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AMERICAN INHOUSE DESIGN AWARD
2018 WINNER

Preliminary Program

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Education, Dissemination & the Science of Eating Disorders

AED®
Academy for Eating Disorders

ICED2019

MARCH 14-16
NEW YORK, NY

Clinical Teaching Day/Research Training Day | March 13

The Academy for Eating Disorders (AED)®

The AED is the largest multi-disciplinary professional society in the eating disorders field. Founded on September 11, 1993, the AED has grown to include almost 1,700 members worldwide in 51 countries who are working to prevent and treat eating disorders such as Anorexia Nervosa, Bulimia Nervosa, Avoidant Restrictive Food Intake Disorder and Binge Eating Disorder.

The AED provides cutting-edge professional training and education; advances new developments in eating disorders research, prevention and clinical treatments; and advocates for the rights of people with eating disorders and their caregivers.

The Academy for Eating Disorders (AED)®

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ICED2019@aedweb.org

START SPREADING THE NEWS

Education, Dissemination & the Science of Eating Disorders

ICED2019

MARCH 14-16
NEW YORK, NY

THE ACADEMY FOR EATING DISORDERS (AED)®
invites you to participate in the
2019 International Conference on Eating Disorders (ICED)
March 14-16, 2019
Sheraton New York Times Square Hotel
New York, NY, USA

The ICED is the premier gathering place for professionals and advocates engaged in research, treatment and prevention of eating disorders. Each year, ICED attendees, faculty, supporters and exhibitors create a unique, inspiring and intense environment for education, training, collaboration and dialogue.

Clinical Teaching Day/Research Training Day | March 13

On behalf of the ICED 2019 Scientific Programming Committee, we offer the following Preliminary Program for ICED 2019. This document includes basic information about the conference including abstracts and learning objectives for much of the educational programming. Additional information, including abstracts and learning objectives for the Paper and Poster sessions will be provided in the Final Program. Additional information can also be found on the ICED 2019 website. (www.aedweb.org/aed-events/iced-2019).

We are truly excited about this year's ICED and look forward to seeing you there!

ICED 2019 Scientific Programming Committee

Ross Crosby, PhD, FAED, Co-Chair
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Erin Accurso
Karina Allen, PhD, MPsych
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Susan Byrne, DPhil, MPsuch, PhD
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ICED 2019 CONTINUING EDUCATION INFORMATION

CONTINUING MEDICAL EDUCATION

Physicians | **CME**

This activity has been planned and implemented in accordance with the **Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME)** through the joint providership of **PeerPoint Medical Education Institute, LLC** and the **Academy for Eating Disorders**. PeerPoint Medical Education Institute, LLC is accredited by the ACCME to provide continuing medical education for physicians. As an accredited provider for ACCME, PeerPoint Medical Institute, LLC credits are accepted by the **American Medical Association (AMA)**.

The **UEMS-EACCME®** is the central body for accrediting events in Europe and the AMA is the central body for accrediting events in the USA. Since 2000, the UEMS-EACCME® and the AMA have recognized each other's CME credits, whereby physicians attending an event in the USA have their credits recognized in Europe and American physicians attending an event in Europe have their credits recognized in the USA.

APA | AED's Continuing Education co-sponsor, **CE Learning Systems, LLC**, is approved by **American Psychological Association** to sponsor continuing education for psychologists. CE Learning Systems maintains responsibility for this program and its content.

ASWB | **CE Learning Systems, LLC**, (Provider #1020) is approved as a provider for social work continuing education by the **Association of State Social Work Boards (ASWB)** www.aswb.org, through the **Approved Continuing Education ACE** program. **CE Learning Systems, LLC**, maintains responsibility for the program. ASWB Approval Period: 02/23/2016– 02/23/2019. Social workers should contact their regulatory board to determine course approval.

NBCC | CE Learning Systems and AED are co-sponsors of this program. The co-sponsorship has been approved by NBCC. **CE Learning Systems, LLC**, is an NBCC Approved Continuing Education Provider, ACEP #5951. The ACEP solely is responsible for this program, including the awarding of NBCC credit.

NAADAC | This course has been approved by **CE Learning Systems, LLC**, as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #107243, CE Learning Systems, LLC is responsible for all aspects of their programming.

CDR | The Academy for Eating Disorders is approved as a provider for continuing education credits for the **Academy of Nutrition and Dietetics** through the **Commission on Dietetic Registration (CDR)**.

CE CERTIFICATE INFORMATION

A continuing education certificate for ICED 2018 will be obtained using the website, CE-Go. Approximately 2 days before the event, you will receive an email containing a link to CE-Go. (This link will be sent to the email account you used to register for the event).

Upon accessing the CE-Go website, you will be able to:

- Select and complete evaluation forms for the event (Mandatory to receive credit for each session)
- Complete an overall event evaluation form (made available at the conclusion of the conference)
- Download your continuing education certificate in a PDF format

NOTES:

- Individual national and state licensing bureaus and/or professional associations have their own requirements for licensing, certification and/or recertification.
- Individuals should contact their national or state licensing bureaus or professional associations regarding the applicability of the continuing education for their own professional needs.
- Learning objectives and the presentation level for all educational sessions will be available on the AED website several months prior to the conference.
- The following activities do not qualify for continuing medical education (CME) or continuing education (CE) credits: Poster Sessions, Committee Meetings, Welcome and Conference Goals, SIG Annual Meetings, Meet the Experts, Annual Business Meeting, Awards Ceremony, Exhibits and any other non-scientific sessions.

IMPORTANT!

To receive continuing education credit, ATTENDEES MUST:

- Choose CE/CME as an option during registration and pay the fee (CE/CMEs can be added at any time during the conference)
- Complete the continuing education online process

NEW YORK
HOTEL INFORMATION

SHERATON NEW YORK TIMES SQUARE HOTEL*

811 7th Avenue 53rd Street | New York, NY, 10019 USA
Phone: +1-212-581-1000
Hotel Reservations: +888-627-7067
https://www.starwoodmeeting.com/Book/AED2019

Room Rate

The ICED negotiated rate is **$249** for a single room and double room, complimentary access to Wi-Fi fitness center, tax and fees. The deadline to receive the ICED rate is **February 19, 2019**, or until the ICED room block is sold out, whichever comes first.

You are urged to make your reservations early.

Cancellation

Individual reservations can be cancelled **without** penalty **until March 10, 2019**. In case of cancellation **from March 10, 2019** until 48 hours prior to arrival, the hotel may charge the individual for the first night of the stay. Please note that in case of a cancellation less than 48 hours prior to arrival or no-show, the hotel holds the right to charge the individual's full length of stay as reserved as cancellation fees.

TRAVEL INFORMATION

***NOTE: This hotel does not provide shuttle service to and from area airports.**

Directions from Area Airports:

John F. Kennedy International Airport (JFK)

Airport Phone: **+1-718-244-4444**
Hotel direction: **22.5** miles SE
Estimated taxi fare: **$68.23** (one way)

LaGuardia Airport (LGA)

Airport Phone: **+1 718-533-3400**
Hotel direction: **11.6** miles E
Estimated taxi fare: **$40.55** (one way)

Newark Liberty International Airport (EWT)

Airport Phone: **+1 973-961-6000**
Hotel direction: **25.6** miles SW
Estimated taxi fare: **$75** (one way)

International Travel Information

New York City is composed of five boroughs. While Manhattan and Staten Island are islands, Brooklyn and Queens are geographically part of Long Island, and the Bronx is attached to the US mainland. The islands are linked by bridges, tunnels and ferries. Check here for helpful NYC maps and guides.

International Visitors and Arrivals from Abroad

- **Visas**
  If you're visiting New York City from outside the United States, you may need a visa to enter the country. For details, visit the US State Department's visa information website.
- **Trusted Traveler Programs**
  Fly through the lines at JFK, LGA and Newark. The Department of Homeland Security and Customs have introduced several programs that can help expedite security andcustoms screenings when traveling to and from the US and New York City. The programs, customized based on travel needs and designed to enhance passenger experience, are available for US citizens and residents as well as those from certain foreign countries. Visit **dhs.gov/tt** to learn more about the options and their benefits, and see a chart that compares the different features of each.

TRAVEL INFORMATION *(Continued)*

- **US Customs and Border Protection**
  Recent improvements by US Customs and Border Protection have helped decrease wait times to enter the United States for both visitors and citizens coming from abroad. Among these are the Trusted Traveler Programs listed above, as well as self-service kiosks located in the international arrivals terminals at area airports and an app for smartphones and tablets. Discover what to expect when arriving from an international destination by watching "You Have Arrived," a short instructional video; to learn more about the self-service kiosks and app, watch "Global Entry – The Quickest Way Through the Airport."

Time Zone

As of **March 10, 2019**, New York City will be on Eastern Daylight Time (Greenwich mean time minus four hours).

Tours and Visitor Passes

- **CityPASS, Explorer Pass, the New York Pass and Build Your Own Pass by Smart Destinations**
  Find out which deal best suits your visit to NYC with this guide to New York CityPASS, Explorer Pass, the New York Pass and Build Your Own Pass by Smart Destinations.

  For details visit:
  https://www.smartdestinations.com

- **City Experts NYC Tours**
  Seeing the City by double-decker bus, boat or helicopter can make for a memorable trip, and there are convenient, affordable ways to visit all of NYC's major attractions.

  Explore tour options by visiting:
  https://www.cityexperts.nyc/about-us

Local Laws

If you're headed out for a night on the town, you should know that the drinking age in NYC—and throughout the United States—is 21, and smoking is banned in public places throughout the City, including bars, restaurants, subways and taxis, and public parks and beaches. Cigar smoking is permitted at cigar bars that register with the City. In NYC, those who are 21 or older can purchase cigarettes and tobacco. Additionally, open containers of alcoholic beverages are not permitted in public areas including on City streets.

Useful Phone Numbers

Here are some important phone numbers to keep handy during your NYC visit.

- **Emergencies** (police, fire or ambulance)**: 911**
- **NYC Government Agencies and any Questions or Requests about City Services** (nonemergency)**: 311** or **212-NEW-YORK (639-9675)**
- **Directory Assistance: 411**
- **Printed NYC Literature: 800-NYC-VISIT (692-84748)** or **212-397-8222**

Currency

In New York City and throughout the United States, the dollar is the standard currency. Currency converters such as **https://www.xe.com** allow you to determine the value of other currencies compared with the dollar.

Below are some of the many places where you can exchange your currency for American dollars.

- **American Express Travel Services:**
  800-297-2977 | 212-693-1100
  americanexpress.com
  111 Broadway (at Pine St.)
- **AFEX—Associated Foreign Exchange**
  212-757-9280
  afex.com/unitedstates/new_york_retail.php
  870 Seventh Ave., Retail Suite A

Safety

New York is America's safest large city, but visitors should still use common sense to protect themselves and their property. ***Be aware of your surroundings, and make sure to always use licensed, reputable businesses for any services you need.*** For example, don't hail livery cabs (as opposed to taxis) at the airport, and don't rent bikes from companies that seem suspicious. If you're not sure where to find legitimate businesses, the listings at nycgo.com are a good place to start as are those published by the Better Business Bureau. Your hotel concierge should be able to answer questions on this topic, and will be helpful if you need more information about neighborhoods in the five boroughs. **311**, the City's official **information hotline**, is also a useful resource.

QUESTIONS?

If you have any questions regarding the program OR registration, contact the Academy for Eating Disorders headquarters at:

Phone: **+1-703-234-4079** | Email: **ICED2019@aedweb.org** | **www.aedweb.org**

TRAVEL INFORMATION *(Continued)*

Weather

So, how is the weather in New York in March? Well, spring is in the air in New York City as March is a month that transitions from wintertime to spring. Early this month in New York City, afternoon high temperatures tend to be in the mid-40;s f (6-7C) while early morning lows tend to me in the low 30's f (0 to -1C). On a few of the colder mornings, temperatures can still dip down into to upper teens (-7 to -8C).

As the month progresses, spring starts to grab a hold in the Big Apple as the afternoon temperatures rise into the low to mid 50's f (11-13C) and morning lows creep up into the upper 30's f to near 40f (3-5C). A few of the warmer afternoons can even see temperatures up into the mid 60's (17-18C). The highest temperature recorded this month at Central Park was 86f (30C) while the coldest ever was 3f (-16C).

Ref: **https://freetoursbyfoot.com/weather-in-new-york-in-march/#average**

Tipping/Customs

- **Tipping**
  Let's face it. It's not always fun to tack a few extra bucks of your hard-earned money onto a bill. But since New Yorkers in the service industries (hotels, restaurants and transportation) usually have tips factored into their wages, tips are expected and greatly appreciated. You don't have to go overboard, but be sure to show the love for great New York City service. Note that there are an increasing number of restaurants these days implementing a no-tipping policy—they either add on a service or administrative charge or they have hiked their prices, and use the money to better pay their workers (the policy will typically be indicated on the menu or bill). In lieu of that, here's how much you should tip:
  - **Hotel Doorman: $1** for hailing a cab.
  - **Porters and Bellhops: $1–$2** per bag.
  - **Housekeeping**: **$1–$2** per day of your visit, *or as much as $5 per day*.
  - **Waitstaff and Bartenders: 15–20** percent of total bill.
  - **Taxi Drivers: 15–20** percent of total fare.
  - **Hairdressers: 15–20** percent of total service cost.
  - *Tips for other service personnel, such as theater ushers, tour guides and coat-check staff, are always appreciated.*
  - **One more Thing:** If you're having drinks at a bar, bartenders typically expect at least a **$1** tip for every drink they serve you. Later on, when the bar gets crowded, you'll be glad that the bartender remembers you!

Sales Tax

Buyer Beware: While the price tag may say one thing, prices marked typically don't include tax. New York City sales tax on goods and services is **8.875 percent**. But there are a few exceptions:

- **No sales tax on food items purchased at grocery stores, or on prescription drugs.**
- **No sales tax on clothing or footwear under $110.**

REGISTRATION INFORMATION

PARTICIPATION IN THE 2019 ICED IS *LIMITED* TO REGISTERED DELEGATES

Your full registration includes:

- **Admission to ALL Sessions**
  (Thursday, March 14 through Saturday, March 16)
- **Access to ALL Exhibits**
- **Entry to Poster Sessions**
- **Welcome Reception**
  (Thursday, March 14)
- **Daily Refreshment Breaks**

Spouse/Guest Rate

This rate is applicable ***only to attendees outside*** of the eating disorders field and includes:

- **Admission to the Keynote Address, Exhibit Hall** and **Poster Sessions**
- **Welcome Reception**

The following events are considered Ticketed Events, requiring pre-registration and in some cases, a registration fee:

Clinical Teaching Day/Research Training Day Session 1
(Wednesday, March 13 from 0900 –1300 | ***fee***)

Clinical Teaching Day/Research Training Day Session 2
(Wednesday, March 13 from 1400 –1800 | ***fee***)

Mentor/Mentee Breakfast
(Thursday, March 14 from 0730 –0830 | ***no cost***)

Meet the Experts
(Friday, March 15 from 1245 –1345 | ***no cost***)

Closing Social Event
(Saturday, March 16 from 1900 – 2359 | ***fee***)

START SPREADING THE NEWS

ICED 2019

DETAILED **PROGRAM** INFORMATION

The most current conference information can be found at: **https://aedweb.org/aed-events/iced**

SPECIAL EVENTS

Clinical Teaching Day/Research Training Day

This year our Clinical Teaching Day and Research Training Day programming offers both morning and afternoon sessions, providing opportunities to attend sessions from both events. Please note that additional registration fees are required to attend both sessions. The morning session will begin at 0900 and end at 1300, and the afternoon session will begin at 1400 and end at 1800.

Clinical Teaching Day

Participation in the AED Clinical Teaching Day on **Wednesday, March 13**, requires a ***separate registration fee***. The 2019 ICED Clinical Teaching Day will feature five (5) sessions from which to choose, including one extended session ***(additional fee)***.

Research Training Day Registration

Participation in the AED Research Training Day on **Wednesday, March 13**, requires a ***separate registration fee.***

Mentor/Mentee Breakfast

The AED is actively facilitating mentoring relationships for members as part of its **Membership Recruitment and Retention Initiative**. At ICED, interested AED trainee and early professional members will be paired with seasoned AED members at the **Mentor/Mentee Breakfast** on **Thursday, March 14** from **0730–0830**. This is a ***ticketed*** event and space is limited. Therefore, ***pre-registration is required***. The aim of this event is to provide an opportunity for members to receive short-term (and potentially lasting) mentorship from experienced AED members/leaders. Mentors may also benefit from interaction with up-and-coming professionals by networking and facilitating optimal training and retention of promising professionals who will be the future of the AED.

Mentees and mentors will be paired based on interests (for example, research, clinical, advocacy, genetics and epidemiology).

- ***Sign up to become a mentor or mentee during the ICED registration process.***

Meet the Experts

The AED Fellows Committee invites students, early career and other members to talk one-on-one about topics of interest on **Friday, March 15** from **1330** to **1430**. This is a ***ticketed*** event and space is limited. Therefore, ***pre-registration is required***. Lunch is NOT provided.

AED Closing Social Event

Do you have the luck of the Irish? Lots o' luck will come your way by joining your colleagues on **Saturday, March 16**, for this year's festive closing social event with many of the founding members, videos, memorabilia, food stations, cash bar, and a few surprises.

There is a small fee for both ICED delegates and guests to attend. Tickets can be obtained during the registration process or at the Registration Desk during ICED.

vector open stock

EXHIBIT & SUPPORT OPPORTUNITIES

AED wants to partner with you to provide you the best opportunity to meet more of your colleagues and customers at the **ICED 2019**. Contacting new prospects, gathering leads, introducing your presence in the market and thanking existing customers are all reasons why you should consider supporting the **AED** and **ICED 2019**. Contact us at: **AEDPartners@aedweb.org** for more information.

ICED 2019 REGISTRATION

Conference registration with FULL payment MUST be received by

Thursday, March 7

AFTER March 7, 2019 — Registration will ONLY be available on-site at the conference and be subject to a higher registration fee.

REGISTRATION INSTRUCTIONS

All registration forms **must** be accompanied by check or credit card information (VISA, MasterCard, Discover and American Express). Make checks **payable in US dollars** to the Academy for Eating Disorders.

For **wire transfer** information, email **ICED2019@aedweb.org** — *Wire transfers incur a* **$35** *USD fee.*

All meeting participants, including presenters, authors and AED leadership, are expected to register..

Online:

Go to **www.aedweb.org**

— Click the **Conference and Events link** at the top of the home page and then click on ICED 2019.

— Click the **Register Now** button to begin registering.

— **Login:**
AED MEMBERS and *RETURNING NON-MEMBER ATTENDEES* — if someone is registering for you, they need to login with **your user name** and **password**. *If not*, the system will not let them register you at the member rate.

NON-MEMBERS — if you are not a current or former member of AED, you will need to **create a non-member record** to proceed with online registration.

Please email **ICED2019@aedweb.org** if you have any questions or need your user name or password.

Follow prompts to register for the ICED Meeting.
Don't forget to choose all of your options for:

- **Special Needs** (diet, accessibility, etc.)
- **Clinical Teaching Day/Research Training Day Session 1** (Wednesday, March 13 from 0900–1300 — *additional fee required*)
- **Clinical Teaching Day/Research Training Day Session 2** (March 13 from 1400–1800 — *additional fee required*)
- **Research Training Day** (Wednesday, March 13 — *additional fee required)*
- **Mentor/Mentee Breakfast** (Thursday, March 14)
- **Meet the Experts** (Friday, March 16)
- **AED Business Meeting/Awards Ceremony Breakfast** (Saturday, March 16)
- **Global Think Tank** (Saturday, March 15)
- **Closing Social Event** (Saturday, March 16— *ticketed event requiring an* ***additional fee*** *for* ***all*** *attendees*)

Offline Registration Options:

Download the **interactive ICED 2019 Registration form** from **http://www.aedweb.org/index.php/conference/iced-2019**.

