

# MAKING CONNECTIONS

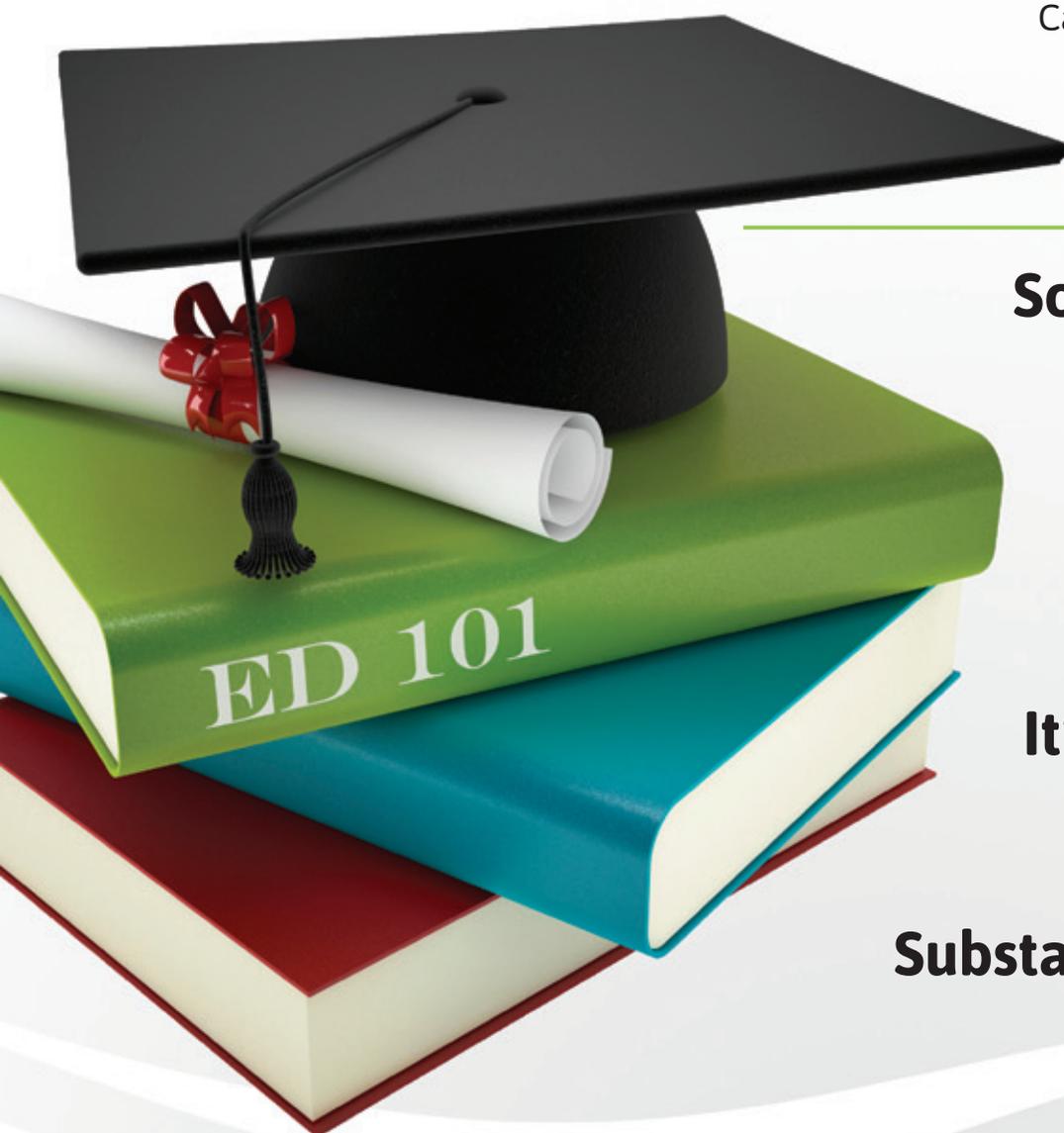
NATIONAL EATING DISORDERS ASSOCIATION

## Class Is In Session

Improving Body Image and  
Preventing Eating Disorders in College

Carolyn Black Becker, PhD, FAED  
and Alan M. Duffy, MS

**PLUS**



**Sorority Culture and  
Eating Disorders**

Ashtyn Hemendinger

**College Men and  
Eating Disorders**

Tim Freson, MS

**It's Never Too Late...  
To Start Over**

Ashley Williams

**Substance Use Disorders**

Amy Baker Dennis, PhD, FAED

## Letter from the PFN Chair | BY Deborah Kreiger, Florida

Hello everyone!

As I write this brief note to you, I am still fueled by the great energy of the NEDA conference! Lynn Grefe, President and CEO, set the tone during her opening welcome in St. Petersburg, Florida, and the momentum continued to escalate throughout the weekend. Lynn's message of "Feeding Hope" was uplifting and resonated among all in attendance. There was an indescribable warmth and sense of inclusiveness that truly set these few days apart. The speakers were outstanding, and new programs were both appreciated and embraced. To everyone involved with the conference, I say a humble thank you. This is an



extraordinary undertaking, and you are making a positive difference in the lives of others.

I had the great pleasure of meeting many of you throughout the conference. I was thrilled with the attendance at our first-ever NEDA Buddy Program. Throughout the weekend, I saw many of you staying together as you attended sessions, visited the booths and continued to network. Our goal was to bring together our first time attendees to offer you the opportunity to connect with others who were also new to the event. I hope these acquaintances will continue to grow into professional and supportive networks for each of you. Thank you for giving this new program a try. Additionally, the Support and Recovery Roundtable Series was another important new dimension of the conference and was very warmly

received. Please feel welcome to share your thoughts and suggestions with us.

In closing, thank you for your enthusiasm and support of the PFN and *Making Connections*. Without question, you validate our very existence and purpose, and I want you to know just how much this means to us. And as for this newsletter, we could not accomplish this go-to resource without the courageous willingness of so many of you to share your knowledge and experience. Your thoughts and insight help guide and inspire, so please continue to reach out to us. We are listening. Always remember, we are in this together, and the PFN is here for you.

With gratitude,  
Deborah ■

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## What Readers Are Saying

*"I was held up at breakfast for at least 30 minutes enthralled reading the Newsletter. You have done a fantastic job putting this content together and creating an atmosphere of hope. I'll circulate it to the broad Recovery Record community."* — University Instructor, Recovery Record Co-Founder

*"I just wanted to let you know that I read the issue of *Making Connections* that came out today from cover to cover. I really enjoyed it, especially the article on women over 50s and eating disorders. I found the entire issue most affirming and uplifting. Thank you. I look forward to getting an article to you later this year."* — Reader in recovery, writer, and recovery advocate

*Hello Folks at NEDA! I just wanted to let you know that the new web format for *Making Connections* makes it very easy to pass along to my contacts. Already took advantage of this feature and sent out a bunch as well as posted on my Facebook page.* — Mother and NEDA Navigator

## Editor's Note | BY Susie Roman, *Director of Programs*

Dear Readers,

As you are enjoying your holiday season with friends and family, we hope that this issue of *Making Connections* offers additional support and hope through what can be a difficult time for those struggling with an eating disorder and their family. NEDA offers a helpful **guide for navigating the holidays** (<http://www.nationaleatingdisorders.org/twelve-ideas-help-people-eating-disorders-negotiate-holidays>), and we are here to support you through our many programs and services, including personal guidance from a NEDA Navigator and our Helpline (800-931-2237), open 9:00 am to 5:00 pm EST, Monday through Friday.

As always, we are delighted to have this opportunity to bring up-to-date, relevant information to members of the Parent, Family and Friends Network



(PFN). This issue's "In Focus" section features college campuses. Many of you may have siblings, children or friends who are home from college for the holidays, and we hope that you will find the many articles on eating disorders among college students informative and encouraging.

*Making Connections* is a resource for you to hear from others who have been through similar experiences to your own and learn from the professionals, educators and activists. If there is a topic that you would like us to feature, or something that you'd like to share with our community, we invite you to email [pffnetwork@myneda.org](mailto:pffnetwork@myneda.org) and let us know. We are open to your ideas to continue providing practical tools, excellent information, a sense of community, and hope.

Thank you to all who attended our 2012 Annual NEDA Conference this past October. It was a pleasure to have the

opportunity to meet and learn from you over the course of our 3 days together. We hope you all will join us next year in Washington, D.C. for our 2013 NEDA Conference, *Of Monumental Importance: Directing the National Spotlight on Prevention, Treatment, Research & Policy*. If you are interested in presenting, check out our **Call for Proposals** (<http://conference.myneda.org/cfp/>). And, be sure to mark your calendar: National Eating Disorders Awareness Week is just around the corner, February 24 – March 2, 2013! *Everybody Knows Somebody*, and when we all come together in this national outreach effort, we do make a difference.

Thank you for reading *Making Connections*. We hope you enjoy it!

