



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

Message from the President(s)

Scott J. Crow, MD, FAED
Eric van Furth, PhD, FAED



As Scott Crow handed over the presidency to Eric van Furth in Barcelona, the outgoing and incoming AED leaders engaged in a lively conversation summing up the past year and tackling key Academy issues moving forward. (Ed.)

What were the major AED events in 2005/2006?

Scott: I can think of three major events in the last year. The first was a decision early this year that we would make the transition to a new format for the working of our board, with individual board members being in charge of their own area, or "portfolio." The second has been the extremely vigorous work of the AED credentialing task force. The third event that comes to mind is the remarkable response to the patient/carer survey and the development of the World Wide Charter for persons with eating disorders.

Eric: I agree with Scott's list, although I would put the development of the World Wide Charter as number one. Our collaboration with representatives from patient and carer groups around the world is very valuable. Another major accomplishment this year is the Barcelona conference, AED's first annual meeting outside of North America.

What is the significance of the World Wide Charter?

Scott: Three things come to mind. First, it is, as far as I know, entirely unique within our field; it is truly a ground-breaking document. Second, it is important for us because it is really a worldwide effort, a document created by a global team gathering information from individuals from throughout the world. Third, it represents a time when AED is reaching out to patients and carers and that is a new and exciting thing for us.

Eric: I really hope this will start a movement, uniting professionals, patient and carer organizations around the world to increase the quality of care. This will undoubtedly be a slow process, but we are committed to carrying it forward step by step, year by year.

What is coming up in 2006/2007?

Scott: I anticipate that the board will be focused on making the new structure work. Once up and running, the board will be able to respond to opportunities much more quickly but the change will take some time.

Eric: The reorganization of the board will effectively take out an extra layer in our organization chart. Consequently, the board members will each become portfolio holders. I expect that the lines of communication between the board and the large group of active volunteers (i.e. committee and task force members) will become much shorter. This should increase our effectiveness in governing AED.

What are the biggest challenges facing AED at the moment?

Scott: Transforming our outstanding educational offerings at meetings into the development of new, Web-based learning opportunities.

Eric: I agree, Web-based learning can really help disseminate knowledge. Another ongoing, major challenge that AED has been working on for the past four years is increasing international collaboration by increasing our membership and partnering with professional and patient/carer organizations around the

world. Interestingly, the AED Board has never before been so truly international in composition, with members from Australia, Spain, United Kingdom, Portugal, the Netherlands and the United States.

What AED strengths and achievements tend to go unnoticed and uncelebrated?

Scott: In this last year, from a position where I am able to see much of what is going on in the organization, I am amazed and humbled by the number of active, energetic, committed volunteers within AED. The amount of energy in AED is remarkable. I think in some ways we recognize this but at the same time we do underestimate it.

Eric: It's a very good question. I fully agree with Scott's reflections. AED, compared to many other organizations, is blessed with a high percentage of active members. I think these members are passionate about our common goals and are willing to act.

continued on page 2

Inside this Issue

Message from the President	1
Message from the Editor	2
New AED Development Committee Formed	3
2006 Worldwide Scholarship Campaign Launch	3
Academy Launches World Wide Charter for Action on Eating Disorders	4
AED Patient/Carer Task Force Update	4
AED Special Interest Group (SIG) News	6
International Spotlight	7
Fellows in Profile	8
Member News	8
Update from the National Eating Disorders Association, US	9
Update from the Eating Disorders Coalition for Research, Policy & Action, USA	9
Book Review Corner	10
Classified Ads	11
Upcoming Conferences	12



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**Message from the President
continued**

***Where will the organization be a
year from now?***

Scott: My hope is we will learn to function smoothly and more efficiently with the new portfolio system, and that we will have grown substantially in membership.

Eric: My hope is that the new organizational structure will increase communications with members and committees. I also think it will increase our collaboration as a team and will help us to respond more quickly to the challenges we face. In the coming year I would like to see AED's first webcast. We will have established an advisory board and our collaboration with professional and patient/carer organizations around the world will have grown substantially.

***AED has been viewed at times as a
North American group. To what
extent is that true now and in what
way is that changing?***

Scott: I hope those perceptions are changing because that reality is changing. If you look at the board membership, or the membership of the executive committee, or the locations chosen for meetings, the perception of AED as strictly North American is not accurate.

Eric: That is really an outdated view. However, as an organization that was founded in the United States and has its headquarters in the U.S. it is very difficult to shed that image. I sometimes even think AED suffers the consequences of U.S. foreign policy.

Any other thoughts or comments?

Scott: It has been an honor and a pleasure to serve as president in the last year.

Eric: It is a little bit worrying that I, as the first non-North American president will be the 13th AED President. We'll know in a year if the nominating committee was superstitious or not.

**Message from the
Editor**

Rachel Bryant-Waugh, PhD

In December 2004 I received an invitation from Debbie Franko on behalf of the AED board to consider becoming the new newsletter editor. Debbie's description of the role included terms like "gentle nudging" and "a nice way to get to know people." I can do that, I thought. To make the decision even easier, Debbie invited me to shadow her in her editorial duties for a year before taking office. Debbie is one of those people who impresses you with her genuineness, warmth and ability a little bit more every time you come in contact with her. This makes someone like me a little nervous that she will be a hard act to follow. Nevertheless, here I am and would like to thank Debbie and the board for enabling me to take this opportunity. Debbie has been a fantastic tutor, and I am well-equipped with lists and spreadsheets to help guide me through the process of putting the *AED Forum* together, with considerable help and input from members of the board and staff at the Sherwood Group. We'll see how it goes!

My hope is that the *Forum* will continue to develop in its scope and appeal, and to reflect and report on the many initiatives and new developments of this dynamic organization. The AED has become an important international body, and its newsletter will hopefully develop to reflect that more fully.

The *Forum* includes update columns from a range of eating disorder organizations, providing information on activities, initiatives and events organized and carried out by non-profit bodies whose missions are similar to that of AED. I am particularly eager to encourage organizations from the full range of countries represented by AED members around the world to submit articles for inclusion. We will include reports and feedback from the 2006 International Conference in Barcelona, and the transition of the presidency from Scott Crow to Eric van Furth, in the September issue, plus much more. Meanwhile, e-mail your thoughts, contributions, comments and notices about issues and events of interest to rachel.bryant-waugh@ntlworld.com. Thank you.

New AED Development Committee Formed

Judith Banker, MA, LLP, FAED

The AED Development Committee (DC) was recently formed as part of the new Board Development Portfolio. TJ Raney, Mary Gee, Mark Warren, Erin Zaleski, Annette Kluck, President-Elect Kelly Klump, Treasurer Judith Banker, and Academy Executive Director Sally Finney comprise the Development Committee, which is focusing on the 2006 AED Worldwide Scholarship Campaign as its first initiative.