— **Complete the form and save it.**

— Email to **ICED2019@aedweb.org**

— Fax to: **AED** at **+1-703-435-4390**.

— Please include your VISA, MasterCard, Discover or American Express number and expiration date.

Payment Confirmation

Attendees who include an email address on their registration form will receive an email confirmation.

Cancellation of Registration

Notification of cancellation **MUST** be submitted in writing to **aed@aedweb.org**. Cancellations received by **February 15, 2019** will be refunded, less a $75 fee. **No refunds** will be made for cancellations received **after February 15, 2019**. Substitutions are allowed at any time, but must be submitted in writing to **aed@aedweb.org**.

AMERICANS WITH DISABILITIES ACT

The **AED complies** with the legal requirements of the **Americans with Disabilities Act** and the rules and regulations thereof.

Please notify AED of any special needs at **ICED2019@aedweb.org**.

START SPREADING THE NEWS

Education, Dissemination & the Science of Eating Disorders

ICED2019

MARCH 14-16

NEW YORK, NY

TUESDAY, MARCH 12 **Pre-Conference Activities**	
0800 – 1700	Registration Open

WEDNESDAY, MARCH 13	
0800 – 1700	Registration Open
0900 – 1700	**AED Board Meeting**
0900 – 1300	**Clinical Teaching Day/ Research Training Day Session 1**
1300 – 1400	Lunch on your own
1300 – 1700	**European Chapter Academic Meeting**
1400 – 1800	**Clinical Teaching Day/ Research Training Day Session 2**

MARCH 14-16	
THURSDAY, MARCH 14	
0700 – 1700	Registration Open
0730 – 0830	Mentor/Mentee Breakfast
0800 – 0900	**AED Finance Committee Meeting**
	ICED 2021 Meeting
0900 – 1045	**Welcome & Keynote Address**
1045 – 1115	Tweet Up/Tweet Out
	Refreshments with the Exhibitors
1115 – 1300	**PLENARY 1**
1300 – 1500	Lunch on your own
1300 – 1400	**ICED 2020 Meeting**
1300 – 1500	**Exhibit Hall Open**
1345 – 1445	SIG Annual Meetings

THURSDAY, MARCH 14 (con't)	
1500 – 1630	**Educational Session 1** (Workshops, & SIG Panels)
1630 – 1700	**Refreshments with the Exhibitors**
1700 – 1830	**Paper Session 1**
1845 – 2015	**Opening Reception**
	POSTER SESSION 1

FRIDAY, MARCH 15	
0700 – 1700	**Registration Open**
0730 – 0830	**Experts by Experience Committee Meeting**
0730 – 0830	**SIG Oversight Committee Meeting**
0800 – 0900	**Past Presidents' Breakfast**
0900 – 1045	**PLENARY 2**
1045 – 1115	**Refreshments with the Exhibitors**
1115 – 1245	**Educational Session 2** (Workshops, & SIG Panels)
1245 – 1445	**Lunch on your own**
1245 – 1445	**Exhibit Hall Open**
1330 – 1430	**SIG Co-Chairs Meeting**
1330 – 1430	**HLA Chapter Meeting**
1330 – 1430	**European Chapter Meeting**
1330 – 1430	**Meet the Experts**
1445 – 1615	**PAPER SESSION 1**
1615 – 1645	**Refreshments with the Exhibitors**
1645 – 1830	**PLENARY 3**

SATURDAY, MARCH 16	
0700 – 1700	**Registration Open**
0800 – 0930	**AED Business Meeting and Awards Ceremony**
0945 – 1100	**POSTER SESSION 2**
1100 – 1115	**Refreshments with the Exhibitors**
1115 – 1245	**Educational Session 3** (Workshops & SIG Panels)
1245 – 1445	**Lunch on your own**
1330 – 1430	**SIG Annual Meetings**
1445 – 1630	**PLENARY 4**
1630 – 1700	**Afternoon Break**
1700 – 1845	**Research Practice Global Think Tank**
1900 – 2359	**Closing Social Event LUCK O' THE IRISH**

ICED2019

MARCH 14-16
NEW YORK, NY

FOR **UPDATES**, PLEASE **VISIT**:

https://aedweb.org/aed-events/iced/iced-schedule-2019

WEDNESDAY, MARCH 13
CLINICAL TEACHING DAY/ RESEARCH TRAINING DAY
0900 – 1300
SESSION 1

CTD 1.1 Gender Identity and Eating Disorders: Medical and Psychological Treatment Considerations

Carly Guss, MD[1]
Amy Tishelman, PhD[1]
Joshua Safer, MD[2]

[1]Boston Children's Hospital, Boston, MA, USA
[2]Mount Sinai, New York, NY, USA

Body image dissatisfaction is a common experience occurring in both eating disorders and gender dysphoria. This workshop will cover treatment considerations ranging from the medical and surgical options for gender transitioning to psychological and therapeutic advances that are specifically tailored towards individuals, across the age (developmental considerations) and gender spectrum. Using a variety of teaching methods including didactic, case reports and role playing, the workshop will be taught by experts in the field as well as patient advocates and will cover evidence-based approaches and participants will leave with a detailed understanding of assessment and treatment considerations for individuals with co-occurring gender identity issues and eating disorders.

Learning Objectives:

Following this session, participants will be able to:

1. Describe how to assess gender identity issues in patients with eating disorders.
2. Describe medical options for gender transitioning and developmental considerations.
3. Prepare to incorporate body image and gender identity into a therapeutic practice.

CTD 1.2 Integrating Research Evidence for a Novel Emotion Skills Training Intervention

Kate Tchanturia PHD, FAED, FBPS, FAHE[1]
Lucia Giombini *(PhD Student)*[1]

[1]Kings College, London, UK

The aim of this workshop is to synthesis research and clinical practice on socioemotional functioning in eating disorders. The workshop will be split into four sections, two of which are more didactic and two more interactive in nature. In the first section, we will describe how experimental findings on emotion expressivity and research exploring co-occurring Autism Spectrum Disorder traits have complimented our understanding of socio-emotional functioning. Our systematic evaluation of the literature in eating disorders and related conditions clearly shows reduced expressivity of emotions through facial expression during the acute phase of illness and the presence of co-occurring autistic symptoms in a significant proportion of patients with eating disorders. The most important findings in the area will be presented to the attendees in this section. In the second section, attendees will gather together in small groups to discuss how emotional difficulties and the presence of co-occurring autistic symptoms can make treatment for eating disorders challenging. In the third part, we will share with the workshop attendees recent experimental work which we have conducted using facial expression experimental work and how we have translated this into the Cognitive Remediation and Emotion Skills Training (CREST) manualised treatment package. Finally, we will demonstrate some experiential exercises we have used in emotion skills training sessions with patients with eating disorders and novel possible extensions of CREST, focusing on difficulties with social interaction and how it could be adapted to young people with ED.

Learning Objectives:

1. Identify difficulties with socioemotional functioning which are commonly experienced by patients with eating disorders in intensive clinical care.
2. Apply experimental methods to study expressivity in patient with eating disorders.
3. Demonstrate how research findings can be translated into clinical practice through the use of experiential exercises.

RTD1.1 Grant Expectations: Crafting Grant Proposals to Close the Funding Gap in Eating Disorder Research

Stephen Wonderlich, PhD[1]
Joanna Steinglass[2]
Mark Chavez[3]
Hans Hoek, MD, PhD[4]

[1]University of North Dakota, Fargo, ND, USA
[2]Columbia University, New York, NY, USA
[3]National Institutes of Health, Bethesda, MD, USA
[4]Parnassia Psychiatric Institute, Kiwistraat, Netherlands

There is significant need for more funding for eating disorders research. Currently, the eating disorders field is plagued by poor treatment responses and high relapse rates. Relatedly, many of the underlying mechanisms contributing to the risk and maintenance of eating disorders remain poorly understood. Despite the high morbidity and mortality rates associated with eating disorders, research for eating disorders remains substantially under-funded compared to other disorders of comparable severity.

For instance, in the U.S., eating disorders research receives approximately $0.73 per affected individual compared to schizophrenia research, which receives approximately $83.97 per affected individual. Similar, discouraging trends have been noted in other countries, such as Australia and Canada. Although the reasons behind this gap in funding are multifactorial, such statistics highlight the importance of strong

training in grantsmanship among members of the eating disorders field. Successful grant writing requires a specialized skill set, particularly for new investigators.

However, many professionals, especially those early in their career, receive little or no formalized training in grant preparation. Accordingly, a recent survey of AED's Early Career Special Interest Group revealed that nearly 75% of members are interested in obtaining additional training in how to write grants. In addition, a separate survey of the AED early career membership found grant writing to be the most requested topic for the annual Research Training Day. This session is dedicated to training interested individuals in grant writing skills and strategies.

Learning Objectives:

1. methods for identifying and selecting the best grant mechanism for their purposes;
2. strategies for composing the sections most commonly found in research grants (e.g., specific aims, research plan, biosketch); and
3. general grantsmanship guidelines (e.g., increasing language impact, clear message organization).

WEDNESDAY, MARCH 13
CLINICAL TEACHING DAY/ RESEARCH TRAINING DAY
1300 – 1800
SESSION 2

CTD 2.1 A Hands-On Guide for Implementing Digital Tools in the Treatment of Eating Disorders

Shiri Sadeh-Sharvit, PhD[1,2]
Ellen E. Fitzsimmons-Craft, PhD[3]
Denise E. Wilfley, PhD[3]
C. Barr Taylor, MD[1,4]

[1]Center for m2Health, Palo Alto University, Palo Alto, CA, USA
[2]Baruch Ivcher School of Psychology, The Interdisciplinary Center, Herzliya, Israel
[3]Department of Psychiatry, Washington University School of Medicine, St. Louis, MO, USA
[4]Department of Psychiatry, Washington University School of Medicine, St. Louis, MO, USA

Telepsychology and technology-enhanced services already figure prominently in healthcare and will likely become a staple in future clinical practice. This workshop will provide important knowledge, skills, and experience for clinicians interested in using technology and digital tools in their work. Emphasis will be placed on learning guidelines to determine when technology could benefit clients, and how to assess the client's readiness for introducing technology. Using case reports, role-plays, and practice, we will demonstrate how currently available digital resources can aid clients. The following topics will be reviewed: self-monitoring; online programs and mobile applications; online groups for treatment, training, and supervision; and assessment of the client's use of media and digital platforms. Important clinical issues relevant for the use of technology, such as safety procedures, privacy, reimbursement, and ethical issues as well as the therapeutic alliance in telepsychology will also be discussed. Finally, participants will be able to create a plan of how to implement digital tools in their work.

Learning Objectives:

1. Describe the categories of digital services that are applicable for different purposes.
2. Prepare to incorporate technology in their clinical practice using telepsychology, online programs, smartphone applications and more.
3. Assess the prominent legal, ethical, and practical considerations for using technology in clinical practice.

CTD 2.2 An Interdisciplinary, Social Justice, and Evidence-Based Approach to Body Image in the Treatment of Individuals of Size with Eating Disorders

Janell Mensinger, PhD[1]
Fiona Sutherland, APD[2]

[1]Drexel University, Philadelphia, PA, USA
[2]La Trobe University RIPE Group, Melbourne, VIC, Australia

Abstract:

Individuals of size with eating disorders often face unique barriers in their eating disorder recovery process. For example, these individuals may face pressures from medical professionals to lose weight, experience weight bias, and/or struggle with standard body image interventions. Though treating body image disturbance in eating disorders can prove difficult for all eating disordered individuals, the added pervasiveness of weight bias adds another layer of difficulty for treating individuals of size with eating disorders (Puhl, Andreyeva, & Brownell, 2008). This interdisciplinary workshop will focus on the treatment of body image disturbance in individuals of size utilizing Health-At-Every-Size and social justice principles. Empirical data on the outcomes of HAES interventions and the psychological and physical consequences of weight bias and weight cycling will be reviewed (e.g., Bacon, Stern, Van Loan, Keim, 2005; Pearl, White, & Grilo, 2014). Ways in which eating disorder clinicians of varying disciplines can incorporate HAES principles into their treatment protocols will be demonstrated. Concrete strategies for body image work with individuals of size, such as ways to help clients challenge internalized weight bias, will be introduced. Additionally, participants will work to challenge their own weight bias, as research has found clinicians to hold anti-fat attitudes (e.g., Harvey & Hill, 2011; Puhl, Latner, King, & Luedicke, 2014). An interactive small-group discussion session will problem-solve common barriers individuals of size face in eating disorder and body image disturbance treatment. Ways in which clinicians from a variety of disciplines can work together and collaborate to best support individuals of size will also be considered.

Learning Objectives:

1. Participants will learn the current literature base on the effectiveness of HAES interventions and health consequences of weight bias.
2. Participants will be able to implement body image interventions with individuals of size with eating disorders.
3. Participants will be able to incorporate or enhance evidence-based HAES principles in their current practice.

CTD 2.3 Exploring Three Alternatives and Enhancements to Standard Family-Based Treatment for Eating Disorders in Youth

James Lock, PhD[1]
Daniel Le Grange, PhD[2]
Danielle Colborn, PhD[2]

[1]Stanford University School of Medicine, Palo Alto, CA, USA
[2]University of California San Francisco, San Francisco, CA, USA

Family-based treatment (FBT) is well established as a leading first-line approach for adolescents with an eating disorder. Despite the strong efficacy of FBT, there are circumstances in which clinicians might also be required to incorporate adjunct or alternative interventions. This clinical teaching day will build participant understanding of the components of these interventions, their empirical support, and practical implementation of techniques. Firstly, we will describe Parent Focused Therapy (PFT), which holds similarities to FBT, but does not include the patient or siblings. We will begin by highlighting the circumstances under which PFT may be best utilized as well as review the rationale, empirical support, and basic approach for this intervention through the use of clinical vignettes (Dr. Le Grange). This will be followed by an overview of Intensive Parental Coaching (IPC; Dr Lock). As early response is well-recognized as a powerful predictor of long term outcome in manualized FBT, a brief module of IPC is indicated when early response is not seen. IPC has been suggested to re-boot FBT and help these patients reach optimal recovery rates. This section will utilize clinical vignettes to demonstrate the core approach and we will review the rationale, timing, and empirical support for the adjunctive model. The final adjunct intervention that we will review is cognitive remediation therapy (CRT). Our research has shown that moderators, such as obsessive-compulsive features, are baseline predictors of treatment outcome. We will discuss the rationale of adding CRT to FBT to help improve outcomes by addressing this cognitive style (Dr Colborn). We will then review the empirical support, core components of CRT, and discuss clinical examples of the application of this intervention. Whilst there will be ample opportunity for discussion throughout this workshop, we will also include time for a question and answer session at the end.

Learning Objectives:

1. Identify the circumstances where adjunct or alternative treatments to FBT may be helpful.
2. Describe the core components of three adjunct/alternative interventions (PFT, ICP, CRT) to FBT and when each of these would be used.
3. Apply techniques from three adjunct/alternative interventions (PFT, ICP, CRT) in their own clinical practice.

RTD 2.1 Network Analysis: Implications for Eating Disorder Research

Ross D. Crosby, PhD[1]
Markus Moessner, PhD[2]
Kathryn E. Smith, PhD[1]

[1]Center for Bio-Behavioral Research, Sanford Research, Fargo, ND, USA
[2]Center for Psychotherapy Research, University Hospital Heidelberg, Heidelberg, Germany

This workshop will provide an introduction to network analysis, as well as more advanced topics on the application of network analysis to eating disorder research. Introductory topics will include the historical origins of network analysis, network analysis basics, characterizing nodes and networks, network graphs, and types of network structures. Advanced topics include network analysis in social versus psychological contexts, network theory of mental disorders, analytic approaches to network analysis, sample size requirements, and replication and reproducibility. Information will be provided on software packages available to conduct network analysis, along with syntax code samples for running these programs. Examples will be provided of eating disorders research questions that can be addressed with network analysis, including questions about nodes, clusters, network structures, and individuals. Ample time will be provided for questions and answers, and breakout sessions will be available if there is interest in specific topics.

Learning Objectives:

1. Understand the basic features of networks, including the indices used to characterize networks and nodes.
2. Describe the differences between network analysis in social and psychological contexts.
3. Describe how network analysis can be used to address eating disorder research questions.

THURSDAY, MARCH 15

0900 – 1045

WELCOME & KEYNOTE ADDRESS

KEYNOTE

Why People Die by Suicide

Thomas Joiner, PhD will present the ICED 2019 keynote address which will challenge conference attendees to consider why people with eating disorders die by suicide, and how to avoid "McMindfulness," emphasizing how to use authentic, empirically supported practices to assess and treat suicidal ideation in people with eating disorders.

In his new theory of suicidal behaviour, Thomas Joiner, PhD proposes three factors that mark those most at risk for suicide: the feeling of being a burden on loved ones; the sense of isolation; and, perhaps chillingly, the learned ability to hurt oneself. He tests the theory against diverse facts taken from clinical anecdotes, history, literature, popular culture, anthropology, epidemiology, genetics, and neurobiology—facts about suicide rates among men and women; white and African-American men; individuals with anorexia, athletes, sex workers, and physicians; members of cults, sports fans, and citizens of nations in crisis.

Learning Objectives:

- To review basic facts about the epidemiology and risk factors for death by suicide.
- To learn about a new theory of suicidal behavior.
- To learn about anecdotal, clinical, and scientific evidence that evaluates this new theory.
- To learn about approaches to suicide risk assessment
- To learn about developments in the treatment of suicidal behavior.
- To learn about developments in suicide prevention.
- To understand the experience of people who are bereaved by suicide.

About Thomas Joiner, PHD:

Thomas Joiner grew up in Georgia, went to college at Princeton, and received his PhD in Clinical Psychology from the University of Texas at Austin. He is The Robert O. Lawton Distinguished Professor in the Department of Psychology at Florida State University (FSU), Tallahassee, Florida. Dr. Joiner's work is on the psychology, neurobiology, and treatment of suicidal behavior and related conditions. Author of over 640 peer-reviewed publications, Dr. Joiner is the Editor-in-Chief of the journal *Suicide & Life-Threatening Behavior*, and was awarded the Guggenheim Fellowship and the Rockefeller Foundation's Bellagio Residency Fellowship. He received the Young Investigator Award from the National Alliance for Research on Schizophrenia and Depression, the Shakow Award for Early Career Achievement from the Division of Clinical Psychology of the American Psychological Association, the Shneidman Award for excellence in suicide research and the Dublin Award for career achievement in suicide research from the American Association of Suicidology, and the Award for Distinguished Scientific Early Career Contributions from the American Psychological Association, as well as research grants from the National Institute of Mental Health, Department of Defense (DoD), and various foundations.The Lawton Professorship and the Dublin Award are the single highest honors bestowed, respectively, by FSU and the American Association of Suicidology. In 2017, he was named a Fellow of the American Association for the Advancement of Science.

He was a consultant to NASA's Human Research Program, and is the Director, with Pete Gutierrez, PhD, of the DoD-funded Military Suicide Research Consortium, a $30 million project. The effort was recently extended for a second five-year phase at a similar funding level.

Dr. Joiner has authored or edited eighteen books, including *Why People Die By Suicide*, published in 2005 by Harvard University Press, and *Myths About Suicide*, published in 2010, also with Harvard University Press. The book *Lonely at the Top* was published by Palgrave MacMillan in October, 2011, and the book *The Perversion of Virtue: Understanding Murder-Suicide* was published by Oxford University Press in 2014. The book *Mindlessness: The Corruption of Mindfulness in a Culture of Narcissism*, came out in 2017, also from Oxford. Largely in connection with *Why People Die by Suicide*, he has made numerous radio, print, and television appearances, including write-ups in *The Wall Street Journal* and *The Times of London*, a radio interview on NPR's Talk of the Nation, and two appearances on the Dr. Phil Show. He runs a part-time clinical and consulting practice specializing in suicidal behavior, including legal consultation on suits involving death by suicide. He lives in Tallahassee, Florida, with his wife and two sons, the elder of whom is an FSU senior and the younger of whom will be an FSU freshman.