Sincerely,  
Susie Roman ■

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## Wrap-up

We've heard from you, and the 2012 NEDA Conference was truly a wonderful, informative and enriching weekend for attendees and presenters alike. The Conference sold out with 600 attendees — the largest Conference to date — and NEDA is so grateful for everyone's participation!

It seems like this year's theme, *What About Us? Diversity and Complexity in Eating Disorders*, really struck a chord and sparked a lot of conversation, as the entire conference aimed to peel back the layers that surround eating disorders and explore topics that are often overshadowed in the field. In fact, 92% of our survey respondents stated the NEDA Conference increased their knowledge and understanding about eating disorders in diverse populations, and 99% stated they benefited from the NEDA Conference and would attend again (the other 1% cited resource limitations as the reason they could not attend again).



Overwhelmingly, attendees agreed that the atmosphere of the NEDA Conference was inclusive, warm and friendly, and helped attendees network and foster alliances. In our follow-up evaluation survey, attendees stated they left with new information and knowledge of resources; intend to put the information learned into action locally in their work/community; left feeling more inspired and hopeful about doing work related to eating disorders; and those who are personally affected left feeling more empowered to pursue, or help their loved one pursue, sustained recovery.

### 2012 CONFERENCE HIGHLIGHTS

• **Cynthia Bulik**, PhD, FAED opened the conference with her talk on "Eating Disorders in Diverse Populations and

Across the Lifespan" and drove home (often with great humor) the important fact that eating disorders affect all demographics and, if we are missing that, it is because we need to ask better questions.

- **Timothy Brewerton**, MD, DFAPA, FAED, DFAACAP spoke about the research on the wide ranging experiences of trauma, and the ways in which trauma often relates to eating disorders.
- **Terry Wilson**, PhD presented the most up to date research on Binge Eating Disorder (BED) and stressed the importance of treating its underlying factors and the clinical implications for care.
- The **Family Panel**, introduced by **NEDA Ambassadors Alexa and Natalee Falk**, highlighted the importance of reaching out to underserved and high-risk



populations with presentations that were at times both deeply touching and hilarious. What an amazing and inspiring group of people!

- **Susan Fales-Hill** hit the ball out of the park with her closing talk, as she sincerely and sometimes humorously shared her emotional story, while offering words of encouragement that apply to us all.
- The Conference sure sparked conversation on Twitter! Over 96,000 people were reached with information and inspiration throughout the weekend

thanks to your social media participation.

- Two new features — the Support and Recovery Roundtable Series and NEDA Buddy Program — helped over 100 attendees connect with one another and ensure that everyone had a friend throughout the weekend. ■



### What People Are Saying About the NEDA Conference

*"This conference was one of the best experiences I've ever had. Everyone I spoke with had an amazing time and learned so much."*

— 2012 NEDA Conference recipient

*"I appreciated the setting, the presentations, the people I met. What a gift to so many of us."* — Author and activist

*"I LOVED the general sessions. They were interesting, informative, relevant and challenging. They were very well done overall."* — Treatment professional

*"I went to the grief of a loved one round table and the sibling one. These were the most emotionally exhausting part of the conference, but also the most meaningful. I genuinely connected with so many, and I know those relationships will continue."*

— Participant in the Loss Support Network

*"I LOVED the GLBTQ roundtable. It made me feel so accepted and connected."*

— LGBTQ-identified attendee

*"The NEDA Buddy program was one of the most helpful parts of the conference seeing as I didn't know many people at the conference prior to attending."*

— Personally affected attendee

## 2012 Proud2Bme Summit



During the panel discussion **Gabi Gregg, Lindy West, Sara Ziff** and **Roy Cui** discussed the ways in which they push back against media ideals and work for positive reform within the fashion, journalism, modeling and retouching industries. And, if that wasn't enough, author, activist,

musician, and **NEDA Ambassador Chair, Jenni Schaefer**, closed the Summit with her message of hope, confidence and recovery. ■

*Proud2Bme*  
BUILDING A NATION WHERE CONFIDENCE RULES.

**F**rom the moment **Julia Bluhm** took the stage at the 2012 Proud2Bme Summit, she set the tone for what would be an inspiring, engaging, and fun afternoon. Herself a successful youth activist who had petitioned *Seventeen* to change its policy on using Photoshop, she spread her philosophy that youth activism doesn't just create social change, but is also a powerful self-esteem booster.



## I Felt Welcomed and Understood: A Recipient's Thank You to 2012 Conference Scholarship Donors

BY Mary AE Hageman, 2012 NEDA Conference Scholarship Recipient, Florida



I was a scholarship recipient for the 2012 NEDA Conference held this past October in St. Petersburg, Florida. I am beyond grateful to the scholarship sponsors who made this experience possible not only for me, but for 106 other scholarship recipients who were also able to get the information, support and inspiration needed to continue pursuing recovery or supporting a family member in their fight against an eating disorder.

I have been "searching" for recovery from my eating disorder since 2001 and have considered myself in sound recovery since November 2010. Over the past two years, I have moved from suffering from an eating disorder to advocating for eating disorder recovery. The events where I speak, groups I run and funding I raise — to inform and support eating disorder recovery — is my true purpose. All of these things have solidified my recovery and strengthened my voice as a young woman with a story of hope and victory to share. Still, at times, I feel discouraged in my fight against eating

disorders. The NEDA Conference was a much needed oasis, helping me regain focus and determination, to support my recovery community.

**A special thank you to all who made 2012 NEDA Conference scholarships possible.**

**Erin Reiderer Scholarship Fund  
Tendler Family Scholarship Fund  
NEDA 2012 Benefit Scholarship Fund  
NEDA Board Scholarship Fund  
NEDA Junior Board Fund**

I felt at *home* during the conference, meeting and socializing with so many people who share my mission, dedication and values; I felt a powerful sense of belonging and contentment. During the three days in St. Petersburg, I discovered self-confidence I never thought possible. This turning point in my own path has proven to me recovery is real and possible for anyone. I feel a deep responsibility and importance to continue sharing my story, supporting others and educating my community on the truth

about eating disorders. I am unsure of my career path, but hope it brings me closer to eating disorder recovery work on a daily basis.

I eagerly hope I will be able to attend another conference in the future as there is SO much to participate in! I thoroughly enjoyed all aspects of the weekend, including the general sessions, exhibit hall and networking opportunities such as the Support and Recovery Roundtable Series, NEDA Buddy program and socials. I was particularly drawn to the sessions dealing with health insurance and treatment coverage and plan to learn more about how to advocate for insurance to adequately cover eating disorder treatment in the future.

Thank you again to all of the 2012 NEDA Conference Scholarship sponsors whose hard work and generosity made my attendance possible. Before too much time passes, and I fully return to "reality," I wanted to express to those donors my sincere appreciation for allowing me to be a part of the NEDA community in which I felt welcome and understood. I look forward to NEDA being a part of my life and being a part of NEDA's future! ■



## Of Monumental Importance:

Directing the National Spotlight on  
Prevention, Treatment, Research & Policy

Washington D.C. October 10-12, 2013

Keynote Speaker Thomas Insel, MD, Director, National Institute of Mental Health



## Call for Proposals for the 2013 NEDA Conference is Now Open!

The 2013 NEDA Conference will take place October 10-12, 2013 at the Hyatt Regency Washington, located near Capitol Hill, Washington, D.C.

### Who Should Submit

The following individuals are encouraged to submit a proposal:

- Eating disorder treatment professionals
- Medical professionals
- Researchers
- Educators and activists
- Those conducting prevention or intervention programs
- Individuals working with non-profits that support individuals and families affected
- Individuals who have been personally affected and are now in strong recovery (self or loved one)\*

\*Non-professionals planning to submit a proposal are strongly encouraged to co-present with an eating disorders professional.

We are accepting submissions for 5 different tracks:

- Educator/Outreach
- Family
- Treatment
- Co-Occurring Conditions
- Diversity & Special Issues

### How to Submit and Deadline

To submit a proposal, you must complete the online submission form on the Call for Proposals website at: <http://conference.myneda.org/cfp/>. Emailed or mailed submissions will not be accepted. You do not have to finish your submission at one time, but can come back and continue to work on your proposal up until the final deadline. **All proposals must be submitted by Thursday, January 31, 2013 at 11:59 PM EST.**

You may submit up to five different proposals with yourself listed as the primary presenter.

### Review Process

Submissions will be reviewed blind by the 2013 Conference Committee, which includes both family representatives and professionals in the field. Names of presenters are only revealed in the final stage of selection. In the event that multiple proposals on the same topic have tied in terms of overall score, based on the selection criteria, preference will be given to presenters that did not present at a recent NEDA Conference.

For more information, including detailed submission guidelines and evaluation criteria, or to submit a proposal, see: <http://conference.myneda.org/cfp/guidelines/> ■

# Eating Disorder Symptoms Among College Students: Prevalence, Persistence, Correlates, and Treatment-seeking

RESEARCH SUMMARY SUBMITTED BY a NEDA Helpline Volunteer\*



A study published in 2011 in the *Journal of American College Health*, by Eisenberg et al. (2011), examined the prevalence, persistence, correlates and treatment-seeking related symptoms of eating disorders in a college setting. The study was conducted at a large, public university and included a random sample from the student population. The sample closely reflected the national student population demographics in terms of ethnicity, race and sex; participants were at least 18 years old and enrolled in either the university's undergraduate or graduate program. The purpose of the study was to increase current understandings of eating disorder symptoms among college students, determine which students may be at higher risk for developing eating disorders and learn to what extent those students affected by an eating disorder are receiving treatment.