The DC will work over the next year to build the mechanisms within the AED to seek or attract funding for high-priority programs and services. Based on a survey of AED leadership, the priority programs, outside the annual conference, include conference and travel scholarships for clinicians and researchers from underrepresented regions, Web-based learning, regional teaching days, advocacy, and the World Summit and Charter for Action. The DC will coordinate fundraising efforts with the intention of building a financial base that will help maximize the potential of these key programs.

The DC welcomes new members. If you have experience in fundraising and development, or have an interest in learning more, contact Judith Banker at banker@umich.edu for information about joining the committee.

2006 World Wide Scholarship Campaign Launch

Judy Banker, MA, LLP, FAED and Kelly Klump, PhD

The AED board of directors proudly announces the launch of the 2006 Worldwide Scholarship Campaign. The overall goal of the 2006 campaign is to provide training and education in eating disorders treatment, research and prevention to clinicians and early career investigators from around the globe. A particular focus for the campaign is to provide these educational opportunities for professionals from underrepresented regions of the world. Through the support of the Worldwide Scholarship Fund, scholarship recipients are provided with conference and travel support to attend the AED International

Conference and gain knowledge and skills to bring back to their communities to expand and improve the quality of eating disorders care and research in all regions of the world.

The campaign seeks to address these goals by replenishing the Clinician and Early Career Scholarship fund that was developed through the AED 2002 Gala. This fund has already provided conference and travel support for more than 35 clinicians and early career investigators from Australia, Austria, Canada, Columbia, Finland, Hong Kong, Israel, Japan, Mexico, New Zealand, Norway, Puerto Rico, Venezuela, the United Kingdom and the United States.

Past recipients have commented on the significance of the scholarship for their professional development. As noted by Ruth Yodaiken, MA, a clinical psychologist for the Nofit Center for the Treatment of Eating Disorders, Nordia, Israel and a 2004 recipient of the Clinician Scholarship:

"I was honored to receive a scholarship from the AED which allowed me to attend the clinical teaching day and conference held in Orlando, 2004. I found that exposure to current research has afforded a deeper comprehension of different treatment modalities as well as facilitating in the adaptation of our outpatient treatment program in Israel according to a clearer understanding of the needs of clients. As a psychotherapist, participation at SIG meetings (in the area of psychotherapy) was particularly beneficial and thought provoking in understanding the universality of certain psychotherapeutic issues in the area of eating disorders (despite cultural biases) as well as learning from the unique difficulties that arise in the therapeutic setting. I have no doubt that this opportunity has greatly enhanced my professional capabilities and proved to be an invaluable experience."

Simon Wilksch, a clinical psychology doctoral student at Flinders University of South Australia, expressed similar feelings about the Early Career Research Scholarship that he was awarded in 2005:



Simon Wilksch

"As I am currently completing my PhD (clinical psychology) in both research and clinical therapy, the scholarship allowed me to attend a conference that was invaluable to me on a variety of levels. The research training day allowed me to receive useful information

about grant applications, manuscript preparation and publication, as well as specific feedback on one of my papers from two experts in the field of eating disorder research. I was also able to network with highly regarded researchers in the field, as well as meet other early career researchers. The conference provided me with useful information that has informed my eating disorder prevention research, as well as empirically supported treatment models that I have incorporated into my own clinical work. I found the entire experience to be truly motivating and rewarding, and I would not have been able to attend without the support from the Academy."

Importantly, the Gala Scholarship fund that supported these and other recipients will cease to exist without additional financial assistance. Thus, the board is asking for support from AED members to continue this important AED educational program and to continue contributing to the professional development of colleagues from around the world. The goal of the 2006 campaign is to raise \$50,000 in order to support 25 deserving recipients. To kick off the campaign, the board and Executive Committee have contributed a combined donation of \$1,000.

To further support the campaign, the AED held a "Donate & Dance" fundraising event for the 2006 AED International Conference on Eating Disorders in Barcelona, Spain. This event sought donations from conference participants in lieu of an admission fee into one of the premier discos in Barcelona — St. Tropez! The dance took place on Thursday night, June 8, although donations were accepted throughout the conference. Look to the next issue of the *Forum* for an update on the success of the Donate and Dance fundraiser.

Please consider making a donation to the 2006 AED Worldwide Scholarship Campaign today. Donations can be made via the "Make a Donation" link on the AED homepage (www.aedweb.org). Instructions are provided for targeting your donation to the Worldwide Scholarship campaign. In addition to contributions from the AED membership, the campaign will also seek support from friends and supporters of other AED programs and services.

Thank you in advance for your support of this important AED initiative.

Academy Launches World Wide Charter for Action on Eating Disorders

Judith Banker, MA, LLP, FAED

The Academy for Eating Disorders and the World Summit Task Force proudly announce the launch of the World Wide Charter for Action on Eating Disorders. Officially launched at the 2006 AED International Conference on Eating Disorders in Barcelona in June, this document represents the opening initiative of the AED World Summit on Eating Disorders, which held its inaugural session on Friday, June 9, during the conference.

Drawn from the responses of 1,730 people with or recovered from eating disorders, family members, professionals, and other stakeholders from 46 countries to a Web-based survey developed by the World Summit Task Force, the Charter defines the rights and expectations that people with eating disorders and their families can seek from those responsible for health policies and practices worldwide. The goal is to form a united coalition that can persuade policy makers around the globe to commit to the actions set forth in the Charter. According to patient and family advocate Gráinne Smith, a member of the World Summit Task Force, "The survey results showed us just how many people worldwide still have to fight for access to treatment and battle the pervasive ignorance about these diseases, while fighting to overcome the eating disorder."

The Charter initiative arose from the work of the AED World Summit Task Force, a collaboration between Academy professional representatives and AED Patient/Carer Task Force members. World Summit Task Force members include patient/carers Kitty Westin, Anna Westin Foundation, USA; Jan Cullis and Rose Zohs, The Bronte Foundation, Australia; Susan Ringwood, Eating Disorders Association, UK; Gráinne Smith, Northeast Eating Disorders Support, Scotland; and AED professional representatives Scott Crow, Eric van Furth, Ulrike Schmidt and Judith Banker.