THURSDAY, MARCH 14

1115 – 1300

PLENARY 1: TREATMENT

Treatment Quicker and Better: What is the Evidence for Short-Term Treatments in Eating Disorders?

Co-Chairs:

Karina Allen, PhD, MPsych[1]
Judy Krasna, BA[2]

[1]South London and Maudsley NHS Foundation Trust, London, UK
[2]Bet Shemesh, Jerusalem District, Israel

There is a growing body of research to show that short-term treatments may achieve similar therapeutic outcomes to longer term interventions (e.g., Ost & Ollendick, 2017; Waller et al., 2018). This reflects, in part, a non-linear dose-response relationship between treatment duration and treatment outcomes, with benefits dropping off rapidly after an initial optimum 'dose.' In addition, early symptom change is one of the most potent predictors of longer-term outcomes in cognitive behavioral therapy and family-based therapy, and if early reductions in symptoms do not occur, additional treatment may offer relatively little benefit (Le Grange et al., 2014; Rose & Waller, 2017; Turner et al., 2015). This plenary seeks to examine evidence around the optimum dose-response relationship in the treatment of psychological disorders generally and eating disorders more specifically. In addition, it aims to describe and evaluate some of the available short-term interventions for eating disorders.

Learning Objectives:

1. To explore the relationship between treatment duration and treatment outcomes in eating disorders.
2. To explore the evidence base for short-term interventions for eating disorders.

Balancing Input with Output: How Treatment Duration Relates to Symptom Improvement

Michael Barkham, BEd, MA, MSc, PhD

University of Sheffield, Sheffield, UK

This presentation introduces and summarises various models and key issues in relation to treatment duration and symptom improvement within the broader field of research in the psychological therapies. Evidence on the relationship between treatment duration and outcome is drawn from randomised controlled trials and large practice-based (i.e., naturalistic) studies, including the UK government's Improving Access to Psychological Therapies (IAPT) initiative. The clinical merits and challenges of shorter treatment durations are considered along with a number of caveats in relation to carrying out research in this area.

Doing Less to Achieve More: The Case of CBT-T for Eating Disorders

Glenn Waller, BA, MClinPsychol, DPhil

University of Sheffield, Sheffield, UK

While we routinely assume that 'more therapy = better outcomes' in working with eating disorders, the evidence for that assumption is poor. Indeed, offering more treatment can have negative outcomes for all concerned. This presentation will explain the development of a brief, ten-session therapy for non-underweight eating disorders (CBT-T) and will present evidence that doing less can indeed be better than doing more. Therapy can be cheaper, faster, and easier to access, without losing any effectiveness, and with very positive acceptability to the patients who undertake it. However, while patients are positive about shorter therapies, clinicians are often more resistant, and we need to understand why that is the case. Otherwise, we will continue to waste time when we could be helping more people to recover and reducing waiting times substantially.

Brief Single and Multifamily Interventions for Child, Adolescent and Young Adult Anorexia Nervosa: When, Why and in What Context

Ivan Eisler, OBE, PhD, FAED

Kings College, London, UK

Most treatment research in eating disorders tends to focus on trying to identify the best evidence-based treatments i.e. it centres on questions such as is treatment A better than treatment B or is one variant of treatment A better than another variant of treatment A. This presentation will take a broader look, that will include factors (individual, family as well as the service context) that may need to be included when considering using brief family treatments and the different aims that such brief treatments might have. For instance, recent major investment by the National Health Service in England to establish a network of specialist community-based services for young people with an eating disorder has resulted in a growing number of very early referrals at a point in time when the family is concerned but as yet has not been much affected by the emerging eating disorder and where a very brief intervention of 2-4 sessions may be all that is needed. A very different type of brief family intervention is a 5-day intensive multi-family therapy for young adults that we are currently developing at UCSD. The aim of this intensive intervention is primarily to address motivation to change and the ambivalence of the young person about accepting help and support from their families. For some, the brief intervention may itself lead to significant symptom change but for others the key aim is to target possible individual or family "roadblocks" and thereby facilitate other, longer individual or family treatments. The talk, while drawing on existing (though very limited) empirical evidence, will be more clinically oriented and will aim to raise new questions rather than provide answers.

Discussant:

Tracey Wade, BSc, MClinPsych, PhD

Flinders University of South Australia, Adelaide, SA, Australia

The goal of this presentation is to summarize and synthesize key points from other presentations. The discussant will express their viewpoints on the optimal 'dose' of eating disorder treatment and short-term interventions in the field, drawing on the previous presentations, their own work, and the general literature on these issues. The Discussant will talk about her opinion regarding the optimal dose of treatment, based on a synthesis of information presented by speakers.

FRIDAY, MARCH 15

900–1045

PLENARY 2: SOCIOCULTURAL

Let's Get Things Straight, I'm Not: Eating Disorders in the LGBTQ+ Community

Co-Chairs:

Kelly Bhatnagar, PhD[1]
Erin C. Accurso, PhD[2]

[1]Center for Evidence-Based Treatment, Moreland Hills, OH, USA;
[2]University of California San Francisco, San Francisco, CA, USA

Despite greater awareness that eating disorders affect a diverse group of individuals and research suggesting that certain LGBTQ+ subgroups are disproportionately vulnerable to body dissatisfaction and eating disorder psychopathology, relatively little research has focused on eating disorders in LGBTQ+ individuals. The links between sexuality, gender identity, body image, and eating disorders are still under investigation, but stressors specific to LGBTQ+ individuals may increase risk for developing an eating disorder. Further, this group may experience additional barriers to seeking treatment. This plenary strives to explore the unique factors in understanding disordered eating behaviours, body image, and eating disorders in LGBTQ+ individuals and discuss best practice clinical guidelines.

Learning Objectives:

1. Describe the context of social stigma for individuals who identify as LGBTQ+.
2. Summarize emerging research about associations between sexuality, gender identity, body image, and eating disorders.
3. Identify barriers to seeking care and best practice clinical guidelines.

Stigma and LGBT Health Inequalities

Mark Hatzenbuehler, PhD

Columbia University, New York, NY, USA

Epidemiologic studies have consistently documented that LGBT populations are at heightened risk for a range of adverse health outcomes relative to cisgender heterosexuals, including eating and weight disorders. Having documented this increased risk, researchers have turned their attention to understanding causes of these disparities. Stressors related to stigma are one of the most frequently studied mechanisms contributing to LGBT health disparities. In this talk, I will review illustrative evidence documenting the health consequences of stigma for LGBT populations, with a particular focus on structural forms of stigma, which are defined as societal-level conditions, cultural norms, and institutional policies and practices. I will end the talk with a brief discussion of the implications of this research for the eating disorders field, and for the development of preventive interventions aimed at reducing the negative health sequelae of stigma for LGBT populations.

Learning Objectives:

1. Briefly review the evidence for LGBT health disparities.
2. Discuss stigma as a mechanism contributing to LGBT health disparities.
3. Summarize and evaluate research about the health consequences of stigma for LGBTQ+ populations, with a particular focus on structural forms of stigma.
4. Discuss implications of this research for the eating disorders field and for preventive interventions with LGBTQ+ populations.

Understanding the Relationship Between Sexual Orientation and Eating Disorder Psychopathology in Youth

Jerel P. Calzo, PhD, MPH

University of California San Diego, San Diego, CA, USA

A tendency in research and clinical practice is to treat sexual and gender minority populations as a monolithic group (e.g., grouped as LGBTQ+); rather, sexual and gender minority populations are diverse. Although early epidemiologic research indicated overall greater risk for disordered eating among sexual and gender minorities relative to heterosexual and cisgender populations, emerging research indicates greater complexity with regards to the direction and magnitude of health inequities in eating disorder risk (e.g., across age, across and within gender subgroups, by race/ethnicity). These emerging insights introduce new lines of inquiry regarding the development of sexual orientation disparities in eating disorder risk. This presentation will discuss body image and disordered eating in the context of sexual orientation identity development in adolescence and young adulthood. Using gender-based analysis as a framework, the talk will explore cross-sectional and longitudinal data that explicate how age and developmental factors, race/ethnicity, minority stress, and socialization processes shape eating disorder risk among heterosexual and sexual minority adolescents and young adults of diverse gender groups. Gaps in research, and their implications for

prevention and clinical practice will also be explored.

Learning Objectives:

1. Recognize differences and similarities in gender minority identity development and sexual minority identity development.
2. Utilize examples from various research designs and gender-based analysis to understand how gender and sexual orientation identity development processes are connected to adolescent and young adult body image and eating disorder risk.
3. Summarize relevant gaps in research and practice in addressing eating disorder psychopathology among youth of diverse sexual orientations.

Body Image and Trans People

Jon Arcelus, MD, PhD

University of Nottingham, Institute of Mental Health, Jubilee Campus, Nottingham, UK

As transgender people have become more visible in our society, the number of people who identify as transgender and gender diverse attending health services has increased dramatically over the last few years. In view of this, health professionals need to have a good understanding of the needs of this population, including knowledge of the correct terminology when addressing transgender people. There has been a rapid development and change in the use of language in transgender healthcare. Recent research has started to identify some of the difficulties with regards to mental health and body image that some of transgender people experience. The role of gender affirming medical interventions, such as hormone treatment and surgery to improve body image and mental health difficulties has also started to emerge. This presentation will firstly describe the current terminology to be used when working with the transgender population. It will follow with a description of the body image difficulties that this population present with and the risk of developing eating disorders. The role of gender affirming medical treatment in reducing body dissatisfaction will also be discussed. The presentation will use research and clinical experience to discuss why this population may be at an increased risk of developing eating disorders.

Learning Objectives:

1. To describe current terminology in transgender health.
2. To discuss, using clinical and research evidence, body image difficulties of transgender people attending transgender health services.
3. To present the most recent evidence describing eating disorders psychopathology among the transgender population.
4. To discuss the role of gender affirming medical interventions regarding the body satisfaction of transgender people.

Discussant:

Rachel Levine, MD

Commonwealth of Pennsylvania and the Pennsylvania College of Medicine, Middletown, PA, USA

The goal of this presentation is to summarize and synthesize key points from other presentations. The discussant will express viewpoints on future directions for research on eating disorders in the LGBTQ+ community and how the treatment community can ensure the unique needs of this population are being met.

FRIDAY, MARCH 15

1645 – 1830

PLENARY 3: WILDCARD

When Has the Time Come for Compulsory Treatment? Issues, Challenges, and Implications

Co-Chairs:

Susan M. Byrne, PhD, DPhil[1]
Jason M. Lavender, PhD[2]

[1]University of Western Australia, Crawley Perth, WA, Australia
[2]University of California San Diego, San Diego, CA, USA

Compulsory treatment of psychiatric disorders is always a controversial issue, and this is particularly the case with eating disorders. There are many sides to the argument that patients with eating disorders, because of impaired judgement and cognitive functioning affecting their capacity to meet basic nutritional needs, should be treated involuntarily. While in many cases involuntary intervention is clearly life-saving, in other cases it is argued that it destroys therapeutic relationships and there is often reluctance among clinicians to initiate compulsory treatment for patients with eating disorders. This plenary will present a range of perspectives that inform decisions about and arguments for and against compulsory treatment in the eating disorders field. It will focus on the criteria for assessing decisional capacity, ethical considerations, patient perspectives on compulsory treatment, and alternative approaches for patients with severe and enduring eating disorders.

Learning Objectives:

1. Describe ethical considerations related to assessing decisional capacity and compulsory psychiatric treatment, including for eating disorders.
2. Provide insights into the lived experience of a patient with a history of compulsory treatment for an eating disorder.
3. Summarize alternative care approaches and related issues for patients with severe and enduring eating disorders.

Anorexia Nervosa, Limits of Capacity, and Futility

Scott Kim, MD, PhD

National Institutes of Health, Bethesda, MD, USA

In working with patients who have severe, chronic anorexia nervosa with poor prognosis, the question of futility of treatment as well as of the patient's mental capacity to direct her own treatment (or refusal of treatment) can arise. This talk will discuss how to analyze the complicated interaction between these questions by first providing a brief precis of mental capacity in psychiatric disorders and then applying it to situations of chronic, severe anorexia nervosa.

What's the Right Call? Ethical Considerations in Compulsory Treatment of Eating Disorders

Jacinta Tan, MBBS, MA, MRCPsych, MSc, DPhil

College of Medicine, Swansea University, Swansea, Wales, UK

The goal of this presentation is to discuss ethical considerations related to decisional capacity, coercion, and compulsory treatment for eating disorders.

Perspectives on Compulsory Treatment from a Lived Experience

Shannon Calvert

Healing Conversations, Perth, WA, Australia

Eating Disorders can result in life threatening medical and psychiatric complications, and treatment may be required to prevent further deterioration and/or to save a life. There are times when someone with an eating disorder is not able to make decisions and take appropriate actions to keep them alive, and in these cases involuntary treatment may be necessary. As someone with many experiences of compulsory treatment, most of which were traumatic, I still believe that there are occasions when compulsory treatment is warranted. It is vital that clinicians use empathy and compassion when treating someone against their will, with awareness of the potential for trauma and the possibility of re-traumatisation. In this way, the therapeutic trust can be maintained. I will identify some contributing factors that can either maintain or fracture the therapeutic relationship between clinician and patient post-intervention. If compulsory treatment is deemed necessary, so too is the equal importance of compassion and dignity towards the individual. I will be using my own life experiences to highlight the importance: of a) open communication; b) a full rationale for the use of compulsory treatment; and c) a fully explained and predictable course of treatment.

Learning Objectives:

1. Cite the rationale for compulsory treatment.
2. Reflect on the perspective of someone with lived experience.
3. Evaluate the necessary components of successful compulsory treatment.

Alternative Approaches to Treatment in Severe and Enduring Eating Disorders

Allan Kaplan, MSc, MD, FRCP(C)

Center for Addiction and Mental Health, University of Toronto, ON, Canada

This presentation will focus on alternative approaches to the management of patients who struggle with severe and enduring eating disorders. Such individuals typically have been treated, usually on multiple occasions, in hospital symptom focused programs that have not led to long-term sustained recovery. The primary focus of such alternative approaches is the enhancement of quality of life as opposed to symptom reduction and recovery. This presentation will include a description of such a program that we developed in Toronto that was modelled after Assertive Community Treatment (ACT) approaches for individuals with severe and enduring mental illness, usually psychic disorders. Our Eating Disorder ACT Program provides personalized service and long-term intensive follow up in the daily living environment with a focus on psychosocial rehabilitation. The long-term goal is the attainment of medical stability and functional autonomy and independent living in the community. Case studies and outcome data of individuals treated in this program will be presented.

Learning Objectives:

1. Alternative approaches to the care of individuals who have severe and enduing eating disorders.
2. Factors to consider in deciding to adopt such approaches for these patients.
3. Factors to consider in evaluating the success of such approaches.

SATURDAY, MARCH 16

1445 – 1630

PLENARY 4: BIOLOGY

Hitting the Bullseye: Can Experimental Therapeutics Target Treatment More Effectively?

Co-Chairs:

Marci Gluck, PhD, FAED[1]
Sarah Racine, PhD[2]

[1]National Institutes of Health Phoenix Clinical Research Center, Phoenix, AZ, USA
[2]McGill University, Montreal, QC, Canada

It is well known that not all treatments are effective for all patients, and there has been increased attention to the identification of treatment mechanisms to enable better matching of patients to available treatments. The experimental therapeutics approach, widely accepted for drug development, is beginning to be applied to clinical trials focused on psychosocial variables. Such interventions are to be based

on psychopathology research that identifies neuroscientific treatment targets associated with the development, maintenance, severity, and/or course of disorders. These treatments can be designed to "hit" the target to make therapies more precise. Intervention strategies that map onto these targets are designed to determine if manipulation of identified targets leads to clinical improvement. Such information is consistent with the goal of learning more about mental illnesses from a neuroscience perspective and providing critical information on effective dose and duration of treatment, both of which are necessary for developing evidence-based treatment models.

Learning Objectives:

1. Describe the experimental therapeutics approach to treatment development.
2. Summarize basic neuroscience research on deficits in cognitive flexibility and central coherence among patients with anorexia nervosa and to discuss how these findings have been used to develop of Cognitive Remediation Therapy.
3. Describe recent findings of both increased reward and decreased inhibition processes in the etiology and maintenance of binge eating and discuss how new treatments that target these processes are being developed, consistent with the experimental therapeutics approach.

Bottom Up and Top Down Psychobehavioral Experimental Therapeutic Strategies to Improve Emotion Regulation by Targeting its Underlying Circuitry

Hilary Blumberg, MD

Yale School of Medicine, Yale University, New Haven, CT, USA

Emotion dysregulation is a hallmark of mood disorders, such as bipolar disorder (BD), but can also be a symptom that leads to suffering and psychosocial and other functional impairment, as well as increased risk for suicide, across eating and other disorders. In this talk, a brain circuitry model of emotion regulation will be reviewed. Evidence from multiple magnetic resonance imaging (MRI) modalities (techniques to study gray and white matter and regional brain function and connectivity) supporting involvement of this circuitry in disorders in which emotion dysregulation is prominent (with BD as a model of severe dysregulation) and in risk for suicide will be presented. The focus of the presentation will then be on an experimental therapeutics approach using an intervention (BE-SMART, brain emotion regulation circuitry targeted self-monitoring and regulation therapy) to target this circuitry using top down and bottom up psychological and behavioral strategies, including preliminary neuroimaging evidence to support a psychobehavioral approach can "hit the bullseye" of emotion regulation circuitry.

Learning Objectives:

1. Describe the brain circuitry underlying emotion regulation.
2. Summarize neuroimaging research on differences in emotion regulation circuitry in mood and related disorders.
3. Describe recent neuroimaging findings of changes in emotion regulation circuitry when using psychobehavioral bottom up and top down strategies being developed, consistent with the experimental therapeutics approach.

Cognitive Remediation Therapy for Anorexia Nervosa: Lessons from a Translational Program of Research

Kate Tchanturia, PhD

Kings College, London, UK

The effective treatment of anorexia nervosa (AN) remains a significant challenge. This had prompted new research into ways of engaging and keeping patients in treatment and ultimately achieving better outcomes, not only on a symptomatic level but also in broader aspects of life. Cognitive styles has been implicated in the maintenance of AN, contributing to individuals' difficulties in processing and in engaging with psychological therapy. The role of CRT in the treatment of anorexia nervosa is an idea worth researching, given its clear hypothesised links between brain function, psychological function and treatment. Findings demonstrate a relatively consistent picture—CRT is associated with cognitive improvements in AN. It is also associated with low drop-out rates and high levels of acceptability among both patients and therapists.

Learning Objectives:

1. Identify difficulties with cognitive functioning which are commonly experienced by patients with eating disorders in intensive clinical care.
2. Demonstrate how research findings can be translated into clinical practice through the use of experiential exercises.
3. Discuss current evidence for Cognitive Remediation Therapy for eating disorders.