The study combined cross-sectional and longitudinal techniques by examining the data from 2,822 student participants collected in an on-line survey regarding disordered eating behaviors and symptoms as well as results from a follow-up study that 753 of the original participants completed two years later. Eating disordered symptoms were measured using the U.S. version of the SCOFF screening instrument, a 5-item questionnaire designed to identify subjects likely to have an eating disorder. Example items on the SCOFF that were most commonly endorsed by participants were "Do you believe yourself to be fat when others say you are thin?" and "Do you worry you have lost control over how much you eat?"

To identify which participants were at-risk, the researchers examined individual responses that fit at least three of the symptoms examined in the SCOFF. The prevalence of positive SCOFF screens was 9.3-13.5% among females and 3.1-3.6% among males. The researchers found that positive screens were also significantly associated with generalized anxiety disorder, depression, panic disorder

(males only), suicidal thoughts, self-injury and substance abuse. Among students with positive screens, less than 10% had received an eating disorder diagnosis and only about 20% had received mental health treatment in the previous year.

In the follow-up screening, the researchers found that almost half of the students who screened positive the first time did so again two years later, but were still unlikely to have been evaluated for an eating disorder diagnoses. For those who had a



positive screen at the two year follow-up, the study found that the risk of a positive screen increased dramatically with each additional symptom at baseline screening. The researchers reported that one symptom reported during the first screening was associated with 3 times higher odds of a positive screening at follow-up, two symptoms at baseline was associated with 15 times higher odds, and reporting three or more at baseline was associated with 33 times higher odds. And among those students with a positive screen at follow-up, despite 80% reporting a perceived need for help, only 19% had ever been diagnosed and only 37% had received any mental health treatment since the baseline two years prior.

The findings of this study suggest that a large number of university students who experience eating disorder symptoms of a significant level are neither being evaluated for diagnosis nor treated, and the eating disorder symptoms are persistent over time.

The researchers note that results of this study imply that the prevalence of clinically diagnosable cases among the positive screens would be more than three times higher than the prevalence of treatment-seeking. And, as the researchers conclude, preventative interventions could potentially significantly reduce the harms associated with sub-clinical body image and eating concerns. Eating disorder screenings hold promise, as they may help refer large numbers of students struggling with sub-clinical or clinical eating disorder symptoms to the help they need early on, thereby increasing the likelihood of full recovery. The 3-to-1 female-male ratio of positive screens in this study highlights the importance of addressing eating disorders in both the male and female student population. While men and women scored similarly on correlates of eating disorder symptoms, they were not identical, and the differences found may be useful in tailoring programs designed for outreach, detection and treatment referral. ■

**\* Research Publication Reference:**

Eisenberg, D., Nicklett, E.J., Roeder, K.M., Kirz, N. (2011). Eating disorder symptoms among college students: Prevalence, persistence, correlates, and treatment-seeking. *Journal of American College Health*, 59(8), 700-707.

NEDA is launching a free, anonymous, online eating disorders screening in January 2013, in partnership with the CollegeResponse® National Eating Disorders Screening Program. CollegeResponse currently offers online and in-person mental health screenings on over 400 college campuses. Hosting a screening program this coming February 26–March 2, during NEDAwareness Week, or encouraging local schools and community organizations to offer screenings, is an easy way to help direct those affected by eating disorders to the help they need. For more information, visit [www.MentalHealthScreening.org/College](http://www.MentalHealthScreening.org/College) or contact the CollegeResponse team at [college@mentalhealthscreening.org](mailto:college@mentalhealthscreening.org) or (781) 239-0071.



# IN FOCUS

# Eating Disorders On the College Campus



## Sisterhood and Eating Disorders

*My Experience, the Sorority Culture, and Ways to Promote Positive Body Image In Your Organization* | BY Ashtyn Hemendinger, Pennsylvania

As public health officials encourage Americans to improve their dietary patterns, the media bombards us with messages about dieting and exercise for the sake of appearance. Negative body image and dieting seem to be the norm in our culture. These factors have led to a culture that sets impossible standards for certain body types and encourages unhealthy eating habits. It is no surprise that this cultural norm has infiltrated university life and the Greek Community on college campuses. The lack of awareness about eating disorders and a culture where the idea of a perfect body is more important than nourishment has been a concern and a challenge for me. I have battled with an eating disorder since my early teens, and I continued my struggle throughout my undergraduate years.

Early on in my freshman year, I was introduced into the Greek Community. Within a short period of time, I became a leader for the 90 sisters within my own sorority. I quickly learned about the different styles of each sorority and the judgments that went along with Recruitment. For those who have never experienced it, Sorority Recruitment is a four day process that allows women to visit each sorority house and choose the one they relate to the most. While each woman is choosing which house she likes, the members of each sorority are also selecting who they feel would be the “perfect” fit for their sorority. On both sides of the spectrum, the decision comes down to first impressions, quick judgments, reputation, and appearances. Some sororities pride themselves on looking a certain way. Sisters and new members are pressured to uphold their physical appearance. Women participating in Recruitment may go on extreme diets to lose enough

weight to fit a sorority’s profile. The constant pressure to be thin and fit a certain look may start out as an innocent way to shed a few pounds, but can quickly develop into disordered eating or a full blown eating disorder. The competition between sororities for the “best girls” and to be the “top house” tends to breed an unhealthy competitive environment and can be destructive especially for those with an eating disorder. Yet staying away from these forums or not pledging a sorority can be isolating, which also is not a healthy recovery practice.

I was fortunate that my sorority did not pressure me to diet. However, as an undergraduate student, insensitive comments about my weight and the food I ate were a common occurrence. I chose not to share with my sorority sisters that I had an eating disorder. I was reluctant to share my struggle in an environment where dieting and negative body talk were common. Throughout my recovery, they would jokingly say things such as, “Oh, Ashtyn, doesn’t eat anything,” or “You’re such a skeleton.” When I joined in their conversations about food choices, they would count me out by saying that I only ate weird foods. Commenting on my food choice increased my self-consciousness about what I was eating. My peers made assumptions about me and unknowingly said hurtful things, rather than expressing support, which added to the burden of my recovery. Comments such as “Oh, I wish I could be anorexic, so I could lose weight; I look so fat in these jeans; or I need to go on a diet” were ongoing in our sorority house and as a result created a difficult recovery environment for me. Those wishing “to be anorexic” as a means to lose weight had no concept that an eating disorder is not a choice, nor did they understand how

their self-deprecating statements affected those struggling with an eating disorder.

One of the most challenging aspects of recovery is accepting the weight gain and becoming happy with your body. You don’t want others to notice the change or make comments about it.

And that is what happened to me. I was at a healthy weight and had been learning to accept my figure when a sister commented about my body. She stated to my boyfriend that I was dressing inappropriately because my chest had gotten bigger, and I was still wearing clothes that were for someone less endowed. Her statement was repeated in a restaurant with a dozen friends and acquaintances. It was one of my biggest fears: people were talking about my weight gain. It made me want to disappear into my eating disorder.

So, what can we do to improve body image and increase awareness about eating disorders in sororities and on college campuses?

- Focus on healthy dietary patterns, not dieting. Invite a medical, nutrition or health specialist to a mandatory chapter meeting. Have the specialist present information about healthy dietary patterns and lifestyle, the contributing factors and effects of eating disorders, and how to support a peer who may have an eating disorder.
- Encourage follow-up discussions about how you will create a positive

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► **Sisterhood and Eating Disorders** *continued*

body image environment in your house. Be aware of references made about weight, appearance, and food choices.

- Promote positive body image across the Panhellenic Community. By joining together with other sororities, you may be able to hire a nationally known eating disorders speaker to your campus.
- Provide information from the National Eating Disorders Association (NEDA) website to members and as part of your new member education program.
- Participate in National Eating Disorders Awareness Week. The NEDA website has suggested activities and how-to-guides for NEDAwareness Week. Participate in Tri Delta's Fat Talk Free Week.
- Encourage anyone who may be struggling with an eating disorder to seek help. Offer your support. If she doesn't want your help, then back off, but make sure she knows you are there to offer support and help find resources. Ultimately, it is her decision to take steps to get help. Respect her wish to keep the information in confidence. However, if you have concerns about her health, notify a member of the school's medical staff.

