**, will be held May 29-31 in Denver, Colorado. A summary of the program can be found on the previous page. We hope that you will join us!

### Teaching Days 2003

The Education and Training Council is hard at work planning both regional and international teaching days for 2003. Teaching days are being considered for both New York City and Los Angeles. Additionally, the **Athletes and Eating Disorders** special interest group (SIG) will be sponsoring a teaching day for health and mental health professionals who are treating or are interested in treating athletes with eating disorders. The all day program will be held in Indianapolis, Indiana in autumn of 2003. Further information about this innovative program, which will be the first SIG-initiated freestanding educational activity for AED, will be forthcoming.

In response to interest from around the globe, we have recently expanded our teaching day program and have appointed Kathleen Pike, Ph.D., F.A.E.D. as the chairperson of the International Teaching Day Task Force. Once the entire committee is appointed and preliminary procedures established, the task force will begin planning Academy teaching days in locations outside of North America. For further information on any of these programs, please visit our website. If you have ideas about topics, locations, or speakers for future teaching days, please contact us at Amy Baker Dennis Ph.D., F.A.E.D. [ABDennis@aol.com](mailto:ABDennis@aol.com) or Michael Devlin M.D., F.A.E.D. [mjd5@columbia.edu](mailto:mjd5@columbia.edu).



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## Junior Researcher "Stand-Out"

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Lisa Lilienfeld, Ph.D.  
Newsletter Editor

The following researcher was one of the eight individuals who won NIMH-sponsored travel fellowships to present their research at the Academy conference in Boston last April. These individuals were judged by the selection committee to have a demonstrated interest in research on eating and weight disorders, show promise as researchers, meet the eligibility criteria regarding trainee status, and have an abstract accepted for presentation by the Academy International Conference Program Committee. This column of the newsletter allows all Academy members to learn about what these up-and-coming researchers are doing.

Katharine L. Loeb, Ph.D.  
Education

1991 B.A., Psychology and Women's Studies, Barnard College, Columbia University; New York, New York

2000 Ph.D., Rutgers University; Piscataway, New Jersey

### Current Positions

3<sup>rd</sup> year NIMH Post-Doctoral Fellow in Child Psychiatry, Columbia University  
Adjunct Assistant Professor, Teachers College, Columbia University

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### THERAPEUTIC ALLIANCE AND TREATMENT ADHERENCE IN TWO INTERVENTIONS FOR BULIMIA NERVOSA: A STUDY OF PROCESS AND OUTCOME

Katharine L. Loeb, Ph.D.<sup>1</sup>, G. Terence Wilson, Ph.D.<sup>2</sup>, Elizabeth Pratt, M.S.<sup>2</sup>, Jumi Hayaki, M.S.<sup>2</sup>, B. Timothy Walsh, M.D.<sup>1</sup>, W. Stewart Agras, M.D.<sup>3</sup>, Christopher G. Fairburn, M.D.<sup>4</sup>

<sup>1</sup>Department of Psychiatry, Columbia University, New York, NY

<sup>2</sup>Department of Psychology, Rutgers University, Piscataway, NJ

<sup>3</sup>Department of Psychiatry, Stanford University, Stanford, CA

<sup>4</sup>Department of Psychiatry, Oxford University, Oxford, England, UK

This study examined the relationship between therapeutic alliance, therapist adherence to treatment protocol, and outcome

in two interventions for bulimia nervosa: cognitive-behavioral therapy (CBT) and interpersonal psychotherapy (IPT). A total of 243 audiotaped psychotherapy sessions (81 patients at 3 time points) were analyzed by three independent raters. Alliance was measured with a modified version of the Vanderbilt Therapeutic Alliance Scale (Hartley & Strupp, 1983), which assesses both therapist and patient contribution to alliance. Treatment took place within a multi-site study (Columbia University and Stanford University) comparing CBT and IPT; only study completers were examined in these analyses. Frequency of purging was the primary outcome measure.