Targeting Reward and Inhibition in the Treatment of Binge Eating

Kerri Boutelle, PhD

University of California San Diego, San Diego, CA, USA

Food is an unavoidable, motivationally salient cue. Today, individuals who are vulnerable to binge eating and overeating are faced with an environment which encourages excess energy intake. The influence of the current environment, coupled with the inherent trait to binge eat/overeat when exposed to food cues, has led to binge eating in vulnerable individuals. Binge eating and overeating can be conceptualized as a balance between the drive resulting from the rewarding aspects of food and an individual's ability to inhibit those urges. Neuroscience data suggests that individuals with binge eating and those who overeat have increased responsivity to food cues. We have developed a treatment program targeting reward and inhibition, called Regulation of Cues (ROC), which shows promise in overweight and obese adults with binge eating and in children. ROC specifically targets two mechanisms; decreasing external food cue responsivity (reward) and improving appetite sensitivity (inhibition). Our data with children and adults suggests that the ROC program is promising for decreasing binge eating, overeating, and weight. This

presentation will review the research supporting the role of these two mechanisms in binge eating, as well as our efforts to address these mechanisms through ROC and other interventions. By targeting underlying mechanisms, we may be able to improve treatments for binge eating and overeating.

Learning Objectives:

1. Participants will learn the role of reward and inhibition in binge eating and overeating.
2. Participants will learn the theoretical basis for the Regulation of Cues (ROC) intervention.
3. Participants will learn about the efficacy data for ROC in children and adults.

Discussant:

Anita Jansen, PhD

University of Maastricht, Maastricht, Netherlands

The goal of this presentation is to summarize and synthesize key points from other presentations. The discussant will express their viewpoints on the current focus on neuroscience and on the experimental therapeutics approach to treatment development. The discussant will present ideas for translating basic neuroscience research into treatment developments based on the presentations, their own work, and the literature in this area.

THURSDAY, MARCH 14

1500 – 1630

EDUCATIONAL SESSION 1

W1.1 Treating Avoidant Restrictive Food Intake Disorder (ARFID) in the Inpatient Setting Using a Multi-Disciplinary Approach

Jennifer Derenne, MD[1]
Mary Sanders, PhD[1]
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This presentation focuses on the multidisciplinary treatment of children and adolescents with eating concerns leading to malnutrition and serious health sequellae. Our clinical eating disorders team has long provided clinically excellent and innovative treatment for eating disorders in children, adolescents, and young adults. By necessity, our program has become increasingly familiar with ARFID patients and has developed treatment protocols for inpatient and outpatient settings. We have also been able to identify patterns and differences in the patients with ARFID that present for treatment. This program will be composed of didactic lectures, visual aids, and clinical case vignettes to illustrate principles, followed by panel discussion and questions to solidify learning. Highly experienced Stanford University clinicians from Psychology, Psychiatry, Adolescent Medicine, Occupational Therapy, and Dietetics working on a busy inpatient medical stabilization unit specializing in the treatment of children, adolescents, and young adults with eating disorders will participate. We will discuss the presentations of different subsets of ARFID: chronic patients, which tend to be long term selective eaters, and acute patients, who tend to present as abrupt onset food refusal or narrowing of food repertoire due to acute illness, trauma, or phobia. We will present: the medical assessment of malnourished patients, safe renourishment and monitoring of medically compromised patients, an assessment of growth, calculation of nutrition needs, practical tools for relaxation, acupressure, and other postural and biofeedback techniques to manage discomfort, nausea, and anxiety that may impact the patient's willingness to eat. We will also present the approach to clinical psychological assessment and treatment of ARFID patients, including parent/patient questionnaires, assessment of co-morbidities, and CBT and FBT interventions. Psychotropic medication use will also be addressed.

Learning Objectives:

1. Discuss diagnostic criteria of ARFID, and identify "subtypes" based on common presenting features.
2. Review psychological, psychiatric, medical, and nutrition assessment and treatment approaches, in inpatient settings, with a focus on evidence-based interventions where available.
3. Describe practical suggestions for how multidisciplinary team clinicians can collaborate most effectively to provide excellent clinical care for a challenging set of patients.

W1.2 Goals and Targets and Ranges, Oh My!: Defining Weight Restoration in Eating Disorders across the Lifespan

Nicole (Nikki) Pagano, MS, LMSW[1]
Katharine Loeb, PhD, FAED[2]
Jennifer Northridge, MD[3]
Jennifer Brown, MS, RDN[4]

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[3]Joseph M Sanzari Children's Hospital at Hackensack University Medical Center, Hackensack, NJ, USA
[4]Morristown, NJ, USA

The dual purpose of this workshop is to discuss how weight restoration estimates differ for children, adolescents, and adults, and how a multidisciplinary team can arrive at and present a unified message about weight recovery for patients and their families. Katharine Loeb, PhD will provide an overview of what clinical variables to consider when estimating weight targets and ranges for children, adolescents, and adults. Jennifer Northridge, MD will highlight the impacts malnourishment has on growth and development and how to estimate growth potential. She will also explore how to account for height suppression in children and adolescents

when considering weight restoration targets. Nikki Pagano, LMSW, will discuss how to communicate information about the growth curve, including hypotheses about target ranges to parents, families, and other treatment providers within the FBT frame. Katharine Loeb will then discuss the psychology of team agreement and preventing and resolving discrepant ideas about weight recovery, and Jennifer Northridge, MD and Jennifer Brown, MS RD will present the perspectives of the adolescent medicine physician and registered dietician, respectively. This workshop will cover special cases, for example when an adolescent had previously been tracking above the 50th percentile or when the diagnosis is atypical anorexia nervosa. Case examples will be provided as a basis for discussion, and participants will have the opportunity to role play/practice how to talk to families and other members of treatment team.

Learning Objectives:

1. Describe important variables for the estimation of weight restoration targets across the lifespan.
2. Account for height suppression in children when estimating weight targets and growth potential.
3. Convey key concepts (and their rationale) to parents, their families and other treatment providers.

W1.3 "Start Spreading the News"—Acceptability and Feasibility of a New Treatment Approach, "Temperament Based Therapy with Support" (TBT-S): A Workshop Exploring Application and Implementation Across Five Countries

Laura Hill, PhD, FAED[1]
Kristin Stedal, PhD[2]
Jody Sark, PhD FAED[3]
Maria Tsiaka, BA, ABD *(Doctoral Candidate)*[4]
Juana Poulisis, MD[5]

[1]The Center for Balanced Living, Columbus, OH, USA
[2]Oslo University Hospital, Ullevål, Oslo, Eastern Norway, Østlandet/Austlandet, Norway
[3]Alberta Health Services, University of Alberta Hospital, Edmonton, Alberta, Canada
[4]Hellenic Centre for Eating Disorders, Athens, Attica, Greece
[5]Universidad Favaloro and Fundacion la Casita, Caba, Buenos Aires, Argentina

Purpose:

This workshop will commence by interactively describing a new eating disorder therapeutic approach for adults & adolescents, Temperament Based Therapy with Supports (TBT-S) (10 minutes).

Subject Sample:

TBT-S targets core underlying neurobiological AN mechanisms and includes family/friends (Supports) as part of the solution in the treatment process with adolescent and adult male and female clients with AN. Currently there is no valid treatment proven to be effective over time for adults with AN. Recent imaging studies reveal that individuals with AN tend to have common temperament traits related to neural circuit function which are heavily implicated in the development and maintenance of the disorder.

Method:

TBT-S integrates neurobiological findings into playful interactive treatment tools, drawing upon client and Support input as they "try on" the tools to help resolve complex psychological and interpersonal dynamics. Participants will learn how TBT-S is being applied across multiple settings in multiple formats: a five-day format in an inpatient facility in Norway; a three to four day format in a blended inpatient/outpatient program in Canada; a four-day outpatient program in Greece; outpatient group and educational programs in Argentina; and in five-day intensive formats for adults and adolescents in the USA. (40 minutes). One to two TBT-S interactive clinical tools will be demonstrated (15 minutes).

Results:

Qualitative outcomes showing strong acceptability and feasibility via thoughts, motivation, emotion and behavior in the five cultures (10 minutes) will be reported. Quantitative results from two USA sites showing significant decrease in ED behaviors and client/support acceptability of over 95% will be reported (5 min). We will summarily bring the research and clinical information together via an interactive discussion on how applications of portions of TBT-S could be applied at participant home treatment sites (10 minutes).

Learning Objectives:

1. Interactively participate in an overview of TBT-S with 1-2 treatment tool applications, and report how clients and their supports qualitatively or quantitatively evaluate this approach in five countries.
2. Demonstrate and describe how TBT-S has been applied and received at two inpatient facilities in Norway and Canada.
3. Demonstrate and discuss how TBT-S has been applied and received by patients and their Supports in outpatient intensive, group and educational settings in Greece and Argentina.

W1.4 When Health at Every Size® Meets Evidence Based Psychotherapies: Adopt, Adapt, or Abandon?

Lauren Muhlheim, PsyD, CEDS-S, FAED[1]
Rachel Millner, PsyD, CEDS-S[2]

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This workshop will discuss strategies for incorporating Health at Every Size® (HAES) into evidence-based psychotherapies (EBT). EBT such as Family-Based Treatment (FBT), Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT) and Dialectical Behavioral Therapy (DBT) are often viewed as the treatment methods of choice for individuals with eating disorders. However, they have been primarily studied among patients in smaller bodies and as they are commonly delivered these treatment methods may reinforce weight stigma. HAES offers a weight-inclusive lens to utilize when treating individuals of all sizes with eating disorders. We will look at the evidence behind HAES and examine how failing to incorporate HAES into EBT can be harmful. We

will identify the ways in which weight bias enters EBT and discuss whether EBT can be adapted to be HAES-based, or existing treatment models must be abandoned. Together we will problem-solve how to use a HAES framework to address such elements within EBT as weighing patients, setting goal weights, meal planning, using BMI, and managing exercise. We will utilize a combination of didactic learning, clinical case examples, and facilitated discussion.

1. Overview of HAES and evidence in support of HAES (5 min)
2. Overview of EBT and potential limitations of EBT in marginalized groups (5 min)
3. Review elements of EBT that are weight-biased using case examples. For each we will present the concerns with this technique and as a group problem-solve how to address or modify within HAES. (70 min)
   a. Cognitive model emanating from "over-evaluation of shape and weight"
   b. Open weighing as exposure
   c. Setting recovery weights
   d. Body "distortion" correction—i.e. body tracing
   e. Meal plans with limits
   f. Exercise guidelines
   g. Reassurance about not making someone fat or about limiting weight gain
   h. CBT used for weight loss in BED treatment
   I. Vilification of emotional eating
4. Summarize—do we adopt, adapt or abandon EBT?

Learning Objectives:

1. Identify elements of evidence-based therapies that contribute to weight stigma.
2. Discuss the evidence-base behind HAES.
3. Describe modifications that can be made to evidence-based therapies to incorporate HAES.

W1.5 How-To's of Policy Advocacy from Around the Globe: Becoming a Change-maker in Eating Disorders

Millie Plotkin, MLS[1]
Andrea LaMarre, PhD[2]
Ovidio Bermudez, MD, FAED, FAAP, FSAHM, Fiaedp, CEDS[3]
Eva Trujillo, MD, FAED, CEDS, FAAP, Fiaedp[4]
Judy Krasna, BA[5]
Christine Morgan, BA/BL, Grad. Certificate in Management[6]

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[5]Israeli Association for Eating Disorders, Bet Shemesh, Jerusalem District, Israel
[6]Butterfly Foundation, Sydney, New South Wales, Australia

The financial and emotional costs of eating disorders are high, and proper/timely diagnosis and effective treatment are essential for reducing such costs. People around the world experiencing eating disorders and their loved ones face systemic barriers to care. These include cultural barriers, high costs, lack of geographic access and access to well-informed professionals, stigma and shame, and more. Professionals in the eating disorder field increasingly recognize that advocacy for governmental policy change can have a positive and widespread impact on reducing barriers through increased awareness and access to care. In this workshop, we aim to equip clinicians, patients, carers, and researchers with effective strategies for legislative advocacy and policy change. To do this, advocates from around the globe who hold various perspectives (e.g., eating disorder researchers, people with lived experience, clinicians, and caregivers) will discuss how they have achieved successful policy change. Speakers will emphasize the practical "how-to's" of legislative advocacy in a variety of governmental settings (including Mexico, Israel, Australia, Canada, and the USA). They will share their strategies for contacting government officials, developing policies and guidelines, impacting funding structures, and connecting as communities. Participants and speakers will share their insights into advocacy strategies that meet the needs of various governmental structures. Attendees will then be invited to engage in collaborative activities to develop their own ideas for creating change in their local communities.

Learning Objectives:

1. Compare and contrast various approaches to grassroots advocacy as an effective approach to improving eating disorder policy around the world.
2. Apply real-life strategies for using advocacy to influence policy and legislation in different contexts.
3. Generate ideas for advocacy projects in their local communities.

W1.6 Movement, Speed, and Flow—Effective Use of Behavioral Chain Analysis in the Treatment of Comorbid Suicidality, Non-Suicidal Self-Injury, and Eating Disorders

Michelle Lupkin, PhD[1]
Lucene Wisniewski, PhD, FAED[2]

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Having a diagnosis of an eating disorder (ED) significantly increases the risk of suicidality (SI) and non-suicidal self injury (NSSI) in adults and adolescents (Kostro, Lerman & Attia, 2014). Suicide is the second leading cause of death in Anorexia Nervosa and approximately one-third of those with Bulimia Nervosa and 12-15% of those with Binge Eating Disorder have a history of at least one suicide attempt (Forrest, Zuromski, Dodd & Smith, 2017). Additionally, rates of NSSI in patients with ED range from 14-55% (Kostro et al., 2014) with 27% of adolescents with ED having engaged in NSSI. (Cucchi, et al., 2016). Despite these alarming statistics, most evidenced-based treatment models do not

include a framework for addressing these behaviors directly. Further, given the added risk in treating these patients in an outpatient setting, many therapists and facilities will not treat or are fearful of treating patients presenting with ED and comorbid SI and NSSI. Effectively treating comorbid SI, NSSI, and ED requires an understanding of the function of behaviors as well as factors that may be maintaining behaviors. Behavioral chain analysis (BCA) is a superb tool for assessing these behaviors, however navigating a BCA with a patient with multiple comorbidities requires not only a clear understanding of behavioral principles but also strategies to maintain movement, speed, and flow within a session. Using case presentations, role play, and discussions, this workshop will teach participants how to use BCA to target SI and NSSI in the context of ED symptoms and other comorbidities. Behavioral principles and dialectical strategies will be reviewed to help participants improve movement, speed, and flow of individual therapy sessions. It is hoped that in learning these treatment strategies participants will feel more confident in their ability to treat patients with complex ED.

Learning Objectives:

1. Define problems behaviorally and understand mechanisms maintaining SI, NSSI, and ED.
2. Use a behavioral chain analysis to directly target SI, NSSI, ED and other comorbidities.
3. Use dialectical strategies to improve movement, speed and flow of individual therapy sessions.

W1.7 Dietitians using Family-Based Treatment (FBT): Strategies and Guidance

Marcia Herrin, EdD, MPH, RDN, LD, FAED[1]
Anna Oliver, BSc, BPhEd, PGDipDiet, RD[2]
Bryan Lian, MS RD CEDRD[3]
Hala Abu Taha, BSc[4]

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Eating disorder clinicians are encouraged to employ evidence-based practice (EBP). EBP is established from research on efficacy and effectiveness of interventions that evolve from evidence-based treatments (EBT), like Family-Based Treatment (FBT). The distinction between EBT and EBP has implications for the use of FBT by dietitians. FBT is treatment of choice for anorexia nervosa in children and adolescents, yet dissemination of FBT is hampered by many barriers. Dietitians experienced in eating disorder treatment and who have studied FBT are a potential untapped resource for expanding delivery of EBP based on FBT. The speakers will describe ways dietitians can be involved in FBT: collaborative use of dietitians as consultants for parents/caregivers, therapists, and the multidisciplinary team; dietitians leading the renourishment aspect of treatment in conjunction with a therapist who focuses on family dynamics and developmental and emotional issues; and dietitians using modified versions of FBT to treat eating disorders. Additionally, presenters will provide training on managing escalating crises of emotion and interpersonal conflict. FBT treatment and dietetic practice in eating disorders is evolving differently in the UK, US and Middle East; differences in the approaches will be presented. Guidelines for dietitians using FBT will be discussed and demonstrated with case studies. Workshop outline: Introduction-Linking FBT to dietetic practice via EBP (10 min), Content- Key FBT principles, phases and strategies; Managing challenging situations; Dietitians practicing FBT, Dietitians as consultants to FBT teams (30 min), Small group discussion (25 min), and Large group discussion (25 min).

Learning Objectives:

1. Delineate the difference between evidence-based treatment (EBT) and evidence-based practice (EBP) and the implications for dietitians as clinicians and researchers.
2. Describe key features of the guidelines for dietitians treating eating disorders using an FBT approach.
3. Summarize the ways dietitians can use FBT in various practice settings.

W1.8 Ten-Session Cognitive-Behavioural Therapy for Non-Underweight Eating Disorders: Key Principles and Key Techniques of CBT-T

Glenn Waller, DPhil, FAED[1]
Victoria Mountford, DClinPsy[2]
Hannah Turner, PhD, DClinPsy[3]
Tracey Wade, PhD, FAED[4]

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Individual cognitive-behavioural therapy for eating disorders (CBT-ED) is well established as a leading therapy for the range of eating disorder cases. However, compared to CBT for other disorders, it is relatively long and expensive, limiting the number of people who can be offered the therapy. Therefore, a new, brief form of CBT has been developed for non-underweight patient, lasting 10 sessions rather than 20, and focusing on early change—CBT-T. Outcomes from CBT-T are comparable with those of conventional 20-session CBT-ED. This workshop will focus on the key principles and skills needed to deliver CBT-T, using a combination of didactic and role-play methods. The outline for the workshop will be:

a) Introduction (5 minutes);

b) Principles of CBT-T (25 minutes)
—including role plays and demonstrations regarding: engaging the patient in change from the start; the use of protocols; handling therapy interfering behaviours;

c) Key skills to use from CBT-ED in delivering CBT-T (30 minutes)
—including demonstrations and explanations of the use of: early and rapid nutritional change; exposure, based on inhibitory learning principles; behavioural experiments; weighing; body-image work; relapse prevention;

d) Effective supervisory practice in CBT-T (10 minutes) —exploring how supervision can be more effective if it is outcome-focused; and

e) Discussion time (20 minutes) —addressing questions from the floor, and exploring how attendees can implement CBT-T in their own clinical setting. The time dedicated to didactic presentation will be c.30-40 minutes.

Learning Objectives:

1. Use key principles to guide the use of CBT-T.
2. Emphasise the core CBT-ED techniques that are critical to CBT-T.
3. Engage patients as active therapists in overcoming their eating disorder.

W1.9 From Research to Practice: The Important Role of Reproductive Hormones in Eating Disorders

Debra K. Katzman, MD, RCPSC, FAED[1]
Neville Golden, MD, FAED[2]
Kelly Klump, PhD, FAED[3]

[1]Hospital for Sick Children, Toronto, Ontario, Canada
[2]Stanford University, Palo Alto, CA, USA
[3]Michigan State University, East Lansing, MI, USA

There is growing evidence that reproductive hormones, specifically estrogen, play an important role in the development, maintenance and outcome of eating disorders. Although much is still unknown about the pathophysiology of eating disorders, it is noteworthy that these disorders are associated with puberty, suggesting potential reproductive hormone candidates in the pathophysiology of eating disorders. This workshop will provide a review of the evidence examining possible genetic associations between reproductive hormones and eating disorders, and discuss the important role they play in eating behavior, bone mineral density, brain structure, cognition and mood. The presenters will provide a brief summary of eating disorders and the menstrual cycle, including the role of resumption of menses as a biological marker of general health (10 minutes). They will then take a look at genetic and individual differences in hormonal fluctuations and concentrations during key periods of reproductive hormonal change and how this may be a catalyst towards the development of an eating disorder (15 minutes). The presenters will review the role of reproductive hormones in eating behavior and changes in bone mineral density, brain structure, mood and cognition (30 minutes). Finally, the presenters will examine the influence of hormone supplementation on the treatment of eating disorders (10 minutes). Together, the group will discuss implications of this evidence on clinical care. Active audience participation will be facilitated throughout the discussion. We anticipate a very lively session.