Despite the unhealthy cultural obsession with appearance, my sorority has provided me with the opportunity to experience the true values of our organization: philanthropy, leadership, and sisterhood. My leadership abilities were cultivated in my sorority and ultimately allowed me to become in charge of the entire orientation program for my university--one of the most esteemed positions on my campus. My sisters have formed start-up companies, aided children in Honduras, completed medical research, worked for companies such as Vogue and Twitter, and built intricate structures from the ground up. By working together, we raised over \$7,500 for the Children's Institute of Pittsburgh. Women in sororities are proven leaders and are capable of accomplishing great things. I believe by embracing our philanthropy, leadership, and sisterhood, we can be a conduit for changing the cultural norm to a healthier body image, and build support for those affected with eating disorders. ■

## College Men and Eating Disorders

BY Tim Freson, MS, Washington State University

**F**ifteen years ago when I began doing outreach education within the university community, many health educators and mental health providers considered eating disorders to be primarily a "women's issue." Although the number of reported cases of eating disorders among men has increased, the current research may still be reflecting under-reporting. The rate of eating disorders among college women ranges from 10-20% and for college men ranges from 4-10%. A recent study on a large university campus found that the female-to-male ratio



*On a daily basis  
I see men who  
struggle with body  
image issues.*

of positive screens for eating disorder symptoms was 3-to-1 (Eisenburg, Nicklett, Roeder, & Kirz, 2011). Since men with eating disorders are less likely to seek professional help, the actual rates are probably higher (Andersen, 1992; Olivardia & Pope Jr., 1995). This is consistent with my experiences in facilitating presentations and working with men in psychotherapy. College men appear hesitant to talk about eating disorders in a group setting; however, they will speak with me candidly one-on-one after the presentation. They tell me about their struggle with feelings of inadequacy, body dissatisfaction and isolation. In addition, they often question their masculinity since eating disorders are supposed to be a "women's thing."

Socialization of men may discourage them from discussing body image concerns. Higher levels of gender role conflict and traditional masculine ideals are associated with negative attitudes toward seeking psychological help (Berger, Levant, McMillan, Kelleher,

& Sellers, 2005). Typically, men are more likely to access on-campus health services to treat overuse injuries from weight training or meet with a nutrition counselor to help with increasing muscle mass. Since these symptoms don't fit within the traditional criteria for eating disorders, the likelihood of being diagnosed is reduced. This enables men to participate in unhealthy eating and exercise practices for longer periods of time, undetected. Therefore, it is important to educate health care providers about specific issues related



to men and body image for quicker diagnosis.

Diagnostic criteria for eating disorders have also hindered early identification and treatment of men because of gender-biased language (e.g., body size, amenorrhea, compensatory behaviors). Men and women share generalized concerns about the body (e.g., dissatisfaction), but they do not necessarily share the same goals to increase satisfaction. Women are more concerned with being thin and place high importance on weight. Men, while also influenced by our culture's over-valuing of thinness, are often more concerned with a combination of issues related to weight, body shape and function (e.g. strength). Generally, men believe they

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► **College Men and Eating Disorders** *continued*  
need to be both lean and muscular to meet perceived societal expectations.

The introduction of muscle dysmorphia in 2001 began to validate concerns about men's preoccupation with being too small or inadequately muscular (Olivardia, 2001). In my conversations with men, they often indicate that the muscular body ideal serves as a "privileged" body where doors open for them. Jackson Katz stated that the muscular body is part of the "tough guise" that garners respect, social privilege and cohesion with other men (Katz, 2006). This is specifically important in the college population where there are numerous stressors including social acceptance, academic demands, future planning, and financial issues. So, when men feel like their personal lives are spinning out of control, their bodies are the one thing they believe they can control.

Researchers report that 34% of men experience distress when unable to exercise (O'Dea & Abraham, 2002). Exercise is used to achieve weight loss, increased muscularity, and maintain well-being; however, the need to manage a workout schedule can interfere with normal routines. For individuals struggling with body image issues and eating disorders, the fear of becoming less muscular may override the disappointment of missing activities. This drive for muscularity then begins to generate excessive concern with dieting and unhealthy exercise practices. Men I have spoken with disclose spending extended hours lifting weights, planning meals, and evaluating their body size. So, when does weight training cross the line and become abusive exercise? Is the drive for muscularity as big a medical concern as the drive for leanness? These are questions that I am frequently asked during presentations. Regardless of exercise type, if an individual continues to exercise after injured or in light of potential injury, I am concerned. In addition, if an individual is taking performance-enhancing supplements to become more muscular and then engages in weight lifting, they are at increased

risk of suffering a heart attack or stroke. It may be more difficult for exercise specialists and health care providers to see this behavior as high-risk when compared to an extremely thin person exercising for many hours on a daily basis for weight loss. We need to recognize that both ends of the continuum have medical risks associated with them.

On a daily basis I see men who struggle with body image issues. Furthermore, in the midst of this struggle, men often experience anxiety, depression, social isolation, and substance abuse (Carlat, Camargo, & Herzog, 1997; Eisenburg, Nicklett, Roeder, & Kirz, 2011; Olivardia & Pope Jr., 1995). Eating disorders are not a women's issue, they are a human issue. As friends, family and professionals, it is important for us to know the traditional symptomatology for recognized eating disorders outlined in the DSM-IVTR and broaden our view to include symptoms for muscle dysmorphia. On college campuses we need to think about ways to increase awareness of these issues, work with health care providers for early diagnosis, and assist mental health providers in developing social support groups and effective treatment for men. These actions can help to create an environment where men feel comfortable discussing body image issues without questioning their masculinity. Ultimately, early identification of symptoms for diagnosis will increase the likelihood of receiving treatment and achieving recovery. ■

#### References

Andersen, A. E. (1992). Eating disorders in males: Critical questions. In R. Lembery (Ed.), *Controlling eating disorders with facts, advice, and resources* (pp. 20-28). Phoenix, Arizona: Oryx Press.

- Berger, J. M., Levant, R., McMillan, K. K., Kelleher, W., & Sellers, A. (2005). Impact of gender role conflict, traditional masculinity ideology, alexithymia, and age on men's attitudes toward psychological help seeking. *Psychology of Men & Masculinity, 6*, 73-78.
- Carlat, D. J., Camargo, C. A., & Herzog, D. B. (1997). Eating disorders in males: A report on 135 patients. *The American Journal of Psychiatry, 154*(8), 1127-1132.
- Eisenberg, D., Nicklett, E.J., Roeder, K.M., Kirz, N. (2011). Eating disorder symptoms among college students: Prevalence, persistence, correlates, and treatment-seeking. *Journal of American College Health, 59*(8), 700-707.
- Katz, J. (2006). *The macho paradox: Why some men hurt women and how all men can help*. Naperville, IL: Sourcebooks, Inc.
- O'Dea, J. A., & Abraham, S. (2002). Eating and exercise disorders in young college men. *Journal of American College Health, 50*(6), 273.
- Olivardia, R. (2001). Mirror, mirror on the wall, Who's the largest of them all? The features and phenomenology of muscle dysmorphia. *Harvard Review of Psychiatry, 9*(5), 254.
- Olivardia, R., & Pope Jr., H. G. (1995). Eating disorders in college men. *American Journal of Psychiatry, 152*(9), 1279.

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Tim Freson, MS, works as a Counselor in Health & Wellness Services at Washington State University. He has worked in the field for over fifteen years coordinating programs and research associated with body image issues and eating disorders. Tim also works with men in psychotherapy to address a spectrum of psychological issues. His research focuses on the impact of gender role conformity on diagnosed eating disorders and muscle dysmorphia. In addition, Tim is currently developing a multidimensional questionnaire to assess body image issues and eating disorders in men.

## PFN Webinar Series

The PFN Webinar Series brings together eating disorder professionals and individuals who have been affected (either personally or a loved one) to share their expertise and experiences, and

answer your questions. Check out the recording of *Eating Disorders Among Men and Boys!* To request a webinar topic, email [pffnetwork@myneda.org](mailto:pffnetwork@myneda.org)!

### *Eating Disorder Among Men and Boys*

Eating disorder in males are on the rise, but why is this, and what does it mean for you and your loved one? Join Dr. Ted Weltzin, Medical Director of the Eating Disorders Services at Rogers Memorial Hospital, and recovered panelists Troy Roness, Ron Saxen and Chris Skarinka, as they explore risk factors, unique barriers to treatment, body image concerns and sustaining recovery, as they relate specifically to males. To listen to the archived webinar, recorded on 7/31/2012, visit: <http://www3.gotomeeting.com/register/353338646>

## College Students Making a Difference: Observing National Eating Disorders Awareness Week at Active Minds

BY Alison Malmon, Founder of Active Minds, Inc., Washington, D.C.

A few years ago, Active Minds, Inc. — a national non-profit with over 350 chapters empowering college students to speak openly about mental health in order to educate others and encourage help-seeking — noticed a trend in the programming our chapters were choosing to host on their campuses. Many of our student-led chapters had identified eating disorders as a critical mental health issue on their campuses and were holding National Eating Disorders Awareness Week programs. In response, Active Minds partnered with the National Eating Disorders Association to bring critical information and resources about eating disorders to our network of thousands of students.

Over the last two years, we have worked with NEDA and student leaders across the country to improve and expand eating disorder resources that both appeal to, and educate, college students about a topic that many believe to be one of the scariest they or their friends may encounter. According to a 2009 article in the *Journal of Affective Disorders*, eating disorders are the most persistent mental health disorders experienced by college students.