Results showed high levels of both alliance and adherence across treatments. CBT was associated with better therapist adherence to the treatment protocol. Across treatments, better adherence was associated with increased alliance; adherence also accounted for a large portion of the variance in alliance. Increased early therapist alliance predicted better outcome in the overall sample. At mid-treatment, there was no discernable relationship between alliance and outcome in CBT, but there was a strong positive relationship between these two variables in IPT. Temporal analyses revealed that prior improvement in purging frequency was associated with better adherence at Session 18 in the overall sample, and at Session 12 in the CBT group.

A strong therapeutic alliance can be achieved in manualized treatments. Contrary to some clinical lore, protocol adherence does not diminish therapeutic alliance, but in fact appears to enhance it and contribute to much of its variance. Alliance may drive symptom change, especially in IPT, whereas symptom change appears to drive adherence to treatment protocol.

### CORRESPONDING AUTHOR

Katharine L. Loeb, Ph.D.

Dept of Psychiatry, Columbia University  
Eating Disorders Research Unit

New York State Psychiatric Institute  
1051 Riverside Drive, Unit 74

New York, NY 10032

ph: 212-543-5995, fax: 212-543-6660

e: [loebk@childpsych.columbia.edu](mailto:loebk@childpsych.columbia.edu)



## Report from the International Task Force

Tracey Wade, Ph.D.  
AED International Task Force Chair

An international task force was set up in April 2002, consisting of T. Wade and C. Bulik (co-chairs), P. Fallon, J. Geller, G. Waller, H. Papezova, P. Machado, and E. van Furth. The committee addressed two related questions: What is it about the AED that contributes to the perception that it is primarily North American in orientation? and How can the AED become more international?

Five broad areas of recommendations were made:

1. The public face of the AED. We recommend that: (a) countries be listed in strict alphabetical order on the web site, (b) the newsletter include information across the international spectrum of quality eating disorder clinical and research activity, and (c) when any training initiatives are only available to residents of a specific country, the reason for this should be made clear.

2. The nature and location of AED conferences. We recommend that: (a) the distinction between the “odd year” and “even year” conferences be revisited and the distinction between the two dissolved, such that both odd- and even-year conferences be directed towards an integrated international membership, and (b) consideration is given to holding AED conferences outside of North America on a regular basis.

3. Fund raising. We recommend that: (a) future fund raising activities feature awardees from a mixture of countries which will most effectively be promoted if there are international members on fundraising committees, (b) the intended destination of funds raised is made clear in early advertising for any fundraising activity, (c) some of the funds raised go to support scholarships for students to attend AED conferences, with a special focus on economically disadvantaged students from all countries, (d) each member country of the AED be encouraged to apply for funds from their country to support scholarships for student fellowships, and (e) some of the funds raised by other countries be used to complement NIH money for AED fellows

so that we will be in a position to offer some matching student fellowships to overseas students and not restrict the program to US students because of NIH requirements.

4. Special Interest Groups. We recommend that: (a) issues of relevance to subgroups of the AED be presented as part of a special interest stream at conferences where other topics of interest are simultaneously available to other members, (b) AED members are informed as to the endeavours of the AED to become more international, and (c) a questionnaire be sent to AED members to seek their views on the internationalisation of the AED.

5. The AED executive council and board: We recommend that the AED executive council and board continue to represent the membership of the AED.

Please expect a questionnaire addressing these issues in the near future. Your time and thought in filling out this questionnaire will be greatly appreciated as we continue the process of thinking through how we can develop a truly international Academy.



### AED Newsletter Advertising Rates

#### Classified Ads:

**Members:** First 10 lines no charge; each additional line, \$10 each

**Non-members:** First 10 lines \$150; each additional line, \$10 each

#### Display Ads:

**1/4 page:** member: \$425  
non-member: \$525

**1/2 page:** member: \$700  
non-member: \$850

**Full-page:** member: \$1100  
non-member: \$1350

## Members Honored

Lisa Lilienfeld, Ph.D.  
Newsletter Editor

**Rachel Bachner-Melman** is a student member of the Academy who has recently received two impressive awards. First, she was awarded one of five scholarships given to outstanding doctoral students by the Faculty of Social Sciences at the Hebrew University of Jerusalem. These are generous scholarships granted for a period of three years to allow students to devote most of their time to their doctoral research. The second award was a scholarship for excellence from the Israel Association of University Women. Rachel's doctoral dissertation, still in its initial stages, is entitled, “Genetic and Personality Factors associated with Anorexia in Athletes and Non-Athletes”. She is very interested in collaborating with other Academy researchers and clinicians who work with anorexic athletes. Please contact her at [msrbach@mssc.huji.ac.il](mailto:msrbach@mssc.huji.ac.il) if you are interested in this area and would like to share ideas.