Learning Objectives:

1. Describe the effects of eating disorders on the menstrual cycle as well the effect of reproductive hormones on eating disorder risk across development.
2. Discuss the role of reproductive hormones on eating behavior and changes in genetic risk, bone mineral density, brain structure, mood and cognition during adolescence.
3. Describe the influence of hormone supplementation on the treatment of eating disorders.

W1.10 Through the Looking Glass: How to Use Virtual Reality in Eating Disorder Treatment

Sarah Adler, PsyD[1]
Debra Safer, MD[1]
Katherine Nameth, BS[1]
Giuseppe Riva, PhD[2]
Cristin Runfola, PhD[1]

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Integrating immersive technologies such as virtual reality (VR) and augmented reality (AR) technology within treatment has shown to be a promising strategy for enhancing outcomes across a range of disorders (including eating disorders) with results achieved more efficiently. This is of paramount importance when access to evidence based care continues to be a pressing issue. VR/AR enables the clinician to create artificial, simulated environments closely resembling the patient's real world experience, combining the power of in vivo exposures with therapist guidance. This technology offers several advantages within a treatment setting, such as improved ecological validity, skill acquisition, and generalization. With the ability to track body movements and provide biofeedback (visual, physiological), there is increasing interest in VR in healthcare settings, but unfamiliarity with the technology can be a rate limiting factor to adoption. This workshop aims to broaden understanding of how to use VR/AR—what it is, how it works, and what it can do—by highlighting previous and existing work in the eating disorder field. The workshop will begin with a review of the ways in which VR/AR is being used in mental and behavioral health broadly (10 minutes) and in eating disorder assessment and treatment more specifically. We will outline the existing evidence-based protocols for treating eating disorders using VR (e.g., cue-exposure therapy for binge eating), demos of the VR experience, and potential future directions [e.g., attentional bias training (25 minutes)]. We will highlight how VR can measure mechanisms of change (5 minutes). We will use active-learner techniques (e.g., brainstorming as a group, role playing) to guide interactive dialogue about therapist opinions and concerns of using VR with patients and provide specialized, hands-on training in the use of these technologies (40 minutes). The workshop concludes with questions and answers (10 minutes).

Learning Objectives:

1. Understand the broad benefits of using virtual and augmented realities (VR/AR) in healthcare settings.
2. Describe how VR can be used to address specific eating disorder symptoms within a CBT protocol.
3. Discuss options for measuring mechanisms of change using self-report and physiological measurements in virtual reality.

SP1.1 Beyond the White Coat and Stethoscope: A Closer Look at Out-Patient Medical Evaluation of Individuals with a Suspected Eating Disorder

Rebecka Peebles, MD[1]
Mary Bucknam, RPAC[2]
Brooks Brodrick, MD, PhD[3]
Amy Alson, MD[4]
Mittsi Crossman, MD[5]
Lisa Hail, PhD[6]
Brittany Bohrer, MA[7]

[1]Children's Hospital of Philadephia, Philadelphia, PA, USA
[2]Cornell University, Ithaca, NY, USA
[3]University of Texas-Southwest Medical Center, Dallas, TX, USA
[4]Charlottesville, VA, USA
[5]New York, NY, USA
[6]University of California San Francisco, San Francisco, CA, USA
[7]University of Kansas, Lawrence, KS, USA

Most eating disorders treatment occurs in the outpatient setting. Individuals often seek relief from physical symptoms as the first step toward identification and treatment of an eating disorder. This presentation will inform attendees about the outpatient medical clinician's thought process in the assessment and treatment of individuals who may have an eating disorder. Four clinical vignettes will demonstrate the diversity and complexity of outpatient practice as individuals present at different stages in their lives, referrals are made by various stakeholders, and presenting symptoms run the gamut from uncomfortable to life-threatening.

1) Latency-age child who has fallen off the growth curve, brought in by a parent to see the pediatrician.
2) Female college student with amenorrhea, normal-range BMI, referred by her gynecologist with concern for compulsive exercise.
3) 45-yr old male, referred by his dentist for work-up of severe dental enamel erosion.
4) 29-yr old school teacher referred by her psychotherapist; she reports purging by vomiting after regular meals and drinks wine to calm down after work. All of the above patients referred to psychiatry by their PCP. Presenters will discuss the initial medical assessment, workup, diagnostic process, and development of a plan of care. Additionally, risk assessment, communication of findings and recommendations to patients, family members and referring colleagues, and coordination of care will be covered.

Learning Objectives:

1. Recognize the importance of considering a broad differential diagnosis for any patient presenting with a possible eating disorder.
2. Understand the role of diagnostic studies, physical exam, and medications in the evaluation and/or treatment of individuals with a possible eating disorder.
3. Describe the importance of direct communication between consulting clinicians, and all members of a multidisciplinary treatment team, patients, and family members.

SP1.2 Avoidant-Restrictive Food Intake Disorder: Research Insights and Applications for Treatment and Practice

Learning Objectives:

Julie Lesser, MD[1]
Julia Cassidy, RN, CEDRD-S[2]

[1]Rodgers Behavioral Health, Eden Prairie, MN, USA;
[2]Center for Discovery, Los Alamitos, CA, USA

Panelists:

Rachel Bryant-Waugh, MSc, DPhil, FAED[1]
Nancy Zucker, PhD[2]
Stephanie Eken, MD[3]
Emily Gray, MD[4]
Lorena Perez Florez, Nutritionist[5]
Daisy Miller, PhD, LDN[6]

[1]Great Ormond Street Hospital, London, UK
[2]Duke University Medical Center, Durham, NC, USA
[3]Rogers Behavioral Health, Nashville, TN, USA
[4]University of California San Diego Pediatric & Adolescent Eating Disorders Program, San Diego, CA, USA
[5]Coenzar de Nuevo AC, Del Paseo, Mexico City, Mexico
[6]Dr. Daisy Miller and Associates, LLC, Rockville, MD, USA

Avoidant-Restrictive Food Intake Disorder is the newest eating disorder diagnosis, introduced in the DSM-5 in 2013, replacing the old diagnosis of Feeding Disorder of Infancy and Childhood. Our field has generated much knowledge regarding the disorder in recent years and our research efforts are still catching up to the demand of this population. Our field is rapidly working to collect data to clarify the etiology of ARFID, to help accurately assess and characterize ARFID, and to guide intervention for ARFID. So while we continue to grow and evolve our understanding of ARFID, clinicians and parents are actively in need of information on the diagnosis. This SIG panel aims to provide a forum in which the experienced in this field can present their insights into this new eating disorder. Our panelists include leaders in diagnosis and assessment, intervention, pediatrics, psychiatry, nutrition and occupational therapy. The moderators will provide a brief (3 minute) introduction to the ARFID diagnosis, and introduce each speaker. Each panelist will be allowed approximately 5-7 minutes to provide a brief summary of their activity in the ARFID field, highlighting recent research findings or promising areas of future study. After the presentations by the panelists, moderators will facilitate an active discussion between the audience and the panel experts. Audience members will also be encouraged to solicit questions of the panel.

Learning Objectives:

1. Provide an update to the field on the AFRID diagnosis and the evidence-base for the treatment of ARFID.
2. Discuss the roles of the multidisciplinary specialists in the treatment of ARFID.
2. Allow participants access and an opportunity to explore their own questions of interest with experienced providers and researchers in the ARFID field.

SP1.3 Underrecognized and Underserved: Everything You Never Knew You Wanted to Learn about Male Eating Disorders

Jason Lavender, PhD[1]
Stuart Murray, PhD[2]
Jason Nagata, MD, MSc[2]
Tiffany Brown, PhD[1]

[1]University of California, San Diego, San Diego, CA, USA
[2]University of California, San Francisco, San Francisco, California, USA

Despite recent progress in our field, males with eating disorders remain a population that is underrecognized and underserved within both research and clinical contexts. It has been well documented that males with eating disorders often exhibit distinct clinical presentations with regard to core cognitive (e.g., body image) and behavioral (e.g., exercise) symptoms. Such differences, along with the greater likelihood of muscularity-oriented disordered eating among males, emphasize the importance of understanding and recognizing unique factors of clinical relevance within this population. This panel presentation, co-sponsored by the Males & Eating Disorders, Body Image & Prevention, and Medical Care SIGs, follows up from a well-received didactic-focused workshop at the 2018 ICED. Three core aims include:

(1) describing how traditional and muscularity-oriented eating disorder symptoms present among males,

(2) discussing unique concerns regarding medical complications and care in this population,

(3) and reviewing up-to-date findings and considerations for eating disorder prevention and intervention programs for males. The session will begin with concise overviews of each of the main topic areas by the four presenters (~40 minutes).

Drs. Lavender and Murray will focus their overviews on traditional and muscularity-oriented eating disorder symptom presentations among males; Dr. Nagata will focus his overview on medical complications and considerations among males; Dr. Brown will focus her overview on eating disorder prevention and treatment with males. The remaining time (~50 minutes) will be allotted to an interactive panel discussion during which questions collected from the audience prior to the session will be addressed by the panelists, and audience members will be invited to ask additional questions and to participate in the discussion.

Learning Objectives:

1. To recognize that clinically significant eating disorder and related symptoms are often overlooked among males.
2. To describe traditional and muscularity-oriented eating disorder clinical presentations in males.
3. To review unique considerations for eating disorder-related medical care, prevention, and treatment in males.

SP1.4 All Hands on Deck: Fostering Successful Collaborations to Advance the Field of Eating Disorders

Kathryn Coniglio, BA[1]
Ann Haynos, PhD[2]
Carolyn Becker, PhD, FAED[3]
Erin Reilly, PhD[4]
Joanna Steinglass, MD[5]
Shirley Wang, BA[6]

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Collaboration is a strategic approach to conducting research that allows the field to advance through the development of shared knowledge. By capitalizing on each individual's strengths, collaborators can conduct and disseminate high quality science more rapidly. However, several issues may prevent early career individuals from participating in collaborations. Following a SIG member's suggestion that we sponsor a panel discussion on collaboration, we conducted a poll of the Early Career SIG members. Results showed that key issues that prevent collaborations include: establishing relationships with senior investigators, developing an independent line of research while still fostering collaborations, and persisting on projects that have been stagnant for an extended period of time. Therefore, this panel discussion aims to provide early career individuals the opportunity to:

1) learn from individuals who have been successful in cultivating collaborations,
2) discuss ways to promote successful collaborations, and
3) brainstorm solutions to common pitfalls that may arise during collaboration.

Panelists represent a diverse range of career stages and of the types of collaborations that they have established. Panelists will discuss how to build relationships with collaborators early in one's career, how to continue to foster collaborations after leaving an institution, how to develop intra-institutional collaborations outside one's discipline, and how to collaborate with groups outside of academia. The panel discussion will begin with panelists summarizing their advice for successful collaborations. Attendees will create a collaborator profile detailing their own research interests, strengths, and areas in which they are in need of expertise from a collaborator. Attendees will then form small groups to brainstorm ways to overcome potential barriers to collaboration. The workshop will conclude with an opportunity to ask questions to the panelists in a larger group format.

Learning Objectives:

1. Recognize the benefits of collaboration both in conducting research and writing manuscripts.
2. Identify several tactics to promote and maintain successful collaborations.
3. Understand how to navigate potential pitfalls in collaborations.

SP1.5 Dialectical Skills and Strategies to Treat Co-Occurring Substance Use Disorders and Eating Disorders

Kimberly Claudat, PhD[1]
Anne Cusack, PsyD[1]
Gina Bongiorno, LMFT[1]
Amy Baker Dennis, PhD, FAED, FACT[2]

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Substance use disorders (SUDs) and eating disorders (EDs) commonly co-occur. Studies indicate that approximately 50% of individuals with ED abuse an illicit substance or alcohol, and between 17-46% of individuals with an SUD report having an ED. Furthermore, patients with EDs and SUDs often present with additional comorbid diagnoses including mood disorders, anxiety, PTSD, and borderline personality disorder. Research suggests that ED patients with co-occurring SUDs have more severe medical, ED and SUD symptoms, higher relapse rates, and less functionality in their daily lives. Traditionally, evidence-based treatment models for EDs and those for SUDs do not provide guidelines on how to integrate the treatment of co-occurring disorders. As a result, patients frequently receive care in a sequential manner, often needing to address one disorder before being able to treat the other. This is particularly concerning as research suggests that patients who do not receive integrated treatment have poorer treatment outcomes. In recent years, the awareness of the limitations of sequential treatment has led to the promotion of integrated treatments for co-occurring disorders. Dialectical behavior therapy (DBT) is a well-established treatment for individuals with multiple and severe psychological disorders. It has further been adapted for use with individuals with both substance use disorders and borderline personality disorder (DBT for SUDs), thus serving as a helpful, evidence-based approach for clinicians to target multiple problem areas in an integrated manner. In this panel discussion, we will review the following: a rationale for integrated treatment of EDs and SUDs, the biosocial theory and etiology of SUDs and EDs, DBT as a framework for addressing co-occurring disorders, special considerations for the ED-SUD population, and specific DBT interventions for treatment planning and targeting ED and SUD symptomatology.

Learning Objectives:

1. Describe the biosocial theory and the role of emotion dysregulation in the development of SUDs and EDs.
2. Assess treatment targets and develop a hierarchy for target behaviors.
3. Name and define three DBT skills to target substance use and disordered eating behaviors.

FRIDAY, MARCH 15

1115 – 1245

EDUCATIONAL SESSION 2

W2.1 From Client Vacations to Natural Disasters: Ethical Provision of Eating Disorder Telebehavioral Interventions for Continuity of Care

Deborah Michel, PhD, CEDS-S[1]
Ellen Broxmeyer, LCSW, CPHRM[2]
Ashley Solomon, PsyD, CEDS[3]
Karen Schneller, LMFT, CEDS[4]

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[4]Eating Recovery Center, Sacramento, CA, USA

A challenge that many clinicians face in provision of behavioral healthcare is interruption of treatment due to planned and/or unplanned absences, which may include vacations, illnesses, and unforeseen conditions such as inclement weather. Telebehavioral healthcare may be able to fill the gap in provision of mental health services which may otherwise be lacking. The use of telebehavioral health services has grown dramatically over the past decade with applications in underserved populations, rural areas, and post-disaster locales. It includes various modalities of technology such as telephonic, internet-based, mobile applications, and videoconferencing. Despite the increased usage, many clinicians express lack of knowledge on how to ethically and responsibly provide this type of care, as well as confusion about the circumstances under which they may or may not do so. This workshop will outline

1.) routine applications, which include planned client absences such as illness or vacations

2.) nonroutine applications, such as widespread disruption of services for an unknown time frame due to natural disaster, and

3.) ethical guidelines and governmental regulations on use.

Specific examples of eating disorder telebehavioral health services provided around the globe will be detailed. Attention will be given to different levels of outpatient care including standard outpatient services, intensive outpatient programs, and partial hospitalization programs. With respect to nonroutine applications, a case study of interventions utilized before, during, and after Hurricane Harvey in the greater Houston metropolitan area will be given. Open dialogue regarding ethical and responsible use of services as well as discussion of the efficacy of telebehavioral healthcare in comparison to traditional services will be encouraged. Attendees will also be invited to interact with virtual components of the workshop as well as provide their own examples examples of ethical dilemmas.

Learning Objectives:

1. Describe routine applications of eating disorder telebehavioral healthcare.
2. Describe nonroutine applications of eating disorder telebehavioral healthcare.
3. LIst ethical guidelines and governmental regulations on the use of telebehavioral health.

W2.2 From Exclusive to Inclusive: Strategies to Make Eating Disorder Treatment Accessible to All

Marisol Perez, PhD[1]
Lesley Williams, MD, CEDS[2]

[1]Arizona State University, Phoenix, AZ, USA
[2]KellerLife/Liberation Center, Phoenix, AZ, USA

The purpose of this workshop is to improve treatment outcomes for eating disorder patients representing marginalized communities. Regardless of color, size, gender, ethnicity or disability, eating disorder patients require culturally sensitive and weight neutral treatment that understands their unique challenges. We will demonstrate strategies that professionals of varying disciplines can use to adapt their treatment approach and environment to better meet the needs of these patients. The methods used for the workshop will include an open discussion re: the treatment experience for patients from marginalized communities and the challenges faced by professionals when working with them. We will use the audience feedback as a catalyst for sharing strategies that have been employed to create more welcoming and inclusive eating disorder treatment environments. We will review the literature available re: how being from a marginalized community impacts treatment access and outcomes. We will then open the floor to a discussion re: ongoing challenges that exist and how we can be advocates for changes on a more global scale. At the conclusion of the workshop, participants will be better equipped to incorporate inclusivity into their eating disorder practice.

Learning Objectives:

1. Describe why it's important to understand the unique treatment challenges for patients from marginalized communities.
2. Assess when patients from marginalized communities need individualized treatment interventions.
3. List 3 strategies for creating a more inclusive treatment environment.

W2.3 The Therapeutic Use of Humor and Irreverence in Treatment for AN: Levity in the Context of a Deadly Serious Disorder

Nancy Zucker, PhD[1]
Katharine Loeb, PhD[2]
Daniel le Grange, PhD[3]
Martin Pradel, LCSW[4]
Kathryn Huryk, BA[2]
Gina Dimitropoulos, MSW, PhD, RSW[5]

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The use of humor in a therapeutic context can be a powerful tool that can aid in reducing blame, externalizing the illness, addressing caregiver burden, modeling imperfection, and building therapeutic alliance. However, this therapy process technique is rarely taught, and manualized interventions for eating disorders are often silent on this topic or even prescribe a grave demeanor to foster adaptive anxiety. This workshop will elucidate the various purposes and places for the use of humor in the treatment of anorexia nervosa, and discuss how to balance a respectful stance that acknowledges the seriousness of the disorder with the inclusion of appropriate moments of levity. Literature from the broader field on the use of humor in the treatment of severe and chronic illness will be incorporated, as will irreverence techniques from dialectical behavior therapy. Further, we present a series of cartoons that were developed to help in the management of AN aimed at both practitioners and families. We present qualitative data pertaining to the helpfulness and changes in understanding and attitude that occur as a function of considering a dangerous disorder from a playful perspective without a loss of vigilance or care. Further, we present systematic strategies and considerations for integrating these videos in the context of family-based care and parent groups. Sample themes addressed include the phenomenology of anorexia (mind vs. body); different parenting styles and their impact on meal support; the management of driven exercise; the consequences of rigid dieting on food craving; and weight stigma. Interactive audience components of the workshop will include paired practice activities and group discussion.

Learning Objectives:

1. Participants will be able to define irreverence and describe the history of humorous and irreverent strategies in the context of family therapy.
2. Participants will learn to recognize non-verbal cues and features of individuals receiving treatment that would benefit from the integration of humorous or therapeutic approaches.
3. Participants will learn to use a moment in which humor was attempted—but was not integrated optimally—as an additional therapeutic and educational moment. Examples will be drawn from family systems and dialectical behavior therapy approaches. Cartoons in which these approaches are illustrated will be used both as a teaching tool and as a resource for clinicians.