The need for effective peer-to-peer eating disorder programming is evident, yet many student leaders feel under-equipped to take on such a complex topic and present it in an understandable and hopeful way. Active Minds serves to empower student leaders to make a



difference by producing diverse student-friendly program support and educational materials.

Some of our most successful programming to date has included presentations by members of the Active Minds Speakers Bureau. These young adults travel across the country and share their personal stories of struggle, treatment, hope and recovery. Research demonstrates that one of the most effective ways to reduce stigma and raise awareness about mental health disorders, is through peer-peer contact with someone who has one.

We look forward to continuing to expand our programming and materials to enable young adults to discuss eating disorders and body image openly and safely.

Through the creation of social media resources, educational videos on topics such as seeking help and supporting a friend who is struggling, as well as pocket-sized educational print materials, we will seek to balance the seriousness of these disorders with the hope of recovery.

Active Minds is improving the conversation about eating disorders on college campuses through better information, better programming, and the inclusion of voices of hope and recovery. We hope you'll join us this NEDA awareness week, February 24 – March 2, 2013!

To find and join an Active Minds chapter visit: <http://www.activeminds.org/our-programming/chapters/find-a-chapter>. ■

**Did you know NEDA offers peer-to-peer support for individuals who are struggling with an eating disorder, or have a loved one who is struggling?**

**NEDA Navigators** – volunteers who have personal experience with an eating disorder, or experience supporting someone who struggled (and are now in strong recovery) – are trained by NEDA staff and program clinical advisors to offer personal guidance, support, encouragement, and direction to resources and treatment options. If you would like to connect with a NEDA Navigator, email us at [pffnetwork@myneda.org](mailto:pffnetwork@myneda.org).

# Improving Body Image and Preventing Eating Disorders in College:

## The Body Project Difference

BY Carolyn Black Becker, PhD, FAED; Trinity University, Texas

and Alan M. Duffy, MS; Eating Recovery Center, Colorado

As many parents know, body image concerns plague a majority of young women in college. A problem in its own right, body dissatisfaction also has been found to be highly correlated with and often predictive of both mental and physical health problems (see Haines & Neumark-Stzainer, 2006; Paxton, 2002 for review). For example, researchers have found that body dissatisfaction predicts increases in stress, low self-esteem, depression, emotional eating, binge eating, use of unhealthy weight control behaviors, decreased physical activity, and, among overweight girls, increased weight gain (Johnson & Wardle, 2005; Neumark-Stzainer, Paxton, Hannan, Stat, Haines, & Story, 2006; Van den Berg & Neumark-Stzainer, 2007). Body dissatisfaction is also a well-established prospective risk factor for the development of eating disorders (Jacobi & Fittig, 2010). This does not mean that all college students who are dissatisfied with their bodies will develop eating disorders, or that eating disorders are solely caused by body dissatisfaction; eating disorders are complex and result when a multitude of factors (including a genetic predisposition) create a perfect storm. However, just as efforts to reduce smoking can prevent some, but not all cases of lung cancer, programs that successfully target body dissatisfaction also may reduce onset of some eating disorders.

The Body Project is a small group, cognitive dissonance-based program that aims to improve body image and, ultimately, prevent some eating disorders. Originally developed by Eric Stice, PhD and colleagues, The Body Project, relies on the well-known psychological phenomenon of cognitive dissonance. Cognitive dissonance is an uncomfortable psychological state that occurs when an individual's beliefs and actions are misaligned. In order to reduce the tension produced by that misalignment, individuals typically alter their beliefs to become more consistent with their behavior. Specifically, the Body Project, works by having group members speak and act against the thin-ideal standard of female beauty promoted in western culture. Theoretically, this induces dissonance because



such behaviors are inconsistent with previously held pro-thin-ideal beliefs. As a result, group members decrease their investment in the thin-ideal. Since thin-ideal internalization has been found to increase body dissatisfaction, decreasing it creates a positive cascade that reduces body dissatisfaction and other associated eating disorder risk factors.

To date, three branded versions of dissonance-based interventions (DBIs) have been released, two of which in the United States. This can be confusing, but all DBIs are supported by a shared research base. Since the Body Project is the original DBI, we will continue to use this name when discussing dissonance-based approaches in this article.

The Body Project can be implemented in a variety of session formats, but typically consists of four hours spread over two to six sessions. It includes numerous small group activities (e.g., discussion, writing exercises, role plays), and group members also complete homework exercises. Homework includes completing a mirror exposure exercise and writing a counter-attitudinal letter to a younger adolescent girl.

The Body Project has more research support than any other body image or eating disorder prevention program in the field. This is important because historically many programs have failed to significantly impact body dissatisfaction or other eating disorder risk factors despite their promising claims. Thus, it is critical to investigate the research support behind any program targeting body image or prevention of eating disorders.

In the case of the Body Project, eight independent research groups have conducted well over a dozen trials investigating the approach used in the Body Project (websites that link to many of the relevant papers are provided at the end of this article). Results consistently show that the Body Project reduces thin-ideal internalization, body dissatisfaction, negative affect, maladaptive dietary restraint and early stage eating disordered behavior. Impressively, effects are maintained at one year in those trials that follow participants for that long, and in the one trial that followed participants out to three year follow-up, most effects were maintained. This trial also found that the Body Project reduced eating disorder onset by 60 percent relative to an assessment only control group at three years. Research trials further have demonstrated that at the college level, the Body Project can be delivered by trained professional staff or by highly trained peer-leaders. Lastly, Trinity University, has successfully used this approach with the local sororities for over a decade without grant funding, supporting the contention that it can be run sustainably.

This year, Becker and Stice launched the Body Project Collaborative, which aims to help campuses receive training in the implementation of the Body Project. Since the Body Project has been tested with both high school and college aged females, it can be delivered in either setting, although peer leaders are only an option at the college level. If you are interested in learning more about the Body Project and how to bring it to your school, please contact Alan Duffy at [alanmduffy@gmail.com](mailto:alanmduffy@gmail.com). You can also visit [www.bodyprojectsupport.org](http://www.bodyprojectsupport.org) for additional information and to find copies of some of the research papers. Copies of some other research papers are available at: [http://digitalcommons.trinity.edu/do/search/?q=author\\_lname%3A%22Becker%22%20author\\_fname%3A%22Carolyn%22&start=0&content=24943](http://digitalcommons.trinity.edu/do/search/?q=author_lname%3A%22Becker%22%20author_fname%3A%22Carolyn%22&start=0&content=24943) ■

# The Challenges of Eating Disorders on a College Campus

By Charlotte Chapman, LPC and Amy Chestnutt, MPH, Virginia

Many young men and women are hesitant to acknowledge an eating disorder, out of either embarrassment or denial that they have a disorder. College environments in particular encourage a “thin-ideal.” It is reported that 70 to 90 percent of female university students express a desire to lose weight and that 80 to 91 percent report dieting (National College Health Assessment, 2010).

In response to this growing problem, many eating disorder prevention programs have been developed nationwide. These programs encourage participants with symptoms to seek early help and to tell their stories.

## A Campus Program That Is Working

The Women’s Center’s Eating Disorders Education Initiative (EDEI) at the University of Virginia envisions and promotes a *body positive community*. What does this mean? First, the initiative is part of a continuum of services on campus and has collaborative relationships with many professionals in the university setting that promote healthy eating, exercise and positive body image. This collaboration is a coalition of students, staff, and faculty who meet monthly to discuss programs, problems and resources. Second, as part of this coalition, EDEI provides education, outreach services, programs and resources. Counseling services are part of the continuum and can be accessed in several locations on campus. A nutritionist is also available, as well as a student volunteer group that sponsors education and awareness events. And, a resource library with current books and articles is located at the Women’s Center.

One of the core EDEI programs is *Reflections*, an evidence-based body image intervention program that addresses at risk behaviors for developing eating disorders. This program has been offered in partnership with Resident Advisors for first-year women and in partnership with Intramural Recreational Sports on campus. Co-led by a UVA Women’s Center staff member and



undergraduate student interns, the *Reflections* program consists of two, two-hour sessions in which a group of students identify and discuss the costs of pursuing the ultra-thin beauty ideal, reasons for body dissatisfaction, strategies for achieving a healthy body image and avoiding “fat talk” such as, “You look so good. Have you lost weight?” and “Doesn’t she look fat in those shorts?”

Group members then generate ideas for how to stop “fat talk” in their dorms and in other areas on campus. By having participants initiate their own strategies, rather than having an adult tell them what to do, there is a better chance they will follow through.

Originally, *Reflections* was designed by Dr. Carolyn Becker (2008) for use in sororities at universities. Sororities represent a large portion of females on many university campuses, and signify an organized body of women who often are part of a culture that promotes the “thin-ideal”. Coordinating and consulting with Dr. Becker, the UVA Women’s Center adapted *Reflections* for use with a more diverse audience. Partnering with Residence Life staff has been a critical part of the success of this program. Resident advisors in the first-year dorms participate in the groups and are then available on an ongoing basis to continue discussions with the students. This implementation has achieved positive results. Reports indicate that participants enjoyed the program and most importantly, showed a decrease in internalization of the thin-ideal and a

reduction in body dissatisfaction, which are well-established contributing factors to the development of an eating disorder.