**Jennifer Boisvert** is another student member deserving congratulations. She is currently a Ph.D. candidate in Clinical Psychology at the University of Regina in Saskatchewan, Canada. She has recently been awarded a prestigious and generous grant from the Social Sciences and Humanities Research Council of Canada. This grant will enable her to expand upon her thesis research, from which she presented findings at the last two AED conferences. Her dissertation will focus on hope and eating disorders. Please contact Jennifer at [jenniferboisvert@hotmail.com](mailto:jenniferboisvert@hotmail.com) if you are interested in this area and would like to correspond with her.

The Academy is thrilled to have such accomplished students and promising young professionals as members.



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## Book Review Corner

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Debra Franko, Ph.D.  
Northeastern University

### *Sensing the self: Women's recovery from bulimia*

Sheila M. Reindl, Ed.D.  
(Harvard University Press, 2001, ISBN 0-674-00487-6 \$29.95, 337 pages)

Sheila Reindl's volume offers a compelling look at the complicated process of recovery from bulimia nervosa. Based upon her in-depth interviews with thirteen women who have recovered, Reindl vividly interweaves the theoretical perspectives on etiology and recovery with the personal stories that bring the process to life. This is a book that I recommend for both clinicians and those struggling with an eating disorder. For clinicians, Reindl's description of multiple theories and the intricacies of the treatment process will be both illuminating and validating. More than once I found myself relating sections of the book to women I have seen in therapy, connecting both my experience as a therapist and my clients' stories to the ones told in the book. I think clinicians will also appreciate the "translated" descriptions of the writing of theorists like Winnicott into language more easily understood and readily applied to the clinical encounter. This book will also be a wonderful resource for clients. Reindl includes many paragraph-length quotes from the stories of her subjects, which makes for poignant and powerful reading that will surely resonate with many women working on their eating disorder. But, more than that, Reindl's narrative offers a very personal look at the complexities of the recovery process, in the words of those who have been there. In exquisite detail, these courageous women recall events prior to the eating disorder, family experiences, the process of recognizing the need for and then getting help, and the complicated road to recovery. Reindl's artistry is in taking these many hours of interviews and weaving them into a story rich in clinical detail that tells of the pain and the triumph of this process.

Reindl begins by saying "the essence of recovering is the development of a sense of self...women with bulimia nervosa tend to be profoundly disconnected from their subjective psychic and physical experience

and to rely on external gauges to guide their actions. To recover, they must learn to attune to their own experience" (pp. 9-10). She then recounts the words of Abigail, who, when asked what she has gained in recovering, says, "...I feel like the stuff I've been doing has been creating more a real knowing, really trying cultivate this development of my instinct and trusting my instinct. And knowing what I need, what I want... getting acquainted with different parts of me" (p. 10).

After a very informative first chapter on ideas about etiology applied to her subjects, Reindl spends the remainder of the book focused on the process and stages of recovery. She describes "pivotal experiences characterized by a manifest commitment to working toward wellness" consisting of six essential elements: a felt sense of enough (reaching one's limit of distress), an act directed toward getting help, others' response to that effort, a context supportive to recovery, a belief that one will recover, and an investment in the process of recovering. Each of these elements is described based on the women's interviews and interspersed with Reindl's clinical commentary. She provides a complex and sensitive understanding of recovery, primarily from an object relations perspective, with an in-depth explanation of the function of symptoms. Reindl takes us to a greater understanding of the recovery process in a later chapter in the book, which leads with "like a symphony which begins with a few instruments and gradually builds to full orchestration, sensing self-experience was an additive and resonant expansion leading to an ever deeper and more complex sense of self" (p. 99). She then describes the recovery process as one that involves knowing and trusting one's body, sensing bodily sensations, needs and psychic pain, as well as adequacy, authenticity, pleasure, and separateness. Ending this chapter, Reindl's subjects recount details that involve sensing one's legitimacy, human limitations, and capacity to contribute in the world. An especially engaging chapter is the one where Reindl uses the fairy tale "Beauty and the Beast" as a metaphor for understanding the work involved in coming to terms with what someone with bulimia views in herself as "ugly, unacceptable, or unlovable." The final chapters cover learning to sense self-experience, sensing the self through relationships, and sustaining rec-

covery, and do so with the same moving and sensitive approach as the chapters that proceed them.