W2.4 Involving Parents in Prevention of Body Image and Eating Concerns: Practice and Possibilities

Susan Paxton, BA (Hons)**, MPsych, PhD FAED**[1]
Laura Hart, BSc(Hons)**, PhD**[1]
Rebbecca Manley, BA MSc[2]
Phillippa Diedrichs, BSc (Hons)**, PhD, FAED**[3]
Niva Piran, PhD, C.Psych, FAED[4]

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[3]University of the West of England, Bristol, Bristol, UK
[4]University of Toronto, Toronto, Ontario, Canada

Parents play an important role in creating a positive body image environment for their children. They may be salient role models by communicating attitudes about the body, food and eating, or influence their child through direct comments about their child's appearance. In addition, they may mediate the impact of other environmental influences. In light of their important role, parental involvement has been explored in a number of prevention programs. This workshop aims to provide insight into two such programs, and also explore new possibilities. One resource that has been designed to assist parents to provide a positive body image and eating environment for 2- to 6-year old children is Confident Body Confident Child (CBCC). CBCC has also been adapted to provide specific support for parents with a lived experience of an eating disorder. In addition, the Dove Self Esteem Project Website for Parents, designed to assist mothers build positive body image in children, has been evaluated. Further, there are many other untapped possibilities for including parents in prevention. In this workshop, participants will first be provided with a brief rationale for the inclusion of parents in prevention (10 mins). Second, CBCC resources will be introduced (10 mins) followed by exploration of issues that parents might raise using role plays, completing activities in the resource, and small group discussions (15 mins). Third, participants will explore ways in which CBCC may be used with parents with a lived experience of an eating disorder in groups discussions (15 mins). Next, the Dove website will be described (5 mins) and participants will engage in experiential aspects of the resource (15 mins). Finally, from the perspective of research anchored in girls' and women's lived experiences, participants will discuss future possibilities for the inclusion of parents in prevention (20 mins).

Learning Objectives:

1. Demonstrate an understanding of current activities in interventions for parents
2. Apply prevention strategies to parents with a lived experience of an eating disorder
3. Identify possibilities for including parents in prevention of body image and eating concerns

W2.5 Maximizing Recovery After Weight Restoration via Relapse Prevention in Anorexia Nervosa

Tamara Berends, MSc[1]
Sahib S. Khalsa, MD PhD[2]
Angela Guarda, MD, FAED[3]

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[2]Laureate institute for Brain Research, Tulsa, OK, USA
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Relapse after treatment for anorexia nervosa (AN) is common, yet we have a limited understanding of the forces that drive it. Heterogeneous definitions of remission, recovery and relapse complicate analyses of treatment outcome across studies, and there is a comparative need for the adoption of consistent outcome measures and risk adjustment metrics. This workshop will engage participants in a practical case-based discussion focused on these topics and will cover three main areas. First, presenters will review the literature on predictors of relapse in AN and outline a recently published proposal for standardized definitions of relapse, remission and recovery. Attendees will be encouraged to provide input and feedback on this scheme through an interactive small-group sampling process to measure consensus and divergent perspectives. The second part of the presentation will review strategies for collection of common outcomes across laboratories and eating disorder treatment programs including diagnosis and patient characteristics, treatment characteristics, key clinical outcome measures, optimal follow-up frequency, and data sharing. Finally, the third part of the workshop will focus on relapse prevention strategies. Relatively few treatment interventions have been developed that directly target relapse prevention in AN. The utility of a pragmatic manualized program, the "Guideline Relapse Prevention Anorexia Nervosa (GRP)" will be illustrated using interactive case-based exercises. This guideline describes how the healthcare professional, patient and family members can work together to understand the patient's individual process of relapse and proactively strategize how to mitigate risk. Data from a cohort study implementing this guideline in 83 patients with AN and demonstrating a relapse rate of 11%, considerably lower than that reported in other studies (30-57%) will be presented.

Learning Objectives:

1. Introduce standardized definitions of relapse, remission and recovery in anorexia nervosa.
2. Discuss standardized outcomes measurements in anorexia nervosa treatment.
3. Describe and apply the Guideline Relapse Prevention to clinical cases.

W2.6 How to Develop a Neuroethically Informed Study of Deep-Brain Stimulation in Severe Enduring Anorexia Nervosa (Se-An): Which Patients Might Benefit and How?

Rebecca Park, MB BCh, PhD, FRCPsych[1]
Jacinta Tan, MB BS, PhD, FRCPsych[2]

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Purpose:

To help participants appreciate the clinical and ethical complexity of patient selection and support for Deep Brain Stimulation. We have been investigating Deep Brain Stimulation to the Nucleus Accumbens as an experimental treatment for Severe enduring Anorexia Nervosa. We integrate a neuroethical gold standard into our work. Our data include not only neural and clinical effects but also detailed assessments of capacity, and ethical analysis arising from in-depth discussions with patients and their accounts of the research experience. Our study protocol and ethics gold standard are published and registered with clinicaltrials.gov. NCT01924598, with ethical/ HRA approval (Project ID 128658). A key issue is ethically informed patient selection and engagement. This workshop shares and discusses practical and clinical lessons learnt. We invite discussion and debate on this novel and invasive treatment, and discuss potential pitfalls. We also describe and discuss experiences of the patients who have completing protocol, and that of their families. Detailed data on results is presented in a seperate paper AED submission. In half our patients DBS has been associated with marked improvements in ED pathology and reported as ' life changing' and 'liberating'. There were no serious adverse events or side effects. Capacity assessments and detailed ethical interviews challenged the standard principles of informed consent, with patients speaking movingly about their desperation for treatment. They are thus a particularly vulnerable research population in spite of excellent understanding of potential risks and benefits, rendering selection decisions particularly complex for researchers. Moreover the course of recovery journeys was fruitful but at times challenging. The workshop focuses on issues of patient selection and support during the research and the crucial underpinnings of our neuro-ethical gold standard to guide future clinicians and researchers.

Learning Objectives:

1. To appreciate and reflect on what DBS for SE-AN involves, and the inherent ethical complexities of this experimental treatment .
2. To appreciate and reflect on the clinical complexities and demands of DBS for SE-AN.
3. To extend and deepen general knowledge of research ethics in a vulnerable eating disorder population.

W2.7 Joining Forces for Empirically-Supported Treatment Models: Family-Based Treatment with Cognitive-Behavioral Models as Follow-up for Eating Pathology and Comorbidities

Jenna DiLossi, PhD[1]
Laurel Weaver, MD, PhD[2]
Rebecka Peebles, MD[2]
Melissa Harrison, MA[1]
Eleanor Brenner, PhD[3]

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The primary goals of this workshop are to give treatment providers a clearer understanding of how to navigate through implementation of the empirically-supported treatments for eating disorders that we have available at this current time. The specific focus will be on Family-Based Treatment (FBT) and Cognitive-Behavior Therapy-Enhanced (CBT-E) in adolescent and young adult populations, with other CBT models utilized as a follow-up treatment for additional diagnostic comorbidities. Researchers have worked to create thorough, user-friendly treatment manuals for clinicians to implement; however, there has not been much empirical attention given to cases wherein it may be clinically indicated to implement both approaches throughout the course of treatment. Workshop speakers (i.e., Jenna DiLossi, PsyD, LPC; Rebecka Peebles, MD; Laurel Weaver, MD, PhD; Melissa Harrison, M.A., LPC; & Eleanor Brenner, PsyD) will draw upon the current literature in addition to clinical work in a didactic PowerPoint presentation (35-40 minutes) to discuss the following:

1) Assessing when to implement FBT vs CBT-E as the first line of defense for eating pathology;
2) Transitioning from FBT to either CBT-E or another CBT manual for a different disorder (i.e., Exposure & Ritual Prevention for Obsessive-Compulsive Disorder);
3) Managing possible road blocks to success.

Speakers will engage participants in a group discussion by prompting them to share cases and questions from their clinical work wherein this type of combined treatment plan could be applied (25 minutes). Case vignettes will also be used to facilitate participants working in pairs to identify treatment recommendations and interventions, while workshop speakers rotate around the room for assistance (25 minutes).

Learning Objectives:

1. Assess how diagnostic comorbidity impacts the utility of FBT vs CBT-E for eating disorder treatment.
2. Assess when either CBT-E or another CBT model is clinically indicated as a follow up to FBT.
3. Understand how to implement successful transitions from FBT to CBT, while navigating possible problems that may arise.

W2.8 Acceptance and Commitment Therapy (ACT): Application to Anorexia Nervosa and the Spectrum of Anorectic Behavior

Rhonda Merwin, PhD

Duke University, School of Medicine, Durham, NC, USA

Acceptance and Commitment Therapy (ACT) is a contemporary cognitive-behavioral therapy that emphasizes acceptance, mindfulness and values in treatment. ACT is increasingly used to treat eating disorders, and although evidence is still in its infancy, results are promising. There have been seven case series (Berman et al., 2009; Heffner et al., 2002; Hill et al., 2015; Hill, et al., 2015; Masuda et al., 2016; Merwin et al., 2013; Wildes & Marcus, 2011), three open trials (Juarascio et al., 2017; Timko...Merwin, et al., 2015; Wildes et al., 2014), two randomized control trials (RCTs) (Parling et al., 2016; Strandskov et al., 2017), and two other nonrandomized studies with a control condition (Juarascio et al., 2013; Pinto-Gouveia et al., 2017). ACT addresses eating disorder behavior by increasing psychological flexibility (or the ability to behave flexibly and effectively in the presence of unwanted thoughts and feelings) and helping individuals clarify and align behavior with deeply held personal values. ACT might be particularly well-suited for individuals with anorexia nervosa who are often high in experiential avoidance and low in self-directedness, and may struggle with motivation for change. This workshop will teach the core principles of ACT and ACT case formulation. Participants will be oriented to the 6 core ACT processes or functional domains, and how they may be leveraged in the treatment of anorexia nervosa and the spectrum of anorectic behavior. The workshop will be presented by a Peer-Reviewed ACT trainer recognized by the Association of Contextual and Behavioral Science. Content will draw heavily from "Using ACT to Treat Anorexia Nervosa and the Spectrum of Anorectic Behavior" (Merwin et al., in Press, Guilford Press). Learning methods will include didactic presentation, but will rely on highly interactive discussion and participants will practice case formulation and experiential exercises.

Learning Objectives:

1. Identify the principles of ACT and conduct an ACT case formulation.
2. Define the 6 core ACT processes (or functional domains) and demonstrate one strategy for each.
3. Describe adaptations of ACT interventions for adults with anorexia nervosa.

W2.9 Start Spreading the News—But HOW? A Workshop on Creating a Cultural Dialogue

Erin Parks, PhD[1]
Heather Hower, MSW, LICSW, QCSW, ACSW[2]
Michael Cortese, BA[3]
Carrie Arnold, MA, MPH[4]
Lisa Sabey, BA[5]

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The eating disorders field is making great strides in improving prevention, screening, treatment, and access to care for eating disorders. However, despite this progress, the majority of schools don't use our prevention techniques, the majority of pediatricians don't use our screenings, the majority of clinicians don't practice our treatments, and the majority of sufferers don't have access to affordable, evidence-based care. As we seek to bridge the research-implementation gap, it becomes more essential than ever to mobilize the public. From mandatory automobile seat belts, to routine screening for autism, consumer demand drives regulations, funding, and access. But how do we get the public to care about our research? How do we shift the cultural narrative around eating disorders away from the myths, and towards the research? This workshop panel features a blogger, a documentary filmmaker, a media executive, and a science journalist discussing how we can spread the word about eating disorders and the evidence-based prevention, screening, and treatments that are available. Workshop time will be spent as follows: 40 minutes—Lead author will serve as a moderator, as each panelist presents on what they've learned within their individual mediums. They will each discuss their communication process and skills, lessons learned, and take questions from attendees about how to turn research findings into cultural dialogue. In the second half of the workshop, the moderator will lead the attendees and panel in dissecting and improving tweets, elevator pitches, interviews, social media posts, and headlines. Attendees will work in small groups to practice their personal elevator pitch and will also craft communication proposals for the Eating Disorders Truths.

Learning Objectives:

1. Describe the concept of socializing research.
2. Deliver a socially salient elevator pitch.
3. Propose communication strategies for their areas of research/practice.

W2.10 Time's Up: When to Call it Quits with FBT and What to do Next?

Chris Thornton, MClinPsy[1]
Annaleise Robertson, DCP/MSc[2]
Kate Godfrey, DCP/MSc. formerly 2

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While Family Based Treatment (FBT) is the gold standard for treating anorexia nervosa in young people, research demonstrates that less than 50% of patients achieve full recovery with this treatment model. Although a number of enhancements to the FBT model have been proposed in recent years, there has been less discussion around when to discontinue FBT and utilize other treatment models. This workshop will draw upon three clinical case studies to spark discussion around how to recognise when FBT is failing the patient and family, and what to do next. We will cover:

a) the clinical indicators that suggest that FBT is no longer beneficial to the family

b) the decision making process around how and when to transition to a new treatment model,

c) and how to use formulation and clinician skills/experience to implement a sound treatment framework moving forward.

The cases presented will be diverse and will demonstrate how individual psychotherapy, Attachment Based Family Therapy and trauma-based therapy were used to promote further recovery in our patients. An overall relational frame will be emphasized amongst the three cases. Lesson Plan Outline (25 minutes), Brief introduction: anorexia nervosa in young people; FBT Interactive discussion: indications that FBT is not/no longer effective Interactive discussion: process in deciding when and how to transition to a different treatment model (50 minutes). Case presentations: illustrate how to use case formulation to transition to a new treatment model; demonstrate how three different treatment models were utilized when FBT was no longer effective; the importance of a relational frame 15 minutes Small group discussions: applying concepts learnt today to participant cases

Learning Objectives:

1. When to move from a strict FBT adherence model.
2. The need for clinical case formulation in the decision making process around discontinuing FBT.
3. Adjuncts and alternatives to FBT in the treatment of Anorexia Nervosa.

SP2.1 Neuroimaging Training: Everything You Might Not Know You Need to Know

Laura Berner, PhD[1]
Ann Haynos, PhD[2]
Kendra Becker, PhD[3]
Lauren Breithaupt, MA[4]
Andrea Goldschmidt, PhD[5]
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Up to 60% of adults who receive empirically supported treatments for eating disorders (EDs) do not achieve full remission, and among those who do, relapse is common. One barrier to more effectively targeted treatments is limited understanding of the psychobiological processes that promote and maintain symptoms. Therefore, there is a critical need for additional research on the neurobiological mechanisms of EDs. Despite the necessity of further research in this area, U.S. National Institute of Health estimated spending in 2018 for ED research will be just 10% of spending for psychiatric disorders with comparable prevalence and lower mortality rates. Training in neuroimaging, a useful tool to pinpoint biological targets that aligns with most funding agencies' research priorities, can assist in advancing the scientific goals for the field. However, many ED experts interested in pursuing neuroimaging training may be uncertain about where to start, or what the scope of their training should include. This panel will guide researchers who wish to develop neuroimaging knowledge and skills, those planning training grant applications, and clinicians hoping to become informed collaborators of neuroimagers. We will first review the importance of neuroimaging training for ED experts. Next, panelists awarded a variety of neuroimaging training grants (NIH F31, F32, and K23 awards; NSF fellowships; institutional awards) will review the essential steps in developing a neuroimaging training plan, including how to:

1) determine what kind of neuroimaging user you want to be;

2) connect with the right mentors and consultants;

3) effectively set up a new neuroimaging study; and

4) learn to analyze and publish neuroimaging data.

Examples from panelists' grant applications will be presented. Attendees will outline and receive feedback on personalized training plans and receive a syllabus of workshops and key reading. We will conclude with time for questions and discussion (30 min).

Learning Objectives:

1. Describe the importance of neuroimaging training for eating disorder experts, including those who plan to be only consumers or collaborators
2. Outline key elements of neuroimaging training
3. Develop a personalized neuroimaging training plan

SP2.2 If You Are Not Counted, You Don't Count: Best Practices in Population-Level Assessment of Eating Disorders and Disordered Eating Behaviors

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Brittney Bohrer, MA[2]
Lisa Hail, PhD[3]
Carly Pacanowski, PhD, RD[4]
Bryn Austin, PhD[5]
Deborah Katzman, MD[6]
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Brief assessment tools that are capable of providing valid and reliable data on population-level prevalence and incidence of eating disorders (EDs) and disordered eating behaviors (DEBs) are critical; epidemiological data helps assess which public-health programs are working and identifies where more resources and services are needed. Knowing this, the Assessment & Diagnosis and Public Health SIGs propose an interactive panel focused on approaches to population-level assessment and surveillance of EDs and DEBs. Through a series of five lightning talks followed by facilitated conversation, participants will: 1) learn about assessment best-practices; 2) become familiar with brief assessments currently utilized for the epidemiological study of EDs and DEBs; 3) develop an understanding of how population-level data is utilized to improve ED and DEB prevention and treatment programs; 3) gain insight regarding the unique challenges associated with population-based assessment of EDs and DEBs; and 4) engage in discussion about how to best develop and implement ED and DEB assessment tools into various existing infrastructures (government surveillance surveys, primary- and specialty-care settings, strategic science for policy makers). Facilitated, interactive discussion will occur between each lightning talk, as well as during the second half of the panel. Suggestions for discussion questions will be collected via:

1) the AED Online Community prior to the conference,
2) live-Tweet during the panel lightning talks as well as throughout the discussion time period, and
3) direct audience participation.

Panel attendees should expect to leave with increased awareness of the importance of public health surveillance of EDs and DEBs, a deepened understanding of the barriers associated with this type of work, and new ideas to pursue this type of ongoing surveillance in a variety of public-health settings.

Learning Objectives:

1. Evaluate approaches to population-based assessment and surveillance of eating disorders and disordered eating.
2. Consider a strategic-science approach to epidemiological assessment of eating disorders in order to facilitate communication with policy-makers and advocates to apply research to policy debates.
3. Identify best-practices for engaging primary—and specialty-care providers in the assessment of eating disorders and disordered eating.

SP2.3 Good Neighbors Provide Great Treatment: Toward Collaborative Care Networks for Regional Patients

Jason McCray, PhD[1]
Jilllian Lampert, PhD, MPH, RD, LD FAED[2]
Heather Dlugosz, MD[3]
Paul Houser, MD[4]

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The eating disorder treatment facilities within the state of Ohio have been working together in a collaborative network for several years. Facilities from a range of settings and backgrounds work together to provided collaborative care to the community and offer training opportunities for independent practitioners to ensure an excellent standard of care in our state and region. We will describe how our network functions and the benefits our facilities have seen from the collaboration and offer thoughts on how other regions might adopt a similar model. Representatives from four of the sites within the network will discuss how the cooperative network has improved patient outcomes by facilitating smoother transitions between facilities and programs based on patient needs, level of care, diagnosis and/or optimal treatment modality. The relationships fostered by the network allow for strong communication and collaborative attention to challenges when they arise. Working together in this way benefits the patient and family while elevating the standard of care in our industry. By working together rather than directly competing with one another each site, our patients and the broader community all benefit. Panelists will discuss how the state network provides a touch point for activism around the national healthcare issues being addressed by EDC and REDC. We will discuss the annual conference we host drawing on the expertise of our sites and offering training to one another and the broader community of eating disorder treatment professionals. Time permitting Dr. Houser will present a case vignette of how the collaboration fostered by the network changed the course of treatment for a family facing a challenging and complex situation. Kitty Westin will moderate an interactive discussion with the panelists and the audience about the novel network and its benefits.

Learning Objectives:

1. Participants will foster a recognition of how treatment centers and communities can benefit from creating regional collaborative working groups within the specialty of eating disorder care.
2. Facilitate discussion about the importance of treatment centers establishing community norms for high quality eating disorder care and the ways that collaborative working groups can contribute to doing so.
3. Participants will be familiar with one working model for how to build state or regional working groups to collaboratively address community eating disorder treatment/prevention needs in ways that improve patient care and increase opportunities for the treatment centers.