The Charter represents the first initiative of the World Summit on Eating Disorders, an event the AED plans to sponsor annually at each international conference. The World Summit Inaugural Session held at this year's conference was the first global meeting of professional, patient/carers, and other stakeholders gathering in a united effort to discuss common

WORLD WIDE CHARTER FOR ACTION ON EATING DISORDERS: Rights and expectations for people with eating disorders, and their families

CALL TO ACTION

IN RECOGNITION that eating disorders—*anorexia nervosa*, *bulimia nervosa*, and related disorders, devastate the lives of millions of people of all ages and their families

IN RECOGNITION that the highest quality of treatment involves a partnership among the treatment providers, the person with an eating disorder, and their families or loved ones

IN RECOGNITION that people with eating disorders and their families have a right to be involved in treatment decisions, and in respectful ongoing communication regarding treatment-related information

IN RECOGNITION that people with eating disorders have a right to high quality evidence-based care delivered by competent practitioners at an appropriate intensity and duration

IN RECOGNITION that people with eating disorders have the right to fully funded (by insurance or government) specialised eating disorder treatment provided at the earliest possible time

THIS CHARTER CALLS UPON THOSE RESPONSIBLE FOR POLICY AND PRACTICE TO:

Educate and inform the community with programs that:

- De-stigmatize eating disorders by promoting the understanding that an eating disorder is not an illness of choice and by raising awareness of the causes of eating disorders
- Increase public awareness of the signs and symptoms of eating disorders
- Make available comprehensive information about eating disorder services and resources

Connect with the media to provide accurate information on eating disorders and to help shift the culture's perspective on body image issues and weight and food issues

Develop and implement effective prevention programs targeting schools and universities

Educate and train health care practitioners at all levels in the recognition and treatment of eating disorders to improve the quality of care

Provide sufficient specialist services based on regional need

Provide people with access to fully funded specialised treatment and care

Fund research into eating disorders.

concerns about the current and future status of eating disorder treatment and services. Delegates from around the world and conference participants were invited to participate in this Summit, which featured the signing of the Charter and a work session focused on ways to enact the standards set forth in the Charter.

AED members are encouraged to adopt the Charter in their organizations and in their communities, and to use the Charter as a vehicle for working with local governments and policy makers to improve the availability and the quality of eating disorder treatment and services in their regions. To access the full version of the World Wide Charter for Action on Eating Disorders, go to www.aedweb.org.

AED Patient/Carer Task Force Update

Laura Collins and
Judith Banker, MA, LLP, FAED

PCTF Welcomes New Member

The Patient Carer Task Force is pleased to welcome new member Doris Smeltzer, MCP, who was thrust into the eating disorder world when her 19-year-old daughter, Andrea, died after one year of bulimic behaviors. With her husband, Tom, Doris lectures internationally on eating disorders. At the 2006 International Conference in Barcelona, Wisepress of London hosted a signing for Doris' newly released book, "Andrea's Voice: Silenced by Bulimia." For more information on Smeltzer's work, visit www.andreasvoice.org.

Patient Carer Task Force Members Contribute to Barcelona Summit

Patient Carer Task Force (PCTF) members Gráinne Smith, Jan Cullis, Rose Zohs, Kitty Westin, and Susan Ringwood have been instrumental in generating momentum and

giving direction to the World Summit Task Force and the Charter for Action on Eating Disorders project. Their dedication to speaking for the rights of people with eating disorders and their loved ones has helped to bring the Charter to fruition and served to guide the planning for the World Summit on Eating Disorders Inaugural Session in Barcelona.

Susan Ringwood, of the Eating Disorders Association in the United Kingdom, originally raised the idea of creating a patient's charter during the first meetings of the PCTF and has spearheaded the media campaign for the Charter launch.

Jan Cullis of The Bronte Foundation in Australia has dedicated untold hours refining the graphic design and final printing of the document, as well as working with the media in Australia to distribute news of the Charter. Rose Zohs, also of The Bronte Foundation has donated her expertise on organizations to help chair the World Summit Inaugural Session with Ulrike Schmidt.

Kitty Westin and Gráinne Smith have contributed tirelessly to reviewing and revising documents, generating ideas for the Summit session and the Charter, and working to distribute the Charter to their organizations and associate organizations.

Westin reports that working with the task force has been "an honor and a privilege."

"The Charter is a 'call to action' that can and will make a difference and change the way people with eating disorders are treated and I am very proud to have been part of it. I hope that the Charter is embraced and adopted by all who care about the millions of people who are affected by eating disorders. There is no time to lose; lives are at risk and we are losing far too many people to these horrific illnesses."

The partnership between the PCTF and professional members from the Academy has quickly evolved into a creative and energetic collaboration that will work over the next year to enact the actions outlined in the Charter. This partnership will also work to develop new initiatives that will strengthen the open dialogue between families and eating disorder professionals and the health care community.

Patient Carer Task Force Spotlight

Each issue of the *Forum* features an in-depth look at a member of the PCTF. The featured member for this issue is **Mary Ellen Clausen**, founder and president of Ophelia's Place in Syracuse, New York. Here is a brief introduction to Clausen's journey thus far:

How did I get here?

I have asked myself that question many times these past few weeks. How did I get here?

Here: a place of chaos, heartache, busyness, brokenness, joy, love, wonder, frustration, believing, forgiving and hoping.

I guess to answer how I got here, I must tell you where I came from. Ten years ago I was vice president of sales and marketing for a promotional products company. As a top performer and part owner (small part!), I had an expense account, a company car, a retirement account, benefits, paid vacations, Christmas bonuses and lots of customized apparel.

And then one clear fall day in 1997 we received the news that our oldest daughter was diagnosed with an eating disorder. OK, so how bad could that be, it's not like she had cancer or anything else life threatening, right? Little did we know: our lives would never be the same. Several years later our youngest daughter was diagnosed. We cycled through treatment centers, battled insurance companies, spent 24/7 in crisis mode, dealt with repeated suicide attempts, life support, seizures, intensive care stays, inpatient, partial, outpatient, transition, residential. We cried, we denied, we laughed, we prayed, we hoped and then we envisioned.

We envisioned a place that would offer support, encouragement and hope to those impacted by eating disorders. We envisioned a comprehensive resource center, support groups, a place of community that encouraged one another, one that didn't place blame, but shared the burden. We envisioned continuity, cohesiveness and a collaboration of efforts on a local, state, national and international level.

The vision became a reality in August 2003. I quit my job — yikes, remember that comfy vice president position (yeah, my husband is still saying "You did what?")?

On a wing and a prayer and a \$10,000 grant we opened Ophelia's Place, a non-profit organization offering support, education and

outreach. Ophelia's Place, originally housed in a small 900-square-foot rented building, has had the privilege of working alongside many who embraced the vision and used their influence to make a difference.

We have partnered with ClearChannel Radio to create award-winning Public Service Announcements, collaborated with local, state and national organizations, successfully lobbied for legislation that would create Comprehensive Care Centers for eating disorders in New York state, developed peer run support groups and a peer educational video, partnered with school districts to gather baseline data regarding eating disorders and hosted a two-day national conference with over 350 attendees. Most recently Ophelia's Place has become the proud owner of a 4,300-square-foot building, thanks to the continued support of our state senator.