Reindl concludes with a discussion of the implications of her work, among them the need to acknowledge that the recovery process is as elaborate and multi-determined as the etiologic one. This realization may help to increase our understanding of the ingredients of effective treatments. The power of this thoughtfully written book is in its careful attention to the details of the lives of thirteen women, giving readers a unique window into the complexities and triumphs of the recovery process.



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### *Editor, continued from page 1*

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result of a "letter to the Editor" from one of the Academy member contributors to the article. I continue to be very interested in suggestions for other areas of potentially divergent opinions within the Academy for spotlighting in future newsletters.

The winter issue will feature the beginning of regular updates from our Academy Special Interest Groups (SIGs). Interest and enthusiasm in the SIGs have grown tremendously in recent years. Paulo Machado, PhD, the new SIG chair, will be coordinating upcoming newsletter updates from individual SIG chairs. This will allow the rest of the membership to learn about the activities of these SIGs and decide whether joining one might be of professional benefit and interest. I know that many Academy members have been very pleased with their recent decision to join one of our SIGs.

Enjoy the fall or spring season, depending on where you call home.



## Classified Advertising

### Clinical Director, Adult Residential Eating Disorder Program, Greater Boston Area -Starting Late Fall, Licensed Ph.D. Candidate

--Experience with adult eating disorder population necessary. Inpatient, partial hospital or residential experience preferred. Responsibilities include program development, staff supervision, direct clinical services and administrative functions. Salary \$55K-70K, plus benefits. If interested please send cover letter & CV to Linda McDonald, P.O. Box 368, Medford MA 02155-0004 Fax (781) 391-8820, or email to [lhi@laurelhillinn.com](mailto:lhi@laurelhillinn.com) For more info visit our website at [www.laurelhillinn.com](http://www.laurelhillinn.com)

### Staff Psychologist, Eating Disorder Clinic.

At St. Cloud Hospital, part of the fast growing CentraCare Health System in Central Minnesota, we know a satisfying and fulfilling work experience for healthcare professionals is vital for truly excellent healthcare. That's why we're proud of our consistently high levels of employee satisfaction and the prestigious state and national awards we receive. The Behavioral Health Clinic is recruiting a licensed psychologist to provide assessment and therapy services to adolescents and adults with eating disorders. We anticipate you will function as part of a multidisciplinary eating disorder team. You must have a strong interest in eating disorders and women's issues. Psychologists on this team provide high quality assessments and therapy, and will be expected to facilitate group therapy with individuals and families who are struggling with the impact of an eating disorder. The opportunity to see general adult and adolescent clients would be available for approximately 25% of the caseload. Must be a MN state-licensed psychologist. A Ph.D. or Psy.D. from an accredited university program is preferred; a Master's degree with five years experience and license will be considered. We offer a competitive salary, exceptional benefits, and the opportunity to participate in an organization that places value and recognition on the accomplishments of its employees. To apply, please send your resume to: St. Cloud Hospital, 1406 Sixth Avenue North, St. Cloud, MN 56303 Fax: 320-656-7022 or email: [hrs@centracare.com](mailto:hrs@centracare.com). EOE. Drug/Alcohol screen. Smoke free environment. [www.centracare.com](http://www.centracare.com).