SP2.4 Risk Factor Reduction and Treatment of Body Image and Eating Disorders in Athletes

Jennifer Harriger, PhD[1]
Tiffany Brown, PhD[2]
Laura Moretti, MS, RD, CSSD, LDN[3]
Riley Nickols, PhD[4]
Sasha Gorrell, PhD[5]
Carolyn Becker, PhD, FAED[6]

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[3]Boston Children's Hospital, Waltham, MA, USA
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[6]Trinity University, San Antonio, TX, USA

Eating disorder intervention efforts in athletes must take into account unique factors, including sport performance, increased nutritional balance, and influences from coaches/teammates; however, many providers feel intimated in adequately addressing these factors with their patients. This presentation, co-sponsored by the Sport & Exercise and the Body Image & Prevention SIGs, has assembled a panel of experts on body image and eating disorder intervention efforts in athletes. The panel will focus discussion on three core aims, which include:

(1) improving understanding of athletic identity and unhealthy exercise behavior

(2) describing up to date risk factor reduction efforts in athletes, and

(3) discussing the unique challenges related to treating eating disorders in male and female athlete populations.

First, Drs. Brown & Harriger will provide a brief introduction to the topic of eating disorders in athletes (~10 minutes). Next, the session will begin with concise overviews of each of the main topic areas by the presenters (~40 minutes). Laura Moretti will discuss nutritional needs and appropriate fueling for athletes and exercisers. Sasha Gorrell will discuss unhealthy exercise practices in athletes, and Riley Nickols will present on athlete identity. Carolyn Becker will discuss results and insights gleaned from the Female Athlete Body Project, a program designed to reduce risk factors for the development of eating disorders. Finally, Tiffany Brown and Jennifer Harriger will moderate an interactive panel discussion, which will include identifying panelists to answer questions generated from the audience earlier in the session. Audience members will also be invited to ask additional questions and to participate in the discussion.

Learning Objectives:

1. Explain how athletic identity and unhealthy exercise behaviors can affect athletes.
2. Discuss recent efforts to reduce body dissatisfaction and disordered eating in athletes.
3. Describe unique challenges related to treating eating disorders in female and male athlete populations.

SP2.5 Screening and Early Recognition of Eating Disorders: A Collaboration of Medical Providers and Registered Dietitian Nutritionists

Therese Waterhous, PhD, RDN, CEDRD[1]
Lori Lieberman, RD, MPH, LDN, CDE[2]
Sondra Kronberg, MS, RD,CDN, CEDRD-S[3]
Kortney Parman, RD, RN, MS, FNP-C[4]

[1]Willamette Nutrition Source, LLC, Corvallis, OR, USA
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[3]Eating Disorder Treatment Collaborative, New York City, NY, USA
[4]San Francisco Dept. of Public Health, San Francisco, CA, USA

Eating disorders have the best prognosis when diagnosed early and treated promptly with effective treatments. While screening for eating disorders enhances early recognition, in the primary care setting, screening for eating disorders is generally absent. Other avenues for screening for early detection have not been widely explored. Given the shame, denial and the secretive nature of eating disorders, they often go undetected. The focus on BMI screening versus exploration of eating behaviors further compounds the problem, as the medical guidance provided (supporting dieting or reinforcing weight loss) is often contraindicated to eating disorder recovery. During this interactive panel we will discuss several problems associated with early recognition of eating disorders, including provider awareness and education, time limitations, increasing demands on medical providers, lack of experience with eating disorders, and the challenge of identifying eating disorder resources. We will explain the use of validated screening tools, and describe several initiatives in using screening tools in non-traditional settings. Original data from research conducted to educate and train various providers will be shared, showing effects of training in eating disorder screening. Situations where allied health professionals such as RDNs took the lead in implementation of screening protocols will be described. Sharing attendee experiences, we aim to identify and discuss possible solutions for implementation of eating disorder screening, discuss and learn from similar screening challenges and create steps to act locally.

Learning Objectives:

1. After attending this panel, the audience will be able to describe why screening for eating disorders in the outpatient setting is met with resistance from the medical community and barriers to doing universal screening for eating disorders.
2. After attending this panel, the audience will be able to discuss non traditional methods for instituting eating disorder screening in local communities.
3. After attending this panel, the audience will be able to identify the next steps that eating disorder professionals would recommend to PCPs, after they perform eating disorder screening.

SATURDAY, MARCH 16

1115 – 1245

EDUCATIONAL SESSION 3

W3.1 From a Glass Half Empty to a Cup Runneth Over: Increasing Positive Emotions to Enhance Eating Disorders Treatment Outcome

Ann Haynos, PhD[1]
Carol Peterson, PhD, FAED[1]

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Eating disorder treatments have consistently emphasized the importance of reducing negative emotions that are associated with eating disorder behaviors. In contrast, interventions targeting the dysregulation of positive emotions have been neglected in eating disorder treatment. However, robust findings demonstrate that low or declining positive emotions (e.g., happiness, pride, engagement) precipitate the occurrence of a range of eating disorder behaviors, including binge eating, purging, and dietary restriction. In addition, accumulating ecological momentary assessment, behavioral, and neurobiological data suggest that eating disorder behaviors may serve a powerful reward function by momentarily increasing positive emotions. Therefore, it is essential to identify effective interventions to target problems with positive emotions that contribute to eating disorder behaviors. This workshop will provide an empirical rationale for targeting positive emotions in the treatment of eating disorders along with potential clinical strategies. For the first 30 minutes, Dr. Haynos will present a comprehensive review of the role of disrupted positive emotions as a mechanism contributing to eating disorder psychopathology. For the second 30 minutes, Dr. Peterson will provide detailed descriptions of treatments that have been used to target positive emotions (e.g., behavioral activation) in eating disorders and other types of psychopathology as well as emerging treatments that focus on increasing positive affect. For the final 30 minutes, Drs. Haynos and Peterson will provide detailed case scenarios and clinical data to facilitate an interactive discussion among workshop attendees. Workshop attendees will emerge with knowledge of cutting-edge research supporting the importance of targeting positive emotions in eating disorder treatment, as well as clinical strategies that can be used to increase absent, low, or declining positive emotions in individuals with eating disorders.

Learning Objectives:

1. Describe the research literature demonstrating that individuals with eating disorders have difficulties experiencing positive emotions along with the link between the lack of positive emotions and eating disorder behaviors.
2. Identify specific clinical strategies that have been developed to increase positive emotions among individuals with psychopathology.
3. Use behavioral, cognitive, and emotion-focused clinical strategies to increase positive affect among individuals with eating disorders.

W3.2 Interoceptive Exposure: Overcoming Uncomfortable Sensations to Help Regulate Eating and Emotions

Heather Thompson-Brenner, PhD, FAED[1]
Nancy Zucker, PhD[2]
Melanie Smith, MS, LMHC[3]

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[2]Duke University, Durham, NC, USA
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Individuals with eating disorders (EDs) commonly report a range of uncomfortable physical sensations that interfere with eating. Research suggests that individuals with EDs often have difficulty recognizing, labeling, and accepting internal bodily signals and emotional states, a skill known as "interoceptive awareness." Critically, avoidance of uncomfortable internal bodily sensations can interfere with both eating and emotion regulation, with consequences for the development of a stable sense of self. This workshop will briefly present research supporting these associations, and introduce interoceptive exposure (IE) exercises to promote interoceptive awareness and emotional tolerance. IE exercises with utility for EDs and associated comorbidity are used in evidence-based treatment protocols, such as the Unified Treatment Model (Thompson-Brenner et al., 2018) and acceptance-based therapy for children and adolescents (Zucker et al., 2017). In this workshop, we will introduce and practice common IE interventions shown to provoke sensations associated with uncomfortable emotions (e.g., hyperventilation, spinning in place) and ED symptoms (e.g., fullness, tightness), and therapy tools for using IE with adults and adolescents. Next, we will demonstrate "Feelings and Body Investigators—ARFID division," a program that teaches 5 to 9-year old children with ARFID and/or gastrointestinal symptoms to map bodily sensations to meaning and action (e.g., "gut butterflies" are a sign of anxiety; a useful action might be to hold someone's hand) using playful characters and developmentally appropriate IEs. Workshop participants will practice actual IE exercises and role-play therapeutic

interactions. This workshop is intended to provide clinicians from all disciplines the basic skills to incorporate IE into their treatment approach. The incorporation of IE into treatment has been shown to augment effectiveness for ED symptoms, emotion tolerance, and identity development.

Learning Objectives:

1. Describe associations between interoceptive awareness, emotional tolerance, and identity development among individuals with eating disorders.
2. Conduct interoceptive exposure exercises to promote tolerance of physical sensations that interfere with eating and emotion regulation in both adults and adolescents with eating disorders.
3. Conduct interoceptive exposure exercises to promote awareness and tolerance of bodily sensations among children with ARFID and gastrointestinal pain.

W3.3 Not Eating and Not on an Eating Disorders Unit—Managing Anorexia Nervosa From a Psychiatry Consultation-Liaison Perspective: A Multidisciplinary Approach

Evelyn Attia, MD, FAED[1]
Alyson Gorun, MD[2]
Joanne Garduno, MA, MS, PMHNP-BC[3]
Ezra Gabbay, MD[2]
Sean Kerrigan, MD[2]
Samantha Knowlton, MD[2]
Janna Gordon-Elliott, MD[2]

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Eating Disorders include behavioral disturbances and cognitive distortions that may contribute to different treatment goals being articulated by patients and their providers. Specifically, the relentless pursuit of thinness associated with anorexia nervosa (AN), and the failure to recognize the seriousness of illness that is frequently present in AN may create a backdrop for struggles between patient and treatment team and ethical questions about clinical decision-making may arise. Treatment delivered in an intensive but non-specialized medical setting may add to the complexity of clinical management. The purpose of this workshop will be to discuss the management of severe eating disorders in medical hospital settings. This workshop will use a severe and enduring case of adult AN, treated in a tertiary care medical center, to illustrate clinical principles of comprehensive evaluation, medical stabilization, milieu management, ethical considerations, and transfer decisions to specialized settings. Specific attention will be given to the methods used to assist general hospital clinicians to maintain empathy for patients with severe AN; help clinicians who may be less familiar with eating disorders to develop effective communications skills; work with family members who report care fatigue and burnout; manage the complex medical complications of severe AN; and utilize medical ethics experts to help in the management of such cases. A multi-disciplinary clinical panel of presenters will include perspectives from consultation-liaison psychiatry, hospital nursing, inpatient medicine, medical ethics, and inpatient psychiatry. The workshop will include opportunities for interactive discussion, including consideration of clinical choice points presented in example case.

Learning Objectives:

1. Identify physiological and behavioral disturbances in severe anorexia nervosa presenting for medical stabilization.
2. Establish clinical choice points in clinical management of severe anorexia nervosa presenting for medical stabilization.
3. Consider the role of medical ethics consultation in the clinical management of severe and enduring anorexia nervosa presenting for medical stabilization.

W3.4 Seeking Consensus and Identifying Disagreement

Laura Collins Lyster-Mensh, MS[1]
Stephanie Bauer, PhD[2]
Carolyn Black Becker, PhD, FAED[3]
Eric Van Furth, PhD, FAED[4]
Carolyn Costin, MFT, MA, MEd, FAED, CEDS[5]

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[5]Carolyn Costin Institute, Malibu, CA, USA

These are times of global ideological division. Our field is no exception: with substantial divides between varying stakeholder groups and belief systems around ED etiology and treatment. After a ground-breaking event in 2018 at the ICED conference's Difficult Dialogues Session, a standing-room only workshop successfully used the World Café method to bring a room of diverse backgrounds and points of view to consensus on a handful of contentious issues. The process brought up important points of agreement and challenged participants to work together to explore ideas. The results of the exercise were intriguing but begged the question of whether a diverse range of ED-focused stakeholders could identify critically important topics for which there was an inability to find agreement or current consensus so that these topics can be systematically addressed by the AED over a longer period of time. One aim of this workshop will be to identify specific barriers to achieving consensus around these topics. Lessons learned at the 2018 session will be used to plan an even wider participation, more challenging questions, and to model civil approaches to disagreement and mutual respect despite that disagreement.

Learning Objectives:

1. Develop rotating small groups using the World Café method to find consensus.
2. Identify key issues of disagreement among eating disorder specialists and advocates.
3. Practice and model mutually respectful dialogue around difficult issues.

W3.5 Is Abstinence Really the Best Option? Introducing the Safe Exercise at Every Stage (SEES) Guideline: A Practical Guide to Prescribing Exercise for Individuals with an Eating Disorder

Marita Cooper, MPsych (Clinical) (PhD Candidate)[1]
Alanah Dobinson, BClinExPhysiology (Hons)[2]
Danika Quesnel, BHk, MSc, CSEP-CPT[3]

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Dysfunctional exercise is associated with a range of deleterious outcomes for individuals with eating disorder (ED) symptomatology; yet, conversely, exercise engagement can predict positive physical and mental health outcomes in these populations. As individuals with ED symptomatology often exhibit an array of medical health complications, it can be challenging for clinicians in this field to determine safe prescriptions for exercise engagement. Currently, there is no standard practice for health professionals to manage and reintegrate exercise into ED treatment and, consequently, many health professionals have adopted the practice of recommending abstinence from exercise during ED treatment. However, with increasing evidence supporting the psychological and physical health benefits of incorporating exercise into ED treatment, there is a need for clear clinical guidance for researchers and practitioners. We will work collaboratively with attendees to identify common fears in prescribing exercise for individuals with ED and, in line with this years theme, aim to spread the news of the benefits of exercise engagement in ED treatment. We will then present our Safe Exercise at Every Stage (SEES) guideline, which resulted from systematic reviews of the literature, focus groups with relevant professionals, and feedback from relevant stakeholders (including clinicians, researchers and individuals with lived experience) worldwide. This clinical tool supports clinicians in determining the level of exercise appropriate for each individual based upon their current level of physical and psychological well-being. We will then demonstrate adjunct strategies from both a psychological and exercise physiology perspective to address compulsive exercise in individuals with an ED. Finally, participants will be provided with case studies to practice exercise prescription using SEES in small groups and the session will conclude with time for question

Learning Objectives:

1. Recognise and address common concerns for exercise prescription during ED treatment.
2. Report on the development of a novel clinical tool (SEES) for prescribing exercise during ED treatment and demonstrate the use of SEES for determining safe exercise.
3. Present adjunct practical skills to address compulsive exercise in ED treatment and develop appropriate exercise prescriptions for case studies.

W3.6 Severe and Enduring Anorexia Nervosa: Tackling the Tough Questions

Anthea Fursland, PhD, FAED[1]
Stephen Touyz, PhD, FAED[2]
June Alexander, PhD[3]
Shannon Calvert[4]

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[2]University of Sydney, Sydney, NSW, Australia
[3]The Diary Healer, Melbourne, VIC, Australia
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This workshop will describe and examine the complex phenomenon known as "severe and enduring anorexia nervosa (SEAN)". Research and clinical implications will be discussed by two clinicians/researchers: Stephen Touyz, an academic clinical psychologist and Anthea Fursland, a clinical psychologist who conducts applied research. This introduction will be followed by two women with extensive lived experience of anorexia nervosa but who, against expectations, have rebuilt their lives. June Alexander is an author, eating disorders advocate and writing mentor; and Shannon Calvert is a lived experience educator, eating disorders advocate and peer mentor. Each presenter will speak for approximately 10 minutes, then as a group we will identify difficult questions including: how do we define SEAN? Is there such a phenomenon, subtype or diagnostic entity? Are specific treatments required for those with chronic anorexia nervosa (AN)? Do we give up on full recovery? Does recovery in this group differ from recovery in those with a shorter experience of the illness? What does "recovery" mean in this cohort, since it necessitates coming to terms with grief and loss of relationship and life opportunities due to this isolating illness? Should we ever deny treatment because of the complexity/chronicity of someone's illness? Should we give someone with chronic AN the choice of palliative care (quality of life care for a life-limiting illness)? Should we give someone the choice to deny/end treatment, leaving them to die? (If so, at what point? Who decides? Whose wishes should we follow?) We will then break into small groups to discuss these and other controversial questions. The workshop will conclude with sharing the findings from our group discussions.

Learning Objectives:

1. Cite research related to treating people living with chronic anorexia nervosa.
2. Review the validity of the use of the term "Severe and Enduring Anorexia Nervosa (SEAN)".
3. Integrate the perspective of those with lived experience of chronic anorexia nervosa (who are now in recovery) into decisions about treatment.

W3.7 Back to Basics: Fundamental Principles of Eating-Disorder Diagnosis and Assessment

Brittany Bohrer, MA[1]
Lisa Hail, PhD[2]
Anna Bardone-Cone, PhD, FAED[3]
Jason Nagata, MD, MSc[2]

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Being able to accurately assess and diagnose eating disorders (EDs) is a cornerstone of ED research and clinical practice. This workshop will begin with a brief overview of *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* ED diagnoses to ensure attendees have a working-knowledge of diagnostic criteria, practice in differential ED diagnosis, and understanding of how to effectively approach assessment (10 minutes). The importance and utility of ED assessment, as well as a brief overview of existing approaches, will be presented. Discussion will cover tools available for specific populations (e.g., youth, males), strategic selection of assessment tools to measure targeted mechanisms of change in research and/or clinical settings, and tips for using ongoing assessments to improve clinical practice and patient outcomes. Panelists will also introduce a comprehensive operationalization of recovery and strategies to best evaluate progress toward recovery throughout the course of treatment to complete the didactic-lecture portion of the workshop (30 minutes). Case illustrations will be utilized to provide an interactive format for attendees to learn about assessment while contributing to the discussion, including:

1) Identification of factors important to assess;

2) Case formulation and differential diagnosis; and

3) Selection of appropriate assessment tools (40 minutes).

The workshop will conclude with a question-and-answer segment (10 minutes). Participants will learn and practice approaches to differential diagnosis and best-practices in ED assessment.

Learning Objectives:

1. Clearly define DSM-5 eating-disorder diagnoses and conduct differential diagnosis.
2. Select appropriate assessment tools for eating disorders, including measurement of progress toward recovery.
3. Apply diagnostic and assessment knowledge to diverse eating disorder case illustrations.

W3.8 Incorporating Varied Exposures into Eating Disorder Treatment: From Research to Practice

D. Catherine Walker, PhD[1]
Nicholas R. Farrell, PhD[2]
Drew Anderson, PhD, FAED[3]

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[2]Rogers Memorial Hospital, Oconomowoc, WI, USA
[3]University of Albany, State University of New York, Albany, NY, USA

An introduction will discuss learning principles that underlie different exposure-based approaches and current understandings of the mechanisms of change, including recent research on inhibitory learning (15 minutes). Each speaker will briefly present data from his or her research on methods of exposure that have been examined to augment eating disorder treatment efficacy. Following the didactic portion, each speaker will also include a portion involving a practical explanation and brief demonstration of his or her exposure protocol (8 minutes per panelist). Speakers will be asked to share written exposure-based protocol descriptions to provide attendees as handouts. Exposures discussed will include mirror exposure (DCW translating key principles of exposure and response prevention for OCD to the treatment of eating disorders (NF), and imaginal exposures for personalized eating and body image concerns, such as fear of weight gain (DA). For the last 27 minutes, participants will be given an example scenario and asked to pair up, switching off between the role of the therapist and the role of the client, and practicing different aspects of the exposure protocol, such as describing the rationale, determining what to include, demonstrating the exposure, and planning exposure assignments, with breaks for attendee questions included between each role play.

Learning Objectives:

1. Understand learning principles and current understandings of mechanisms of change that underlie positive outcome with exposure-based treatments.
2. View demonstrations of novel exposure techniques to augment eating disorder treatment efficacy.
3. Engage in therapist-client role plays, to practice describing the exposure rationale, planning exposures, and demonstrating exposure exercises.

W3.9 Evidence-Based Care for Eating Disorders Patients: A Guidelines-Based Approach to Global Trends. Do They Affect Access to Care for Eating Disorders Patients?