Working with college students is challenging **and** rewarding. The EDEI model at the University of Virginia has experienced success primarily by focusing on risk factors with students, using evidence-based models such as *Reflections*, and by offering a continuum of services adapted for the developmental issues of college students. ■

**Authors:** Charlotte Chapman, LPC, is Director of Counseling Services, UVA Women’s Center. She can be contacted at [cmc5nq@virginia.edu](mailto:cmc5nq@virginia.edu)



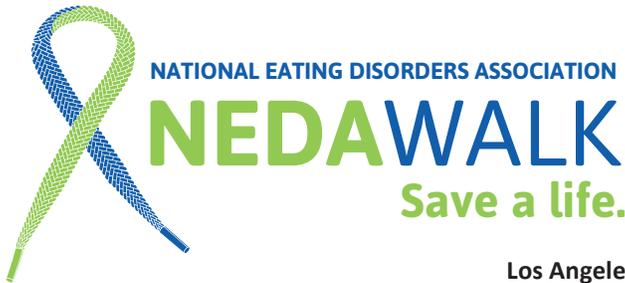
Amy Chestnutt, MPH, is the Coordinator of the UVA Women’s Center Eating Disorders Education Initiative. She can be contacted at [aek4k@virginia.edu](mailto:aek4k@virginia.edu)



For further information about this program <http://womenscenter.virginia.edu/body-positive.php>

## References

- Becker, C. B., Bull, S., Smith, L. M., & Cio, A. C., (2008). Effects of being a peer-leader in an eating disorders prevention program: Can we further reduce eating disorder risk factors. *Eating Disorders: Journal of Treatment and Prevention*, 16, 444-459.
- Miller, W. R. & Rollnick, S. (2012) *Motivational interviewing: Helping people change. Third edition*. Guilford press: New York.



**NEDA Walks** bring communities together to increase eating disorders awareness and raise funds for NEDA in a fun way. Help NEDA support individuals and families affected by eating disorders by registering for a walk near you! ■

## Upcoming 2013 NEDA Walks:

### Tampa, FL

February 16, 2013

[www.nedawalk.org/tampa2013](http://www.nedawalk.org/tampa2013)

### San Diego, CA

February 24, 2013

[www.nedawalk.org/sandiego2013](http://www.nedawalk.org/sandiego2013)

### Orlando, FL

February 24, 2013

[www.nedawalk.org/orlando2013](http://www.nedawalk.org/orlando2013)

### Waco, TX

February 28, 2013

[www.nedawalk.org/waco2013](http://www.nedawalk.org/waco2013)

### Athens, GA

March 2, 2013

[www.nedawalk.org/athens2013](http://www.nedawalk.org/athens2013)

### Columbia, SC

March 2, 2013

[www.nedawalk.org/columbia2013](http://www.nedawalk.org/columbia2013)

### Los Angeles, CA

March 2, 2013

[www.nedawalk.org/losangeles2013](http://www.nedawalk.org/losangeles2013)

### Phoenix, AZ

March 3, 2013

[www.nedawalk.org/phoenix2013](http://www.nedawalk.org/phoenix2013)

### Columbia, MO

March 16, 2013

[www.nedawalk.org/columbia2013](http://www.nedawalk.org/columbia2013)

### Nashville, TN

March 16, 2013

[www.nedawalk.org/nashville2013](http://www.nedawalk.org/nashville2013)

### Gainesville, FL

April 6, 2012

[www.nedawalk.org/gainesville2013](http://www.nedawalk.org/gainesville2013)

### Boston, MA

April 7, 2013

[www.nedawalk.org/boston2013](http://www.nedawalk.org/boston2013)

### Washington, DC

April 7, 2013

[www.nedawalk.org/dc2013](http://www.nedawalk.org/dc2013)

### Tucson, AZ

April 7, 2013

[www.nedawalk.org/tucson2013](http://www.nedawalk.org/tucson2013)

### Raleigh, NC

April 13, 2013

[www.nedawalk.org/raleigh2013](http://www.nedawalk.org/raleigh2013)

### Portland, ME

April 20, 2013

[www.nedawalk.org/portland2013](http://www.nedawalk.org/portland2013)

### Boise, ID

April 27, 2013

[www.nedawalk.org/boise2013](http://www.nedawalk.org/boise2013)

### Owensboro, KY

June 1, 2013

[www.nedawalk.org/owensboro2013](http://www.nedawalk.org/owensboro2013)

### Seattle, WA

June 1, 2013

[www.nedawalk.org/seattle2013](http://www.nedawalk.org/seattle2013)

### Kansas City, MO

June 15, 2013

[www.nedawalk.org/kansascity2013](http://www.nedawalk.org/kansascity2013)

## Making a Difference, One Step At A Time

NEDA NYC Walk 2012 | BY Lauren Edelman, New York City

The National Eating Disorders Association's fourth annual NYC Walk was a huge success, raising close to \$200,000 and involving 800 participants. What a sight it was to see the Brooklyn Bridge filled with a beautiful shade of blue as families, individuals and teams walked for a cause that helps to fight the intense and unfortunate struggle that 24 million people face on a daily basis; eating disorders.

I became involved with NEDA when I returned home from college and found out that its offices had moved to NYC from Seattle. Though I am currently pursuing a Master's degree in Social Work and have a very busy school schedule, I had a passion to be involved with NEDA and began to actively volunteer on the Helpline once per week. When I learned about the upcoming walk, I immediately inquired about its



entailments and sought out ways to fundraise, plan and gather participants. I was thrilled and honored to have the opportunity to serve on the steering committee for the walk with various board members, NEDA staff, significant donors and volunteers like myself.

I believe being able to participate in this walk shows a unique devotion and strong

sense of support for helping all of those individuals out there who are suffering from potentially life-threatening eating disorders. With the unfortunate stigma that society places on mental health issues, in particular eating disorders, fundraising is a challenging task. With the need for the Mental Health Parity Act, much of the public does not acknowledge the complexity and morbidity that eating disorders entail.

I was determined to disregard this stigma, and I created a team of close family, friends and colleagues called *Lauren's Life Savers* that walked across the bridge with me. I was able to reach my individual goal of raising over \$10,000, with the team raising close to \$12,000! I am thankful for my family, friends and those we reached out to who were gracious in their support of NEDA on my behalf.

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### ► Making a Difference *continued*

The NYC NEDA Walk had a very special meaning on October 7th, 2012. It brought together various individuals from the Tri-State area and beyond, who were unified by a common goal of helping to save the lives of those suffering from eating disorders as well as remembering those whose lives were taken by this debilitating disease. The presence that was felt on that day instilled a sense of warmth, comfort and togetherness that allows for one to not give up hope and to know that no individual is in this fight alone. Additionally, the various providers, mental health professionals and organizations that were present signify the different levels of individuals who are in this fight together.

I had the opportunity to distribute flyers and posters to stores, local organizations and schools prior to the walk to increase fundraising, participation and create awareness. I was proud that so many places around NYC were willing to promote the walk. This allowed me to recognize that we, as a society, are shifting toward a greater acceptance of positive body image as well as the acknowledgement of eating disorders as a serious, debilitating illness.

I would like to give a special thank you to my family and friends who helped to support my team and me,



*NYC Walk on Brooklyn Bridge – Christine Piccirillo and Students*

and also to the fabulous committee members who worked so diligently, collaboratively and with wonderful efforts to put this event together. Here's to the next NEDA NYC Walk of 2013! ■

## Raising Awareness Through Music: NEDA Ambassadors, FALK, entertain at the 2012 NYC NEDA Walk

**T**hey are singers, musicians, performers, and best friends! They are captivating entertainers and speakers, and together... they are FALK.

The sisters, who grew up in the music industry, have found their genuine voice and are garnering national attention for their song “Deadly Beauty,” which is dedicated to young women struggling with eating disorders and the family members who support them. Falk, who also serve as NEDA Ambassadors, have performed the song across the country and recently addressed a captivated audience at NEDA’s fourth annual NYC NEDA Walk on October 7th, 2012.

Junior high and high school years were difficult for the Falk sisters, who were homeschooled and often rejected by other students and even adults. It was especially hard for Alexa, who struggled with bulimia, low self-image and low self-esteem in her teens.

“I really turned on myself and became self-destructive,” says Alexa, who worked with counselors for treatment, but says it was only when she went to college that she realized how serious her condition was. “I was lucky enough to recover. When I was 16, I wrote ‘Deadly Beauty’ as a way to help other girls going through the same experiences.”

“Watching my sister struggle with an eating disorder when we were younger greatly influenced my perception of what I thought life was supposed to be,” adds Natalee. “I sort of lost my own identity and over the years I’ve had to re-establish myself.”