**The Joy of Collaboration...**it's ours to share at Park Nicollet. When you work with people who are giving, supportive, highly skilled and deeply committed, working is a joy. Currently, we have an excellent practice opportunity: **EATING DISORDERS INSTITUTE (EDI) Medical Director** - Park Nicollet Clinic, Minneapolis, MN. This position is an exceptional leadership opportunity for a Family Practice physician or a Psychiatrist interested in leading a growing program treating children and adolescents with eating disorders. Experience in treating patients with eating disorders preferred. Research opportunities are available and encouraged by the department. This is a rapidly expanding multidisciplinary practice with a growing staff of 90 individuals. The Eating Disorders Institute, a partnership of Methodist Hospital and the University of MN Physicians includes full continuum of care with In-Patient, Partial Hospital Program, Intensive Out-Patient, Out-Patient and After Care programs, dealing with over 15,000 patient visits each year. Our inpatient eating disorders unit is widely recognized in particular for its care of pre-adolescents, adolescents and young adults. Please submit letter of interest and CV to the attention of Stephanie Hatier, Clinician Recruiter, Park Nicollet Health Services, 3800 Park Nicollet Boulevard, Minneapolis, MN 55416; fax (952) 993-0212; email [haties@parknicollet.com](mailto:haties@parknicollet.com); phone (866) 807-8945. AA/EOE.

**LICSW/LPCC**--MeritCare has an immediate, full-time therapist position open in psychiatric services - eating disorders partial hospitalization program. Incumbent will work Monday - Friday (8:00 am to 5:00 pm, with some early evening hours). Duties to include care coordination, group, individual and family therapy, and discharge planning. Experience in treatment of eating disorders and adolescent and family therapy required. Master's in Social Work, Counseling, or related field required. MeritCare provides excellent benefits, competitive salary, and a very supportive environment. For more information on this position, contact: Jill C. Gilleshammer, MeritCare Medical Group, 737 Broadway, Fargo, ND 58123, 800-437-4010, Ext. 2338, Fax: 701-234-2316, Email: [jillgilleshammer@meritcare.com](mailto:jillgilleshammer@meritcare.com). MeritCare is an EOE/AA Employer



### President, continued from page 1

for committee members. As we expand the circle of those in decision making positions in the Academy, we hope to better serve the needs of all of our members.

Many other committees have been busy working on your behalf. Plans are well on their way for this year's conference in Denver and we will be celebrating 10 years of the Academy's existence at the meeting. The AED has continued discussions with the National Eating Disorders Association (NEDA) and is interested in developing additional relationships with advocacy groups outside the US.

The Publication Council, utilizing the talents of George Degnon and the journal committee, has negotiated a new contract with Wiley on behalf of the Academy for publication of the *International Journal of Eating Disorders*. We are pleased with the negotiation process and the acknowledgement of the role of the Academy in the journal. Wiley has also offered to support several Young Investigator Grants for the Denver conference. Details will soon be posted on our web site as they become available.

Last year at this time, September 11<sup>th</sup> was just another September date. We don't know what this year will bring in the politics of the world, in our home countries or in our daily lives. However, for many of us, 9/11 has added both an urgency to create meaning and to instigate change in our daily lives. At the Academy, we look forward to feedback and to implementing the changes to make the AED a global community for those working in the field of eating disorders. Please feel free to email me suggestions or thoughts at [fallon@aol.com](mailto:fallon@aol.com).



## REMINDER

*Abstract Submission  
Deadline  
October 31, 2002*

## Upcoming Conferences

### Academy for Eating Disorders 2002 Regional Teaching Day Workshops

October 24, 2002 – New Orleans, LA  
October 25, 2002 – Columbus, OH

This year's workshops will address the treatment of anorexia nervosa, bulimia nervosa, and binge eating disorder. Each workshop starts with a brief clinical overview of all disorders and then in-depth training for one disorder in the afternoon. Speakers include Kelly B. Vitousek, Ph.D., Michael J. Devlin, M.D., and Scott Crow, M.D. For more information and to register for workshops, visit [www.aedweb.org](http://www.aedweb.org) or contact [AED@Degnon.org](mailto:AED@Degnon.org).



### The Renfrew Center's 12<sup>th</sup> Annual Conference

Feminist Perspectives on Body Image,  
Trauma & Healing  
November 7-10, 2002  
Philadelphia Airport Marriott  
Philadelphia, PA

Workshops presented by: Jean Kilbourne, Susie Orbach, Kevin Thompson, Carol Munter, Jane Hirschmann, Doug Bunnell, Rita Freedman, Laurie Pearlman.