These efforts have played a significant role as part of our vision: to create a movement, one that encourages us to link arms and come together as a community to send a clear, concise message to all those impacted by this deadly disease. One that begins to give light to a disease clouded in shame and stigma offering hope to those who remain in the darkness.

Part of what has propelled my determination came several years ago when I heard a message one Sunday morning from a southern Baptist preacher, hand-waving, red-faced, loud-voiced and spit-spewing (you know the kind), who spent the entire sermon on a scripture in Luke. To paraphrase: "too much has been given...much will be asked."

So, to answer the question of how I got here, this is how: much has been given.

Families and loved ones who have gone before us who share their brokenness to teach and touch others.

Much has been given: a community of support that extends globally to family, friends and professionals whose passion continues to inspire me.

Much has been given: mom and dad who taught me the meaning of giving; a husband who has supported and believed in the mission every day, especially the tough days (like when the heat doesn't work, the roof is leaking and I am having a major melt down); my children, Nicole and Holli who have battled this disease with courage and awe-inspiring determination — they are the best part of me.

continued on page 6

Most importantly I got here the only way I knew how — with hope.

My faith has become my Global Positioning System, it's the very anchor of my soul. It has given me much and asks much. I am grateful for that responsibility.

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AED Special Interest Group (SIG) News

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

This issue sadly marks the end of Judith Banker's tenure as SIG co-chair. The Academy deeply thanks Judith for all her hard work and dedication in expanding the SIG model and integrating special interest activities into the fabric of the organization and the annual International Conference on Eating Disorders. Katharine Loeb will remain in office, and the Academy extends a warm welcome to Tom Hildebrandt as her new co-chair. Tom, a fellow at the Mount Sinai School of Medicine in New York, has been an active AED member and is co-chair of the Males SIG. His clinical and research efforts span eating disorders and body image, particularly in understudied populations such as male athletes and appearance and performance enhancing drug users.

We would like to take this opportunity to highlight our newer SIGs, and encourage interested AED members to join these and other, more established SIGs. Please see the "Join a SIG" box to the right for more information, and instructions on creating a new SIG. We also welcome Sandy Hannon-Engel, MSN, RN, CS (hannonen@bc.edu), as the new chair of the Nursing SIG.

Our latest additions to the SIG roster include:

Information Technology

*Stephanie Bauer, PhD and
Jennifer Shapiro, PhD*

The interest of using technology-based interventions in the assessment and treatment of ED has recently increased considerably. The InfoTech SIG was created last year to provide

a forum for colleagues who are interested in these topics to meet, discuss, and share technological, research, and clinical ideas with other SIG members. As a first step, the SIG listserv was approved; SIG members are encouraged to join and use this means of communication to post ideas and questions to other members regarding technology-related topics. In the future, we plan to also provide Internet chat sessions at regular intervals on topics of interest for the SIG members. If you are interested in joining the InfoTech SIG, contact Stephanie Bauer, PhD (bauer@psyres-stuttgart.de) or Jennifer Shapiro, PhD (jshapiro@med.unc.edu).

Inpatient/Residential Treatment

*Craig Johnson, PhD and
Stephanie Setliff, MD*

The lack of evidence-based treatment studies and economic issues have created significant difficulties for inpatient/residential treatment programs. The goal of this SIG is to create a forum for professionals working in these settings to discuss the variety of challenges they are facing, such as: techniques for and acceptable rates of weight restoration; establishing more precise methods for establishing target weights; accomplishing family therapy for out-of-area families; recruiting and retaining staff with expertise in eating disorders; and designing and implementing outcome studies. The exchange of information will improve the overall quality of care for more severely disturbed patients and contribute to the AED's efforts to establish guidelines for intensive treatment programs. To join this SIG, contact Craig Johnson, PhD (craigj@laureate.com) or Stephanie Setliff, MD, (Stephanie.setliff@childrens.com).

Neuropsychology

*Kate Tchanturia, PhD and
Janet Treasure, PhD, FRCP, FRCPsych*

Neuropsychology can provide a better understanding of the mechanisms of eating disorders. Experimental work can provide clarity in prognoses and maintaining factors as well as help plan intervention strategies. Neuropsychology can offer much to the development of scanning paradigms and to the interpretation of scanning data. If you are interested in joining the Neuropsychology SIG, contact Kate Tchanturia, PhD (spjeket@iop.kcl.ac.uk) or Janet Treasure, MD (j.treasure@iop.kcl.ac.uk).

Join a SIG!

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

What is a SIG?

"SIG" is an acronym for Special Interest Group. SIGs are formed by AED members around areas of special interest in the field of eating disorders. The purpose of a SIG is to provide a more intimate, interactive forum for professional activity around a particular issue.

Who can join a SIG?

AED members are encouraged to join any SIG in which they have an interest.

What does it cost to join a SIG?

SIG membership is free and open to any AED member. Join as many SIGs as you like — it is free!

How do I join a SIG?

You can join a SIG by contacting the SIG chair or co-chair listed on the AED Web site. Your name, mailing address and e-mail address will be added to the membership list for the SIG(s) you wish to join. The SIG chair enrolls you as a participant in the SIG listserv.

What are the benefits of SIG membership?

SIG membership provides access to groups of colleagues who have expertise and/or interest in shared issues or areas of study. Each SIG has its own listserv, which offers members a unique opportunity for online discussion with colleagues from around the globe. SIG membership also offers opportunities for leadership, program development, research and education, allowing members to become more involved in the AED at various levels of commitment. SIGs also sponsor a variety of events at the annual conference, including teaching days, panels, paper presentations and workshops.

How do I form a SIG?

A new SIG can be formed by any AED member by following these steps: Develop a new SIG proposal which includes: a name for the proposed SIG, the proposed SIG chair and/or co-chairs, their e-mail addresses and brief professional biographies, and a one paragraph description of the topic, purpose, and targeted membership of the SIG; Gather a list of at least 10 other AED members who are willing to be members of the proposed SIG; Submit the SIG proposal to the SIG Oversight Committee (SOC) for review. Proposals can be e-mailed to SOC co-chairs Katharine Loeb (katharine.loeb@mssm.edu) and Tom Hildebrandt (tom.hildebrandt@mssm.edu).