A Workshop sponsored by the AED Partner, Chapter and Affiliate Committee

Kyle De Young, PhD, FAED[1]
Sebastian Soneira-Argentina, MD[2]
Hanna Papežová, MD, PhD[3]
Cristina Segura, MD, PhD[4]
Ashish Kumar, MRCPsych, MSc[5]
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The Speakers shall present their views and participate in a global debate to compare and contrast available clinical guidelines in different countries and how and if it impacts upon availability of high quality care for patients with Eating Disorders globally and if there is a scope for WHO supported development and implementation of Clinical Guideline for Eating Disorder Patients. This will have significant impact upon availability and access to high quality of care for Eating Disorder Patients globally. This will also help in alleviating suffering, reduce morbidity, mortality and improve quality of life of patients with Eating Disorders.

Abstract:

Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorders are serious and chronic mental disorders with significant impairment of health, high mortality (Arcelus et al, 2011), psychological wellbeing and quality of life (Treasure et al, 2010). In spite of significant level of efforts being made to improve the care of patients with Eating Disorders globally, the standards of care available to people with Eating Disorders varies. There is a belief that Eating Disorders are predominantly prevalent in Westernised countries and one would expect that access to care for patients with Eating Disorders in these countries would be uniformly good. However, evidence suggests that access to care for Eating Disorders patients in most developed countries is variable (Kessler, 2013). It can be argued that the presence of an evidence-based Clinical Guideline for the treatment of Eating Disorders in a country indicates seriousness of health policy makers and can be taken as first step towards setting up a good quality health provision for Eating Disorder Patients. However, according to a global survey of PCAC Members, Clinical guidelines are present only in a handful of countries such as Australia, Germany, The Netherlands, New Zealand, Japan, Spain, Denmark, Czech Republic, Norway, Sweden, France, Italy, USA and UK, although literature indicates presence of 33 different clinical guidelines globally (Hilbert, 2017). Some of these existing guidelines are evidence-based and others are clinical practice-based, some focus on children and some focus on Anorexia Nervosa. There is reported wide variation in scope and recommendation of existing guidelines and hence this seriously affects development of clinical services, availability and access to high quality of clinical care for patients globally. There is a case for global implementation of evidence based Eating Disorder guidelines through WHO, because Eating Disorders severely affect people's health including women's health (Robinson, 2017).

Learning Objectives:

1. To have an overview of presence of Evidenced Based Guidelines in Different Countries and how it affects care for Eating Disorder patients in those countries.
2. To Compare and Contrast different treatment modalities present for different Eating Disorder patients in different countries.
3. How it affects access to treatment for patients with Eating Disorders in different countries and scope for WHO supported development and implementation of Clinical Guidelines for Eating Disorders.

W3.10 Working with Barriers to Self-Compassion in Eating Disorders Treatment: Latest Empirical Findings and Clinical Applications

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Josie Geller, PhD, RPsych, FAED[2]

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A large body of research documents the benefits associated with self-compassion (SC), which is the tendency to respond to personal distress and setbacks with kindness, mindfulness, and a recognition that others suffer too (Neff, 2003). Patients with eating disorders who learn to become more self-compassionate have better treatment outcomes. However, they also tend to be highly fearful of becoming self-compassionate, worrying for example that their standards will drop and/or that they are undeserving of compassion. This fear of SC is associated with more severe eating disorder symptoms and a poorer response to treatment. This workshop provides participants with a deeper understanding of the fears of SC experienced by individuals with eating disorders, how these fears manifest, and how they can be conceptualized and targeted clinically. Led by Drs. Josie Geller and Allison Kelly, both clinician-investigators with expertise in SC, the workshop will consist of:

i) An experiential exercise facilitating awareness of personal barriers to SC (10 min);

ii) A review of the theoretical model explaining why certain individuals may be more fearful of SC (10 min);

iii) A review of empirical research on the role of fear of SC in eating disorder pathology and outcomes, and the different types of barriers to SC seen in individuals with eating disorders (10 min);

iv) A practical case-based exercise designed to promote clinical problem solving regarding how to address and alleviate fears of SC in clients.

In small groups, participants will discuss how they would work with a client high in fear of SC from a) a macro, global level (e.g., general approach to therapy) and b) a micro, in-the-moment level (e.g., when resisting self-compassion in the moment). This will be followed by large-group discussion (45 min). v) Summary of how to conceptualize and target fears of SC based on cases, discussions, and empirical research (15 min).

Learning Objectives:

1. Summarize the empirical and theoretical literatures on the role of fears of self-compassion in recovery from an eating disorder.
2. Identify personal barriers to self-compassion.
3. Conceptualize and target fears of self-compassion in clients with eating disorders.

SP3.1 The Body and The Brain: New Insights from Neuroimaging, Apps, and Tasks that Measure Interoception and Perception

Laura Berner, PhD[1]
Christina Wierenga, PhD[1]
Sahib Khalsa, MD, PhD[2]
Christina Ralph-Nearman, PhD[2,3]
Eric Stice, PhD[4], **Tiffany Brown, PhD**[1]

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Many eating disorders fundamentally involve disturbances in the perception and attitude about one's body (body image disturbance) and the experience of the physical condition of one's body from internal signals (interoception). Rarely have these topics been considered simultaneously, though recent findings suggest they are related. This panel, co-sponsored by the Neuroimaging and Body Image & Prevention SIGs, will discuss how a better understanding of interoception and body image disturbance can help to inform the development of new assessments and treatments for eating disorders. The panel will present data and discuss:

(1) the neurobiological bases of internal and external body representation in eating disorders,

(2) neurobiologically-informed body image assessments, and

(3) neuroimaging changes following a body image intervention.

First, Dr. Berner will lead an interactive introduction to the concept of interoception and review the state of the field of body image assessment and treatment (~20 min). Next, Dr. Wierenga will present neuroimaging data on expectancy and experience of affective touch in anorexia nervosa and bulimia nervosa (~10 min). Dr. Khalsa will discuss neurobiological approaches to identifying interoceptive dysregulation in anorexia nervosa, including the mapping of responses to cardiorespiratory and pain signals (~10 min). Dr. Ralph-Nearman will present data on a mobile application for assessment of body-related distortions from a multicenter study of individuals with eating disorders (~10 min). Dr. Stice will present data on the effects of completing dissonance-based body acceptance eating disorder prevention and treatment intervention programs on neural response to exposure to thin and average weight models and to high-calorie binge foods and low-calorie foods (~10 min). Finally, Dr. Brown will discuss future directions, how neuroscience can inform new body image treatments, and lead an interactive question and answer period (~30 min).

Learning Objectives:

1. Describe the combined relevance of the abnormal perception of interoceptive and body image signals to eating disorders.
2. Describe brain signals associated with abnormal body experience and cognitions in eating disorders.
3. Discuss how insights from neuroscience can inform treatment development and evaluation.

SP3.2 Towards a New Practice Paradigm: Moving Away from the Myth of Neutrality and Acknowledging the Bodies in the Room

Rachel Millner, PsyD, CEDS-S[1]
Aaron Flores, RDN[2]
Amy Frasieur, MS, RDN, LD[3]
Mikalina Kirkpatrick, BS[4]
Colleen Young, MA, LMFT[5]

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[4]Private Practice, Portland, OR, USA
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Traditional treatment models caution providers against sharing their own experiences or background during the course of work with clients. Providers trained in these models may feel confident in their clinical skills when it comes to supporting clients in their recovery from eating disorders, but feel uncertain how to proceed when clients ask questions about the providers personal experiences. Body Trust® is a healing modality that gives support and guidance for clinicians to examine their own relationship with food and body. Body Trust® identifies that these conversations will come up with clients and that avoiding them due to provider discomfort or uncertainty is not in the best interest of the client. Furthermore, Body Trust® looks at the impact of weight stigma and oppression and how providers not being able to name and talk about their privilege can leave clients feeling isolated and not understood. This SIG panel co-sponsored by the Weight Stigma and Social Justice SIG and the Professionals and Recovery SIG will explore strategies for clinicians to utilize to address questions related to their own experiences, background, and body size in their work with clients. We will utilize the lens of Body Trust® to inform the conversation which will include a weight inclusive, social justice oriented, Health at Every Size® perspective. We will include a brief overview of Body Trust® and then each panel member will share their own perspective on this topic

and discuss how they approach these issues in their different fields of work. We will give specific examples of how we have responded to client's questions or initiated discussion about our own experiences or body size and share how this impacted treatment. We will then facilitate discussion among attendees to support further exploration of this topic. Panelist Introductions (5 minutes) Overview of Body Trust® (10 minutes) Panelist Response to Discussion Questions (35 minutes) Facilitated Group Discussion-40 minutes

Learning Objectives:

1. Describe how the lack of training and uncertainty around providers sharing their personal experiences can negatively impact both clients and providers.
2. Explain how Body Trust® differs from other treatment models.
3. Identify strategies for answering personal questions and bringing up topics related to privilege, oppression, and personal experiences in work with clients.

SP3.3 It Takes a Community: Developing Partnerships for Treatment Access for Marginalized Populations

Tiffany Rush-Wilson, PhD, LP, PCC-S, DCC[1]
Norman Kim, PhD[2]
Marcella Raimondo, PhD, MPH[3, 4]

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[4]Adult Eating Disorders Clinic, Oakland, CA, USA

In an increasingly diverse world, we must consider how to serve people from diverse communities in equitable ways and overcome barriers to treatment that exist for those in marginalized groups. According to a 2014 Policy Brief using data from SAMHSA and OMH, minorities:

1) have less access to mental health services,

2) are less likely to receive needed mental health services,

3) often receive a poorer quality of mental health care, and

4) are underrepresented in mental health research.

Eating disorder professionals agree that all people—regardless of their backgrounds—deserve eating disorder treatment that meets their unique needs and that our current treatment systems are not working as well as they should for people of all intersecting backgrounds. Prevalence data suggest that eating disorders occur at the same or greater rates across ethnic groups. Among other factors, a history of chronic microaggressions and discrimination and the well-documented confluence of stressors associated with minority status puts people from these communities at high risk for the development of disordered eating behaviors and their attendant consequences. Despite the seriousness and lethal nature of eating disorders for all those affected, there remains a tremendous disparity in mental health services utilization among those from marginalized and minority groups. Finally there exists a lack of diversity among eating disorder professionals, further exacerbating these disparities and affecting the quality of treatment and research. We will discuss how researchers and clinicians can collaborate to embark on addressing treatment barriers to better meet the needs of marginalized populations with eating disorders. We will dialogue with participants to identify improvement areas and strategies for their practices and examine areas of need for researchers using Jackson's "Five A's" Matrix: Awareness, Accessibility, Affordability, Appropriateness, and Acceptability of services.

Learning Objectives:

1. Identify opportunities to partner with community organizations and establishments to help marginalized people access eating disorder treatment.
2. Navigate the logistics, barriers, and politics of healthcare systems for initial approaches to create treatment opportunities for marginalized populations suffering from eating disorders.
3. Identify ways to attract more clinicians of diverse backgrounds to enter and engage in the field of eating disorders.

SP3.4 Demystifying Misperceptions and Resolving Common Dilemmas in Family-Based Treatments for Eating Disorders

Stephanie Jacobs, PhD[1]
Sarah Forsberg, PsyD[2]
Roxanne Rockwell, PhD[3]
Ivan Eisler, PhD, FAcSS, FAED[4]
Lucene Wisnewski, PhD, FAED[5]
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This workshop will focus on clarifying misconceptions and resolving common dilemmas that arisearise in family-based treatments for eating disorders (EDs). We will look closely at the key features that define manualized FBT and clarify how these are artfully applied across family treatments delivered in real-world clinical practice. Here, family-based treatments

are defined as family therapies that are behaviorally targeted (prioritize directly addressing ED symptoms), are causally agnostic, non-blaming, and focus on supporting caregivers to facilitate the recovery process. While key mechanisms of change in FBTs for EDs remain unknown, the above features form the basis of FBT as it was originally conceptualized, manualized and tested in various RCTs. We have selected some of the most ubiquitous challenges families and providers encounter in the therapeutic process that can be addressed through application of core principles of FBTs. These include a more fine-tuned look at the following elements of FBTs: Joining families and strengthening commitment: Removing barriers to engagement of all caregivers in disrupting ED behaviors. Making agnosticism an intervention: Redirecting and catalysing family action. Externalizing the illness: Creatively bringing externalization to life to fit a family's unique needs, stage of treatment, and avoid common pitfalls along the way. Using behavioral principles to manage distress: What to do when you are getting yelled at, or worse —skills for therapists and families. Assessing and enhancing parent efficacy: Identifying if a family is empowered to restore their child to health. We will engage a lively discussion with panelists from varied backgrounds, offering diverse perspectives on how to clear up such misconceptions. Use of active-learner techniques including role-play, small-group brainstorming and sharing, case presentation and consultation as suited to the topic at hand will leave attendees with practical tools to enhance treatment.

Learning Objectives:

1. Participants will be able to identify the most common dilemmas and misconceptions about FBTs for EDs.
2. Participants will be able to readily assess and resolve common dilemmas faced in FBTs through delivery of tailored application of core principles.
3. Participants will understand how to remain fidelitous to key principles of FBTs, while incorporating new tools and strategies that bring interventions to life.

SP3.5 Towards Understanding Disordered Eating Following Bariatric Surgery

Valentina Ivezaj, PhD[1]
James Mitchell, MD[2]
Robyn Sysko, PhD[3]
Carlos Grilo, PhD[1]

[1]Yale School of Medicine, New Haven, CT, USA
[2]University of North Dakota, Fargo, ND, USA
[3]Icahn School of Medicine, New York, NY, USA

Disordered eating is one of the few consistent predictors of poor outcomes following bariatric surgery; however, little is known about the characterization or treatment of disordered eating post-surgery. Thus, health care providers have little guidance regarding the identification, assessment, and treatment of post-operative disordered eating. The purpose of this panel is to help guide audience members who are interested in learning more about the unique and complex clinical presentations of disordered eating following bariatric surgery. The lesson plan will focus on:

1) better understanding rates of post-operative disordered eating,
2) assessment issues related to categorizing post-operative disordered eating, and
3) treatment of loss-of-control eating following bariatric surgery.

Jim Mitchell will introduce bariatric surgery and present data on disordered eating following bariatric surgery among adults and Robyn Sysko will present relevant data on adolescents following bariatric surgery. Valentina Ivezaj will discuss some of the challenges related to assessment and categorization of eating disorders post-operatively along with empirical data. Carlos Grilo will present conceptual treatment models and preliminary data from a randomized clinical trial of behavioral treatments for loss-of-control eating following bariatric surgery. Teaching techniques will include facilitating whole group discussions, PowerPoint presentations, and "Turn and Talk" (i.e., turn to your neighbor and discuss the following questions:

1) what disordered eating behaviors are unique to bariatric surgery patients;
2) what are some challenges of assessing binge-eating among post-operative bariatric patients;
3) what treatment approaches might work best for post-operative disordered eating).

Lessons will be 30 minutes each.

Learning Objectives:

1. Describe rates of disordered eating among adults and adolescents following bariatric surgery
2. Describe complexities of characterizing and assessing post-operative eating disorders
3. Describe treatments for loss-of-control eating following bariatric surgery

SATURDAY, MARCH 16

1600 – 1745

RESEARCH PRACTICE GLOBAL THINK TANK

Bringing Evidence-Based Practices to the People and Places that Need Them: Diverse Perspectives on Implementation Science

Session Co-Chairs/Moderators:

Kelly Bhatnagar, PhD[1]
Allison Kelly, PhD[2]

[1]Center for Evidence-Based Treatment, Moreland Hills, OH, USA
[2]University of Waterloo, Waterloo, ON, Canada

Stephanie Covington-Armstrong[1]
Shalini Wickramatilake, MS[2]
Josie Geller, PhD, RPsych, FAED[3]
Abby Sarrett-Cooper, MA, LPC[4]
Eva Trujillo, MD, CEDS, FAED, FAAP, Fiaedp[5]
Rachel Millner, PsyD, CEDS-S[6]

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[2]National Association of State Alcohol and Drug Abuse Directors, Washington, DC, USA
[3]St. Paul's Hospital Eating Disorders Program, Vancouver, BC, Canada
[4]Private Practice, West Orange, NJ, USA
[5]Comenzar de Nuevo, Garza García, Nuevo León, Mexico
[6]Department of Child and Adolescent Psychiatry and Behavioral Sciences, Children's Hospital of Philadelphia, Philadelphia, PA, USA

As the final educational event of the International Conference on Eating Disorders, the Research-Practice Think Tank provides an opportunity for reflection and discussion of issues that are critical to conference attendees. The Think Tank aims to promote research-practice integration (RPI) in our field. The 2019 Think Tank will focus on implementation science. Implementation science is "the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice, and, hence, to improve the quality and effectiveness of health services" (Bauer, 2015). Specifically, the Think Tank will center around how researchers, clinicians, and consumers can work together to facilitate the uptake of evidence-based practice internationally, in a diversity of settings and with a diversity of people.

Learning Objectives:

1. Define implementation science.
2. Better understand the barriers to the uptake of evidence-based practice.
3. Identify ways to enhance the implementation of one's research throughout the research process.

European Chapter of Academy of Eating Disorders

Academic Meeting

March 13 | ICED 2019 | New York

Swiss Cheese and Apple Pies-Research to Clinical Practice: Latest Developments in Eating Disorders

1300	**Welcome and Introduction**
	Dr. Ashish Kumar President European Chapter of AED
1305	**Key Note:**
	Professor Walter Kaye Founder & Executive Director, Eating Disorders Programme, UCSD Department of Psychiatry, USA
	Chair: **Dr Ashish Kumar** (Plenary 1)
	Are Anorexia and Bulimia Nervosa Eating Disorders? The Neurobiology of Altered Eating.
1345	**Dr. Ricardo Dalle Grave** Director, Department of Eating and Weight Disorders, Villa Garda Hospital. Garda (Vr) Italy
	Enhanced CBT in Adolescents: Latest Clinical Evidence.
1410	**Dr. Gry Kjærsdam Telléus** Assistant Professor, University of Aalborg, Denmark
	Trauma and Eating Disorders: What came First & Other Relevant Questions that Need to be Answered.
1435	**Dr. Rachel Bryant-Waugh** UCL, Great Ormond Street, Institute of Child Health, London, UK.
	Leaky Buckets and Swiss Cheese: How Well are we Serving Patients with ARFID?
1500	**Refreshments**
1515	**Professor Ulrike Schimdt** Professor of Eating Disorders, Head of Section of Eating Disorders at King's College London, Consultant Psychiatrist, South London and Maudsley NHS Foundation Trust.
	Chair: Professor **Umberto Nizzoli** (Vice President, European Chapter of AED.
	Early Intervention in Eating Disorders— More Than Just Motherhood and Apple Pie?
1545	**Professor Angela Favaro** Consultant Psychiatrist and Professor of Psychiatry at University of Padua, Italy
	Bridging Neuroscience and Neuroimaging Research in Clinical Practice in Anorexia Nervosa.
1615	**Dr. Ashish Kumar** President of European Chapter of AED & Clinical Lead for Eating Disorder Services for Children and Young People, North West Boroughs NHS Foundation Trust, UK
	Dr. Cristina Segura Associate Professor at University Magna Graecia of Catanzaro and Head of the Unit for ED Research and Treatment of the University Hospital Mater Domini of Catanzaro, Italy
	"QuIPP Study: Latest Clinical Interventions for Eating Disorder Patients and their Effectiveness: Initial outcome from Analysis of Global Clinical Practices and Interventions.
1645	**Panel Discussion and Q&A Session**

SAVE THE DATE!

International Conference on Eating Disorders
Co-Hosted by ANZAED and AED

ICED 2020 SYDNEY

ICED 2020 SYDNEY (ANZAED and AED)
June 11-13, 2020 | Sydney, Australia

Clinical Teaching Day/Research Training Day, June 10th

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