### Eating Disorders Research Society 2002 Meeting

November 21-23, 2002  
The Westin Francis Marion Hotel  
Charleston, SC

EDRS meetings are focused on the rapid dissemination of new research findings in the field, discussion of research methodology, training and mentoring of junior researchers, and facilitation of cooperation of researchers across the globe. This year's meeting will be hosted by Timothy D. Brewerton, M.D., F.A.P.A., F.A.E.D., the current president of EDRS, who has chosen a theme of "integration". Meetings are limited to EDRS members and their invited guests (two each). Colleagues who wish to gain more information about EDRS are encouraged to contact coordinator, Melissa Burgard at [Mburgard@nrifargo.com](mailto:Mburgard@nrifargo.com) or visit [www.edresearchsociety.org](http://www.edresearchsociety.org)

### The 6<sup>th</sup> London International Eating Disorders Conference

April 1-3, 2003  
Imperial College  
London, United Kingdom  
Conference Convenors: Rachel Bryant-Waugh, Ph.D. & Bryan Lask, M.D.  
For further information, e-mail: [conferences@markallengroup.com](mailto:conferences@markallengroup.com)



### Academy for Eating Disorders 2003 International Conference on Eating Disorders

May 29-31, 2003  
Omni Interlocken Hotel  
Denver, CO  
Keynote Address by Susan Yanovski, M.D.  
Visit [www.aedweb.org](http://www.aedweb.org) or contact [AED@Degnon.org](mailto:AED@Degnon.org) for more information.



### The 5<sup>th</sup> Brazilian Meeting on Eating Disorders June 19-21, 2003 Serra Azul Hotel

Gramado, Rio Grande do Sul, Brazil  
For further information, e-mail Professor Abuchaim at: [abuchaim.voy@terra.com.br](mailto:abuchaim.voy@terra.com.br)



## Call for 2003 Academy Fellows

The Academy Fellowship Committee announces its call for 2003 Fellow Applications. The Academy awards Fellow status to AED members from various disciplines and recognizes the diverse ways they may contribute to the field of Eating Disorders. Eligibility is open to those who have been full members of the Academy for at least five years.

Applicants should be able to document significant contributions in at least five of the following ten areas:

1. Active involvement in the work of the Academy in a leadership role.
2. Positions in other professional organizations.
3. Clinical contributions demonstrating excellence in the care of patients.
4. Teaching contributions in an academic or clinical setting.

5. Research accomplishments that have expanded knowledge in the field.
6. Scientific and scholarly publications and service on the editorial boards of journals.
7. Significant participation in conferences.
8. Active involvement in advocacy organizations.
9. Uncompensated community service in the treatment or awareness of eating disorders.
10. Development or administration of programs for eating disorders.

**If you are interested in applying, please send a letter clearly stating how you meet the above criteria and a current curriculum vitae, signed and dated, to the AED Central Office ([aed@degnon.org](mailto:aed@degnon.org)) by January 15<sup>th</sup>, 2003.**

Once this initial information is reviewed by the Fellowship Committee, each applicant may be requested to supply more information prior to acceptance, including:

1. Completed application form (available from Central Office)
2. Copy of professional school diploma
3. Copy of current license or other certification (as appropriate to one's discipline and location)
4. Two letters of recommendation from Fellows of the Academy who are able to comment on the applicant's suitability for Fellow status
5. Copies of publications or additional supporting data

The induction of all 2003 Fellows will take place during the 2003 International Conference on Eating Disorders.



## Call for Nominations

Please send recommendations by November 22 for 2003 President-Elect, Secretary, two Board Members-At-Large, and two members of the Nominating Committee to the Academy Central Office at [aed@degnon.org](mailto:aed@degnon.org).

## Academy for Eating Disorders

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### Share Membership Information with a Colleague

*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:

AED Central Office  
6728 Old McLean Village Drive  
McLean, VA 22101  
AED@degnon.org  
www.aedweb.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:

**Lisa Lilienfeld, PhD**

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

**Submission deadline:  
December 1, 2002**

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