International Spotlight: Treatment of Eating Disorders in British Columbia, Canada

The Integration of Research and Clinical Practice at St. Paul's Hospital

Josie Geller, Megan I. Jones, Krista E. Brown,
Suja Srikameswaran, and Erin C. Dunn
Eating Disorders Program, St. Paul's Hospital,
Vancouver, BC, Canada

The St. Paul's Hospital (SPH) Eating Disorders Program (EDP) is the tertiary care facility for the treatment of adults with moderate to severe eating disorders in the province of British Columbia, Canada. Referrals to the EDP are made through community physicians. The intake assessment consists of medical, psychosocial, and research components. A multidisciplinary team recommends the most appropriate treatment course according to the patient's medical and psychological needs and readiness for change. The community mental health and eating disorder programs in British Columbia provide secondary care and counseling on an outpatient basis, supplementing the treatment offered by the provincial program. Patients remain connected with these community services for the duration of their treatment at the EDP.

Clinical Research at the EDP

Over the past decade, the research program at the EDP has focused on readiness and motivation for treatment. This research has explored factors associated with treatment refusal, dropout, and relapse, and applications of research findings to service delivery. The Readiness and Motivation Interview (RMI; Geller & Drab, 1999) was developed in 1999 and is administered to all patients at intake assessment and throughout treatment. The RMI is a symptom specific measure of readiness and motivation for change and is based upon principles of motivational interviewing (Miller & Rollnick, 2002) and the transtheoretical model of behavior change (Prochaska & DiClemente, 1983). Research using the RMI has shown that in the eating disorders, readiness differs according to symptom type, and that an individual's readiness stage and internality (the extent to which changes are being made for themselves vs. others) predict treatment outcome (Geller, Drab-Hudson, Whisenhunt, & Srikameswaran, 2004). Early research at the EDP also demonstrated that clinicians, whose job it was to make treatment recommendations, were unable to accurately

assess patient readiness. Other research at the EDP suggested that while both clients and care providers believed collaborative approaches to be most acceptable and helpful in treating eating disorders, in practice, directive approaches are equally likely to occur (Geller, Brown, Zaitsoff, Goodrich, & Hastings, 2003). Together, these findings emphasize the benefits of assessing readiness for change, the importance of matching readiness to treatment offered, and client and care provider preferences for a collaborative approach.

Practical Applications of Clinical Research

The EDP has undergone significant shifts in response to this research. The program offers outpatient and inpatient services, each tailored to different stages of patient readiness for change.

For individuals who are new to treatment or who may not be ready to make changes, a number of outpatient groups are available, including Patient Education and Motivational Enhancement Treatment. These groups help increase awareness and knowledge of the functions of the eating disorder, and provide information about treatment and recovery options. Groups are also offered to family and friends of individuals with eating disorders. For patients who are ready to make behavioral changes, several intensive treatment options are available. Each of these uses cognitive behavioral, dialectical, and interpersonal treatment components, and offers family and marital therapy. Patients who require medical stabilization and re-nourishment can be admitted for short stays to the Extra Care Program, a specialized eating disorder hospital unit. Patients who are medically stable and have a minimum body mass index of 16 can participate in Discovery-Vista, a three-month residential program focusing on emotional processing, skills training, and symptom change. Quest, an intensive treatment program targeting individuals with chronic eating disorders, is also available. Participants in this program attend group and individual treatment, with treatment goals and duration of treatment individualized to patient needs. This program consists of both inpatient and outpatient components. All patients have the opportunity to participate in the Community Outreach Partnership Program (COPP), an outpatient program that uses a psychosocial rehabilitation model focusing on the enhancement of quality of life. In this latter program, eating disorder symptom reduction need not be a goal, providing that the client is medically stable.

In order to provide a safe therapeutic environment that maximizes therapeutic alliance and supports change, each of the programs at the EDP has identified treatment non-negotiables, which reflect clinician and patient beliefs and experiences about safety and recovery. Non-negotiables are discussed with patients in pre-care sessions or groups to ensure that they understand their rationale and the options with which they will be provided once in treatment. Thus, pre-care sessions also provide patients with the opportunity to determine whether the treatment program they are considering matches their needs. In this manner, patient autonomy and responsibility for change are maximized throughout treatment.

The integration of research into the clinical practice of eating disorder assessment and treatment has led the EDP to embrace a philosophy of care that is patient-centered and tailored to readiness and motivation for recovery. We are currently planning an economic analysis to evaluate the impact of this philosophy of care.

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Fellows in Profile

Howard Steiger, PhD, FAED

It makes a good lesson for those of our patients who need too much for things to go according to plan: Some of the luckiest moments in my life have been ones in which things didn't work out. For instance, one autumn (nearly 30 years ago) I was supposed to tour the Canadian Maritimes playing bass with a jazz band. I wanted this more than anything (at the time). But the deal fell through. So, instead, I went to grad school and became a clinical psychologist. I got my sea legs working in a front-line community psychiatric clinic, where I became interested in psychotherapy for people with severe personality disorders. This interest still lurks behind the clinical work, research and teaching I do today. A second autumn (just about 20 years ago) provided another turning point in my life: I joined the newly formed Eating Disorders Program at the Douglas Hospital in Montreal, and discovered the universe of eating disorders. I also learned to appreciate the promise, strengths and joys of working in a multidisciplinary team, and the agonies and ecstasies of the clinical research/teaching world. (It's a real point of pride that past hospital accreditation reports have commended our team for putting transdisciplinarity and clinical research integration into practice — as these, to me, are real values.) The moral of my story is that, because things "didn't work out," I wound up with a great career, which includes chances to guide and shape specialized outpatient, day hospital and inpatient programs, treat patients, do research, and teach clinical and research trainees.

If my little parable teaches our patients something, they've taught us a few things, too: about the need to "stretch" beyond any single perspective when thinking about problems that have diverse causes (bio, psycho, and social); about being comfortable working flexibly as clinicians, drawing inspiration from many different places.

As a grad student, I attended meetings of an organization called the Society for the Exploration of Psychotherapy Integration (SEPI). It was all about trying to find a common language to describe what different schools of therapy do. I still believe strongly in this concept, which explains some leanings I have as a psychotherapist, and the fact that titles of some of my talks and papers are so long: You try to include the words "psychodynamic" and "cognitive-behavioral," at the same time, in a short title! The idea of the "common ground," the "whole that's worth

more than the sum of its parts," "bridging perspectives" — in other words "Integration" — really appeals to me. That's a big factor why I'm so happy in the eating disorders area: because eating disorders are so naturally conducive to integration of different ways of viewing things. In fact, it strikes me that we often help people undo messes they get into by helping them let go of polarities in which they are overinvested (fat vs. thin, best vs. no good, in control vs. out of control, etc.).

The clinical-researcher part of my career provides another example of how it can be good when things don't work out. I finished my postdoc training a little burnt out on number-crunching. I promised: "I'll never do research again". But I broke my promise, and have been delighted ever since by a career that has taught me how true it is that research translates into better patient care. Another perk in clinical research is that it (again) tempts us to practice integration. If we can find a common language to describe what neurobiologists, sociologists, anthropologists, psychiatrists, geneticists, health and social psychologists, cognitivists, neuroscientists, feminists and many other "ists" do, we'll make strides toward understanding why people develop eating disorders, toward helping people avoid developing one, or (should they get one) toward helping them recover faster.