Alexa entered their song, “Deadly Beauty,” in the 2007 CosmoGirl songwriting contest and won most favored song by the readers. NEDA wants to thank them for lending their talents and providing a message of hope to NEDA Walks across the nation. Read the “Deadly Beauty” lyrics at <http://falk-music.com/music/deadly-bauty/> or learn more about FALK at [www.falk-music.com](http://www.falk-music.com). ■



# Eating Disorders and Substance Use Disorders:

## What you need to know

BY Amy Baker Dennis Ph.D., FAED, Michigan

(Adapted from the NEDA Parent Tool Kit authored by: Amy Baker Dennis Ph.D., FAED & Bethany Helfman Psy.D.)

**E**ating disorders (ED) are complex illnesses that often co-occur with other psychiatric conditions. One of the most common comorbid conditions found



in ED is substance use disorder (SUD). Approximately, 50% of individuals with ED are also abusing alcohol and/or licit, illicit and over-the-counter drugs. These rates of abuse are over five times greater than seen in the general population (1).

Unfortunately, both ED and SUD independently have high rates of mortality. Anorexia nervosa and bulimia nervosa have the highest rates of suicide of all psychiatric disorders, 23 times higher than seen in the general population (2). Excessive alcohol, cannabis and cocaine abuse have been implicated in a majority of adolescent suicides in the United States (3,4). In a recent study (5), anorexic subjects (AN) were found 19 times more likely to have died from psychoactive substance abuse (primarily alcohol abuse) than the general population. Therefore, these comorbid conditions can be lethal and require effective specialized intervention.

SUD are most common in anorexia nervosa binge purge subtype (ANBP) and bulimia nervosa (BN) with the lowest rates seen in anorexia nervosa restricting subtype (ANR). However, eating disorder diagnoses are fluid and exist on a continuum. Many individuals with BN report a prior history of AN and up to 50% of AN patients report bulimic symptoms during the course of their illness (6). Therefore, it is erroneous to believe that individuals with restricting anorexia nervosa do not or will not develop SUD.

Substance abuse disorders can develop before, during or after the onset of an eating disorder. One study found that 28% of bulimic patients became alcohol dependent prior to the onset of their eating disorder, 38% developed alcohol dependence at the same age they became bulimic, and 34% developed alcohol problems after the onset of their eating

disorder (7). Additionally, SUD can develop after recovery from an ED. Researchers followed 95 AN patients for 10 years post treatment. They found that 50% of ANBP and 12% of ANR adolescents that did not have a pre-existing SUD at intake, developed one after discharge (8).

### Commonly Abused Substances

In addition to alcohol, cannabis, cocaine, crack, methamphetamine, opiates, benzodiazepines, hallucinogens, and club drugs (GHB, rohypnol, Ketamine, MDMA (ecstasy)), individuals with eating disorders frequently abuse over-the-counter drugs, prescription medications and Internet supplements.



### Over-the-Counter Medications

**Laxatives.** Laxatives are the most commonly abused over-the-counter medications used by individuals with eating disorders (9). Despite their ineffectiveness, individuals with eating disorders use laxatives to prevent weight gain and promote weight loss. Sixty-seven percent of bulimics report using laxatives during the course of their illness and 15% report regular use (10, 11). Unfortunately, tolerance builds with long-term laxative use, requiring larger and more frequent dosages to obtain the desired results. Laxative abuse can lead to chronic constipation, severe dehydration, edema, bleeding, impaired bowel function and electrolyte abnormalities.

**Diuretics.** Individuals with eating disorders also frequently abuse diuretics. Approximately 31% of bulimic patients

report lifetime rates of diuretic use (12). Chronic diuretic use can cause nausea, abdominal pain and constipation, polyuria, heart palpitations, fluid and electrolyte imbalances and kidney damage.

**Diet Pills.** Approximately, 54% of patients with eating disorders report using diet pills to regulate weight (13). Unfortunately, the common ingredients of over-the-counter diet aids (Ephedra, Phenylpropanolamine, Phenytoin, Sibutramine, Guar Gum, Bitter Orange, Fenproporex, Bumetanide, etc.) can cause serious medical complications including elevated blood pressure, tachycardia, depression, renal failure, neurological problems, seizures and cerebrovascular hemorrhage.

### Prescription Medications and Performance Enhancing Agents

**Insulin.** Approximately 10 to 14% of diabetic individuals also have a comorbid eating disorder. Approximately 6% of Type 1 and 2.2% of Type 2 diabetics reported deliberate omission of insulin to control or lose weight (14). Complications of poor glycemic control can include ketoacidosis, vision problems, neuropathy, hearing loss, hypertension, kidney disease and stroke.

**Steroids.** Approximately 13.5% of female athletes have a diagnosable eating disorder (15) and 3.26% use anabolic steroids to enhance their performance (16). Withdrawal from steroids should be medically monitored and can cause severe mood swings, depression, suicidal ideations, fatigue, restlessness, loss of appetite, insomnia, reduced libido and "cravings" for the drug.

**Ritalin® and Adderal®.** Attention deficit hyperactivity disorder (ADHD) frequently co-occurs in individuals with ED and in those with SUD. Psychostimulant medications like Ritalin® and Adderal® are frequently prescribed in the treatment of ADHD to improve concentration and reduce restlessness and impulsivity. Approximately 33% of adults with ADHD have histories of alcohol use disorder

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## ► Eating Disorders and Substance Use

### Disorders *continued*

(AUD) and 20% have histories of SUD (17). Another study found that adolescent girls with ADHD were 5.6 times more likely to develop BN and 2.7 times more likely to develop AN than their non-ADHD peers (18). Stimulant abuse can cause dramatic mood swings, sleep disruption, weight loss, psychosis, seizures and cardiovascular accidents.

**Internet Supplements.** There has been a proliferation of Internet sites selling diet supplements, mood enhancers, diuretics, “fat busters,” colonics, teas, vitamins, and “energy boosters.” Unfortunately, the FDA does not control this market, and these supplements can be dangerous. Some of the most common symptoms include kidney, heart or liver problems, aches, allergic reactions, fatigue, nausea, pains and vomiting (18).

### Seeking Treatment

Early intervention is essential in both ED and SUD. When these illnesses persist, there is an increased likelihood of dangerous effects on both physical health and self-efficacy. If your loved one has both an ED and SUD, there are several issues you should consider when seeking professional intervention. First, find an ED specialist that is also skilled in the treatment of SUD (not all ED providers are cross-trained in the treatment of SUD). Once a complete assessment is made and a level of care is recommended (inpatient, residential, partial or outpatient), research the facility and treatment providers to insure they have expertise in the treatment of both disorders. Most ED facilities are equipped to treat individuals that abuse over-the-counter medications, but few are able to accommodate the patient that requires medical detoxification or methadone maintenance. ■

### For Further Information see:

Dennis, A.B., & Helfman, B. (2010). Managing the eating disorder patient with a comorbid substance use disorder. In M. Maine, B.H. McGilley & D.W. Bunnell (Eds.), *Treatment of Eating Disorders: Bridging the Research-Practice Gap* (pp. 233-249). London, UK: Elsevier.