Although it probably says nothing good about me at all, I'm kind of proud that I have papers with phrases in their titles like "parental bonding," "gene promoter polymorphism," "object relations," "post-synaptic receptor," "defense mechanisms," "familial-genetic transmission," "cognitive styles," and "sex-role misidentifications." I laugh at some of these words, because I'm really not very neurobiological. In fact, if it weren't for what I've learned from great collaborators (like Francois Ng, Simon Young, Ridha Joobar, Ken Bruce, Mimi Israel, and maybe one or two others) I'd know nothing about post-synaptic receptors, promoter regions or polymorphisms. If it weren't for Lise Gauvin, I wouldn't know what Hierarchical Linear Modeling or Experience Sampling is. But thanks to all of these people, our little group in Montreal has managed to add a few things to what we know about influences acting in eating disorders, from environmental factors (like dieting, childhood adversity, and other things) and constitutional effects (genetic and neurobiological, related to serotonin and other brain systems).

I was recently awarded the Canadian College of Neuropsychopharmacology (CCNP) Heinz Lehmann Award for research judged to inform clinical practice. Given what I've been saying,

you'll understand why there could have been no greater honor for me (except, perhaps, for a compliment on my bass playing). And except for the chances I've had, thanks to the AED, to work with some great clinicians, researchers, teachers and advocates, who are so committed to helping people with eating disorders. I'm very grateful for chances I've had to help shape ICED meetings, to work on teaching and fellowship committees, to serve on review boards of the *International Journal* or *Annual Review*, to talk once in a while at our meetings, and other things.

Speaking of talking, if you attended the ICED in Montreal, you saw that I live in a bilingual (French/English) place. Where I come from, clinical services are offered in two languages. Aside from encouraging linguistic and cultural integration, this allows for other interesting learning experiences. (An early one motivated me to learn to speak French before my boss figured out that I really didn't). Maybe I can provide a related learning experience for some of you. Did you know that a "binge", in French, is an "orgie alimentaire" (an "eating orgy")? Or that "Binge Eating Disorder" is "hyperphagie boulimique"? Both are kind of poetic, aren't they? I sometimes tease my patients, when they agree to sign into our Inpatient Unit, that we can't promise a cure for their eating disorder by the end of treatment, but do guarantee bilingualism. Luckily for them, my prognostications (like many other things in my life) often don't work out — and the patients actually do just as well at overcoming their eating disorders as they do at becoming polyglots.

Member News

Lorraine Bell, from Portsmouth, UK, has recently been made Fellow of the British Psychological Society in recognition of her development of specialist community services in eating disorders and contribution to user-centered service provision in this and other fields.

Myra Cooper, from Oxford, UK, has also recently been made Fellow of the British Psychological Society. Myra has been recognised for her ED research work, and also for her contribution to training and the profession of psychology.

Yvonne Poley will be included in the 2006 edition of "Who's Who In America" for her education, treatment and prevention work in the field of eating disorders.

Mary Gee is being awarded a two-year National Institute of Mental Health (NIMH) Predoctoral Minority Fellowship through the American Sociological Association (ASA). This award is contingent on continued work in the sociology of mental health, with an emphasis on eating disorders among ethnic populations (particularly Asians/Asian Americans).

News from Joel Yager: The American Psychiatric Association is publishing a third edition of the *Practice Guideline for the Treatment of Patients With Eating Disorders*. The guideline is included in "APA Practice Guidelines for the Treatment of Psychiatric Disorders: Compendium 2006," available from American Psychiatric Publishing, Inc., at www.appi.org or 800-368-5777. The guideline is also available online at http://www.psych.org/psych_pract/treatg/pg/rac_guide.cfm. The essential treatment recommendations of the guideline will be published as a supplement to the July 2006 issue of the *American Journal of Psychiatry*. This edition includes updated recommendations based on an extensive literature review as well as substantial input from several scores of reviewers, the large majority of whom are AED members.

Juan Manuel Mancilla-Díaz, PhD, and **Gilda Gómez-Peresmitré**, PhD, would like to announce the publication of their book: "Trastornos alimentarios en Hispanoamérica" 1ª edition. Editorial Manual Moderno: México. ISBN: 970-729-216-4. Available at www.iztacala.unam.mx/publizta/e-mail/jmmd@servidor.unam.mx.

Multimedia CD-ROMs from Barcelona Available

For the first time, a multimedia presentation of the AED annual conference is available for purchase. Multimedia CD-ROMs of the 2006 International Conference on Eating Disorders in Barcelona are being offered for the special on-site price of \$199 until July 15, at <http://www.intelliquestmedia.com/store/search.php?a=E&c=200621>. The CD-ROM includes audio recordings of every session plus speaker-approved PowerPoint presentations. After July 15, the CD-ROMs will cost \$259. In addition, audio CDs of every individual session are available, as is a complete set of audio CDs covering every session. Whether you were in Barcelona and want a reminder of what you experienced, or didn't attend the conference and want to find out what you missed, visit <http://www.intelliquestmedia.com/store/search.php?a=E&c=200621> to buy your audio CDs or multi-media CD-ROM today.

Update from the National Eating Disorders Association, US

Nation Learns to Be Comfortable In Its Genes during NEDAW 2006

National Eating Disorders Awareness Week (NEDAW) is the largest outreach effort in the United States to raise awareness and prevention of eating disorders. NEDAW efforts are crucial on two fronts: expanding the public's understanding of eating disorders and helping those affected by these illnesses.

NEDAW is sponsored by the National Eating Disorders Association, yet it is only possible thanks to the dedicated efforts of volunteers across the United States who become NEDAW Coordinators. These people are educators, treatment professionals, parents, community outreach planners, hospitals and clinics, employee wellness directors, local and regional eating disorders organizations, and individuals devoted to the cause. We truly appreciate the time, effort and determination of all volunteer NEDAW Coordinators nationwide!

In 2006 there were NEDAW coordinators in all 50 states as well as five other countries: Argentina, Bulgaria, Singapore, Mexico and Canada. A variety of events were utilized to raise awareness. Here are a few highlights:

- Great Jeans Giveaways
- Walk-a-thons
- Art exhibits
- Walls of fame/shame
- Mirrorless Mondays
- Scale-bashing
- Positive affirmation scales
- Celebrate Yourself Carnival
- Eating disorder screenings
- All-sizes fashion shows
- Mind & body fairs
- Life-sized Barbie demos
- Belly dancing for better body image
- Information tables & movie discussions
- Pamper parties
- Inside-out days
- Coffee talks

National Eating Disorders Awareness Week Turns 20

With the 20th annual NEDAW February 25 — March 3, 2007 — less than a year away, plans have begun to make this the biggest, most notable year yet! The theme *Be Comfortable In Your Genes, Wear Jeans that Fit the REAL*

You will continue for NEDAW 2007.

In an effort to help coordinators start early in their planning, NEDA will offer NEDAW kits in September. YOU can start now by recruiting a local task force to help in local planning efforts. Watch for updates via the NEDA Web site and e-mail for more information including when kits are available. Help us honor two decades of NEDAW — your assistance is vital to encourage more of the nation to *Be Comfortable In Their Genes*.

Update from the Eating Disorders Coalition for Research Policy and Action, US

Marc Lerro, Executive Director

Senate Committee Urges Federal Government to Study Incidence of Eating Disorders

The United States Senate is urging the Centers for Disease Control and Prevention (CDC) to study the number of Americans suffering from eating disorders. Advocates say this is a first.

"It's hard to call attention to a problem if the government has never counted the number of people with the condition," says Sam Menaged, president of the Eating Disorders Coalition for Research, Policy & Action (EDC). "For the first time, the federal government is being asked by Congress to study how widespread and detrimental the problem really is."

The EDC claims that approximately 10 million Americans suffer from eating disorders. Ninety percent of cases appear in women and girls. By comparison, the American Cancer Society estimates 212,000 new cases of invasive breast cancer will be diagnosed among women in the United States in 2006, and 40,000 deaths. The society also estimates that there are currently 2 million breast cancer survivors in the United States.

"How many deaths will occur from eating disorders with 10 million Americans suffering from the disease?" Menaged asks.

For six years the EDC has knocked on doors in Congress, encouraging members to address the problem of inaccurate reporting of deaths resulting from an eating disorder. At a congressional briefing in 2000 sponsored by the EDC, parents of Andrea Smeltzer described how the coroner listed their daughter's cause

**Update from the
National Eating Disorders Association, US
continued**

of death as heart failure. There was no mention of the bulimia she had been suffering from for years.

Without precise reporting, there is no accurate data on the number of people who are dying from complications due to eating disorders. "While several studies suggest the number is quite high we need the federal government to support this issue," says Jeanine Cogan, policy director of the EDC. "The EDC is thrilled that our efforts paid off and that the Senate passed this."

The request came in a Senate report that accompanied the 2006 budget for the Department of Health and Human Services (DHHS):

"The Committee (on Appropriations) is concerned about the growing incidence and health consequences of eating disorders among the population. The extent of the problem, while estimated by several long-term outcome studies as being high remains unknown. The Committee urges the CDC to research the incidence and morbidity and mortality rates of eating disorders, including anorexia nervosa, bulimia nervosa, binge eating disorder, and eating disorders not otherwise specified across age, race, and sex."

For several years, the EDC has urged the federal government to conduct such a study.

The Senate committee also requested that the Office on Women's Health in the DHHS expand a successful eating disorders prevention program from the current middle school curriculum to a new project that targets all levels of education, from elementary to high school.

"Finally, the federal government is beginning to take this seriously," Menaged says. "Eating disorders have devastated and taken the lives of too many people. This is a turning point in how the nation deals with a serious and sometimes deadly mental illness."

The Eating Disorders Coalition works in Washington, D.C., on behalf of researchers, therapists, prevention experts, and those personally affected by an eating disorder. The EDC mission is to advance the federal recognition of eating disorders as a public health priority.

Book Review Corner

*Kerri Boutelle, PhD, LP
University of Minnesota, US*

Help Your Teenager Beat an Eating Disorder

*By James Lock, MD, PhD and
Daniel Le Grange, PhD*

This book is written for parents of children or teenagers who have, or are suspected to have, an eating disorder. Considering the seriousness of eating disorders, the high morbidity and mortality rates, and the confusing nature of their presentation, this book can guide parents and give them useful knowledge. These authors draw on their combined experience of 25 years as clinician researchers in major medical centers, and on their research using the Maudsley family therapy model for the treatment of eating disorders, to mobilize parents to intervene and support their child in fighting an eating disorder.

This book is organized into three sections. The first focuses on why parents need to take action immediately if a child shows symptoms of an eating disorder. This section describes the physical and psychological manifestations of eating disorders, the complexities of the presentation and treatment of eating disorders, and why parents need to work together to initiate treatment. The authors do a nice job of reviewing the symptoms of an eating disorder in terms and language that parents can understand. They encourage parents to perceive the eating disorder as an urgent matter that needs prompt attention, and discourage parents from focusing on "why" their child has an eating disorder. The authors use strong language in this section, such as "Act Now," and "Urgent" in order to draw parents' attention to the dangerous physical and psychological symptoms of an eating disorder. The main focus of this section is to mobilize parents to take action.

The authors clearly address the role of families in the treatment of eating disorders from their perspective of using the Maudsley approach. The authors state that if the Maudsley approach is not available to the family, adopting its principles could be to the child's benefit. The authors outline these principles as follows: a) Parents bring important resources to their child's recovery, b) It is important for parents to take eating disorders seriously, c) Parents need to know what they are facing in an eating disorder, d) Parents are not to blame, e) Parents need to be empowered to be effective, f) The treatment involves the whole family as a resource for the child, and g) The therapist is the consultant. The authors are guided

by the framework of the Maudsley approach, and refer to these principles throughout the book.

The second section discusses the intricacies of the treatment of an eating disorder. This section addresses the complexities of eating disorders, the different types of eating disorders, and the concomitant medical disorders. The authors again put medical and psychological diagnoses in language that parents can understand. They review the medical risks associated with restricting or purging. They also review potential psychiatric diagnoses. This section separates the eating disorder from the child, which reflects the belief that an eating disorder is an illness not volitional on the child's part. This section also includes a chapter that describes cognitive distortions, and how they apply to eating disorders. The last chapter of this section gives an overview to the main treatment approaches and the empirical evidence to support these approaches. The main focus of this section is to inform parents about the psychological and medical implications of an eating disorder, and to enable them to be educated consumers of the treatments that are offered.

The third section discusses how to make treatments work. Parents are given concrete ideas on how they can assist their child in recovering from an eating disorder in the home. The first chapter in this section includes guidance for parents based on the Maudsley approach. The specific principles they outline for parents include: a) Work with experts who know how to help, b) Work together as a family, c) Don't blame the child or yourself, d) Focus on the problem, e) Don't debate with your child about eating or weight related concerns, f) Know when to back off, and g) Take care of yourself. Ideas are given on how to expand food choices, how to help the child eat more and to establish a regular pattern of eating, how to help the child limit exercise, and how to help the child prevent binge eating and purging. This section highlights rules in the home, such as no obsessive weighing, allowing supportive friendships and limiting the influence of media.

The third section highlights how parents can play a supportive role in treatments that are not the Maudsley method. The authors state that parents have to: a) Agree on the treatment approach, b) Learn about the treatment choices, c) Share your perspectives with the child, d) Keep in frequent contact with providers, e) Identify assessment of progress, f) Have a backup plan, and g) Keep the child in treatment. This chapter identifies how parents can be closely involved in treatments even if the

continued on page 11

treatments do not directly include the parents. This chapter describes how parents can be involved in intensive treatments, in general family therapy, in cognitive behavioral therapy, in interpersonal therapy and in psychodynamic therapy.

The last part of the third section highlights the ways in which an eating disorder can split parents, and how parents can be inconsistent when facing the eating disorder. This section also reinforces the idea that parents need to be working together as a united front, and how eating disorders slip through the cracks when

parents and treatment teams are not working together. Lastly, the authors have a chapter on how parents can evaluate professionals who are working with their child.

To help parents in their fight with eating disorders, the authors use a series of concrete clinical examples, practical tips, and easy-to-read language. This book provides sound guidance, encouragement and hope for parents. Lock and Le Grange draw from their expertise in the family-based treatment of eating disorders, and strongly encourage parents to support their child in recovery from an eating disorder.

The authors express their beliefs that parents should be involved, not excluded, from the treatment of their child.

Overall, this book is well written, timely and will be useful to parents. This book covers many of the questions that parents may have as their adolescent is treated for an eating disorder, and it orients the parents to the emotional, cognitive and physical changes that their adolescent could be experiencing. I would highly recommend this book to any parent who has a child with an eating disorder.

Classified Ads

New treatment facilities:

It is with great joy that after 10 years of providing residential treatment for eating disorders at her Monte Nido facility, Carolyn Costin announces that she is expanding to a beautiful site on the McKenzie River outside Eugene, Oregon. The new affiliate facility is called RainRock. Our expansion in Oregon will put Monte Nido's special and unique approach to treatment within reach of a larger client population. We invite all of you to visit mntc@montenido.com for additional information on this new and exciting program.

Amy Grabowski, MA, LCPC and The Awakening Center have moved to a larger facility at 3322 N Ashland Ave, Chicago, IL 60657. The move permits The Awakening Center to expand their eating disorder treatment services, workshops, trainings and therapy groups. See their Web site, www.awakeningcenter.net, for a calendar of current services.

We are excited to announce the opening of the Washington Center for Eating Disorders and Adolescent Obesity on February 1, 2006 in Bethesda, Md. (New ownership, new name). We have a team of psychiatrists, therapists, a dietitian and a pediatrician treating children, adolescents and young adults with eating disorders and obesity. Our Web site is www.washingtoncenteronline.com Tania Heller, M.D., F.A.A.P. Medical Director, Washington Center for Eating Disorders and Adolescent Obesity, LLC. Phone: 301-530-0676

Treatment resources:

Amy Grabowski, MA, LCPC has recorded a Guided Imagery Relaxation CD "*Imagine Being At Peace...*"

This CD was designed for our eating disordered clients to silence the clamoring in their heads, ease the tension in their bodies and to find a quiet calm place of peace, a deep-seated source of strength and a wisdom that knows they already have all the resources they need within. The CD was tested on groups of eating disordered women who found a 58% reduction in obsessions and body tensions, a 44% reduction in self-critical thoughts, and a 50% increase in feeling grounded in just one hearing of the CD. This CD is available (for a \$10 printing and shipping fee; quantity discount available) by contacting Amy Grabowski, 3322 N Ashland Ave., Chicago, IL 60657, info@awakeningcenter.net or calling (773) 929-4995.

Staff positions:

UCSD's Eating Disorder Treatment and Research Program is looking for an individual who would like to take primary charge of recruiting subjects for research studies of anorexia and bulimia nervosa. We are located 1 mile from the ocean in beautiful La Jolla, California, and walking distance to the UCSD campus. The studies include brain imaging, treatment and genetics. This is an ideal position for a person who intends to apply to graduate or medical school, and who is interested in learning about clinical research. Main responsibilities will include (but not limited to): subject recruitment in the clinic and community, subject contact, screening and scheduling of participants, coordinating interviews and assessments to determine eligibility, as well as organization of study materials and maintenance of rating scales and screening instruments. In addition, the incumbent will assist in functional Magnetic Resonance Imaging and Positron Emission Tomography scans as needed, including accompanying subjects for studies as needed, and coordinate travel and overnight arrangements at the General Clinical Research Center. The incumbent will, as needed, contribute to data analysis, prepare testing materials, general lab up-keep and assist in preparing forms for grant submission and obtaining IRB approval. There is an opportunity for the incumbent to be a coauthor on papers and develop familiarity with state-of-the-art clinical research. If you are interested, please contact Walter Kaye at whkaye@att.net or Roxanne Rockwell at rockwell@ucsd.edu

Conferences:

Come join Summit Eating Disorders and Outreach Program for the 2006 Eating Disorders and Body Image Symposium, "Empowering The Soul: Finding Meaning and Purpose In Recovery" on October 13-14, 2006 at the DoubleTree Hotel in Sacramento, Calif. Keynote speakers include Craig Johnson, PhD, founder and director of the Laureate Eating Disorders Program in Tulsa, Okla., and Carolyn Costin, MS, MEd, founder and director of the Monte Nido Treatment Center in Malibu, Calif. Early bird and student rates are available for registration. Registration includes breakfast and lunch on both days, symposium materials, entrance into the exhibitor hall and a continuing education certificate. Twelve CEUs will be offered. Visit our Web site for more information at www.sedop.org or call (916) 920-5276.

Academy for Eating Disorders

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Upcoming Conferences

Eating Disorders Research Society

August 30-September 2, 2006
Port Douglas, Queensland, Australia
For information, visit
www.eatingdisordersociety.org.

National Eating Disorders Association 2006 Conference

"It Takes a Team"
September 14-16, 2006
Marriott Bethesda North Hotel &
Conference Center
Bethesda, Md.
For information, visit
www.nationaleatingdisorders.org.

Editor's note:

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

The 16th Annual Renfrew Center Foundation Conference

"Feminist Perspectives and Beyond:
Maximizing Change in the Treatment of
Eating Disorders"
November 9-12, 2006
Philadelphia Airport Marriott,
Philadelphia, Pa.
See [http://www.renfrewcenter.com/
news-events/event.asp?id=81](http://www.renfrewcenter.com/news-events/event.asp?id=81)

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:

Sept. 1, 2006

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