### Bibliography

1. The National Center on Addiction and Substance Abuse (CASA). (2003). *Food for Thought: Substance Abuse and Eating Disorders*. New York: The National Center on Addiction and Substance Abuse at Columbia University.
2. Harris, E., & Barraclough, B. (1997). Suicide as an outcome for mental disorders: A meta-analysis. *British Journal of Psychiatry*, *170*, 205-228.
3. Garlow, S., Purselle, D., & Heninger, M. (2007). Cocaine and alcohol use preceding suicide in African American and white adolescents. *Journal of Psychiatric Research*, *41* (6), 530-536.
4. Rey, J.M., Sawyer, M., Raphael, B., Patton, G., & Lynskey, M. (2002). Mental Health of teenagers who use cannabis. Results of an Australian survey. *British Journal of Psychiatry*, *180*, 216-221.
5. Papadopoulos, F., Ekblom, A., Brandy, L., & Eskelius, L. (2009). Excess mortality, causes of death and prognostic factors in anorexia nervosa. *The British Journal of Psychiatry*, *194*, 10-17.
6. Fairburn, C. (2008). *Cognitive Behavior Therapy and Eating Disorders*. New York: Guilford Press.
7. Bulik, C., & Sullivan, P. (1997). Lifetime comorbidity of alcohol dependence in women with bulimia nervosa. *Addictive Behaviors*, *22*, 437-446.
8. Strober, M., Freeman, R., Bower, S., & Kigail, J. (1995). Binge eating in anorexia nervosa predicts later onset of substance use disorder: A ten-year prospective, longitudinal follow-up of 95 adolescents. *Journal of Youth and Adolescence*, *25*, 519-532.
9. Mitchell, J., Specker, S., & Edmonson, K. (1997). Management of substance abuse and dependence. In D. Garner & P. Garfinkle (Eds.), *Handbook of Treatment for Eating Disorders* (pp. 415-423). New York: Guilford Press.
10. Steffen, K., Mitchell, J., & Roerig, J. (2007). The eating disorder medicine cabinet revisited: A clinician's guide to lpecac and laxatives. *International Journal of Eating Disorders*, *40*, 360-368.
11. Neims, D., McNeill, J., Giles, T., & Todd, F. (1995). Incidence of laxative abuse in community and bulimic populations: A descriptive review. *International Journal of Eating Disorders*, *17*, 211-228.
12. Roerig, J., Mitchell, J., & Zwaan, M. (2003). The eating disorders medicine cabinet revisited: A clinician's guide to appetite suppressants and diuretics. *International Journal of Eating Disorders*, *33*, 443-457.
13. Mitchell, J., Pyle, R., & Eckert, E. (1991). Diet pill usage in patients with bulimia nervosa. *International Journal of Eating Disorders*, *10*, 233-237.
14. Herpertz, S., Albus, C., Wagener, R., Kocnar, M., Wagner, R., Hennig, A., et al. (1998). Comorbidity of diabetes and eating disorders: Does diabetes control reflect disturbed eating behavior? *Diabetes Care*, *21* (7), 1110-1116.
15. Sundgot-Borgen, J., & Torstveit, M. (2004). Prevalence of eating disorders in elite athletes is higher than in the general population. *Clinical Journal of Sport Medicine*, *14* (1), 24-32.
16. Johnson, C., Powers, P., & Dick, R. (1999). Athletes and eating disorders: The national collegiate athletic association study. *International Journal of Eating Disorders*, *26*, 179-188.
17. Waid, L., LaRowe, S., Anton, R., & Johnson, D. (2004). Attention deficit hyperactivity disorder and substance abuse. In H. K. Tinsley (Ed.), *Dual Diagnosis and Psychiatric Treatment: Substance Abuse and Comorbid Disorders (2nd ed.)* (pp. 349-386). New York: Marcell Dekker.
18. Biederman, J., Ball, S., Monuteaus, M., Surman, L., Johnson, J., Zetlin, S. (2007). Are girls with ADHD at risk for eating disorders? Results from a controlled, five-year prospective study. *Journal of Developmental and Behavioral Pediatrics*, *28*, 302-307.
19. Consumer Reports Magazine. (September, 2012). *10 surprising dangers of vitamins and supplements: Don't assume they're safe because they're 'all natural'*. Retrieved from consumerreports.org.



The **NEDA Parent Toolkit** is for anyone who wants to understand more about how to support a family member or friend affected by an eating disorder. This toolkit was developed with you in mind, in response to requests for a simple, easy-to-use way to find answers to questions and concerns. Each toolkit developed for NEDA will be updated as new research and information becomes available.

You can download NEDA's free **Parent Toolkit** at:

<http://www.nationaleatingdisorders.org/parent-toolkit>

## It's Never Too Late To Start Over

By Ashley Williams, New York City

*It is never too late to start over...*

I was reminded of this phrase recently when Katie Couric revealed on her show that she used to struggle with bulimia.



Couric said she got help for her eating disorder from a therapist in her early career, and was able to recover, at about age 24. "I wrestled with bulimia all through college and for two years after that," said Couric, "And I know this rigidity, this feeling that if you eat one thing that's wrong, you're full of self-loathing and then you punish yourself." This is a feeling I, too, have experienced, and unfortunately, we're not the only ones.

In the United States, 20 million women and 10 million men suffer from a clinically significant eating disorder at some time in their life, including anorexia nervosa, bulimia nervosa, binge eating disorder, or an eating disorder not otherwise specified (EDNOS) (Wade, Keski-Rahkonen, & Hudson, 2011).

The numbers are staggering, and I know how having an eating disorder can be accompanied by feelings of shame for those who struggle. We have to work together to continue changing that because eating disorders are an illness, not a choice. Indeed, for Couric, although it was something that negatively affected her life for years, she realized that it was not too late to rise above the problem, get help and start over. By publicly sharing her story, she encourages all who are currently struggling that recovery is possible.

As I began to write this article and reflect on my own struggles, having had two eating disorders, this phrase "It's never too late to start over," kept repeating in my mind. Stepping into that dark world was never something that I had imagined doing. Even as I wanted to engage in my disordered eating behaviors, I tried my best to run from the situation as much as possible. However, it just seemed like I couldn't let go of this struggle that I had. It always plagued my mind, even though

I wanted to break free from it. And, it didn't just hurt me; it hurt my relationships with the people I love. I hated how my eating disorder affected my sister, and caused such a rift in our relationship. She tried to help me all she could, but it just pained her to see me destroying myself in such a way. It also pained me to see how much my eating disorder affected her, and who she wanted me to be. I had to get the courage within myself to rise above the problem. And to rise above the problem, I had to reach out for help.



With help and the support I needed, I was able to recover. It's interesting how the pain that we hold onto within our lives impacts us in different ways; how it can contribute to acts that hurt people who we never dreamed of hurting. Personal issues we haven't healed from can lead us to decisions or relationships that are not good for us. Years later, as I reflect on such situations in my own life, I realize that when I was struggling, I had trouble loving myself. It's something that so many of us deal with—and it can be a tough thing to admit to ourselves.

But I believe that it is truly important to remember that we have to forgive ourselves for the little mistakes that we make and have compassion for ourselves when we feel like we just can't be the person society or magazines are telling us to be.

*The truth is we are perfect just the way we are.*

And, it is so important to love ourselves even amidst our flaws, because loving ourselves will allow us to rise above all of the negative relationships and situations that we have encountered, and get sup-

port to stop hurting ourselves. Certainly, we will never be perfect. But that's what makes us unique; we should love ourselves for never being that perfect person. We must realize that our imperfection is perfection and is beautiful!

I truly believe that things happen in our lives, so that we gain a clearer understanding of who we are and how to better love ourselves. For me, my faith also greatly helped me to heal. I began to depend on my relationship with God, and I began to love as well as to see myself the way that He continues to see me. I have come to grasp that we should not beat up on ourselves for the things we cannot change. We can only move forward.

I have realized that my eating disorder—as research indicates is common among those who struggle—was a cover-up for other issues that I was dealing with such as insecurity, low self-esteem, and honestly, just never feeling good enough. Yet, I have realized that in reality, I was, and am today, exactly the person I am meant to be. I just didn't realize it until I finally was able to love myself and accept me, for me.

I hope that those of you who are struggling with an eating disorder will feel inspired to never, ever endure the pain alone. For those who are supporting a loved one struggling, I hope that you will gently express your concern and let them know that they are not alone. Recognize that you, or your loved one, can and will recover. We all just simply need to love each other more and encourage each other to seek help and to rise above...

*Because it's never too late to start over.* ■

Information & Referral  
**HELPLINE**  
**800.931.2237**  
 NationalEatingDisorders.org

## Need personalized guidance for yourself, or in support of a loved one affected by an eating disorder? *The NEDA Navigators are here to support you!*

**N**EDA Navigators are individuals who have experience, either personally or in support of a loved one, navigating the overwhelming systems and emotions involved with seeking treatment for an eating disorder. Volunteers, trained by NEDA staff and program Clinical Advisors, Douglas Bunnell, PhD and Ilene Fishman, LCSW, ACSW, are available to: Help you find treatment referrals, local support groups, and resources tailored to your needs; be a listening ear through you or your loved ones' journey; provide encouragement through a difficult time; and share their own story responsibly to offer hope for recovery.

The range of experience among the Navigators is diverse, and when you request to be connected with a Navigator, we can match you with someone who has been through a similar set of challenges and can share their experiences in a helpful, responsible way. You can request to speak with someone who's dealt with co-occurring conditions such as depression, substance abuse or self-harm; shares an aspect of your identity such as ethnicity, gender, religion or sexual orientation; or has the same relationship to the person struggling, such as a fellow dad, mom, partner/spouse, sibling or friend.

Email us at [pffnetwork@myneda.org](mailto:pffnetwork@myneda.org), and we'll get you connected. For more information about the NEDA Navigators, visit the Navigators homepage at [www.myneda.org](http://www.myneda.org).

*\* Navigators are not mental health professionals or treatment providers. They are PFN volunteers who have been through an eating disorder themselves or with a loved one and are now in strong recovery. Navigators are trained to help you identify resources, treatment options and be a source of support in your journey. ■*



### Meet the NEDA Staff!

Lauren Smolar, *Helpline Supervisor*

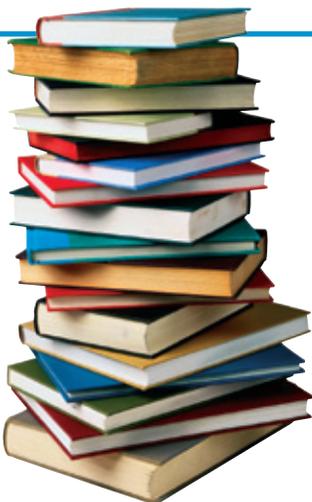
**L**auren has been with NEDA since shortly after the organization moved to its New York location. Prior to joining the NEDA staff, Lauren served as a NEDA Helpline volunteer.

Today she is the Helpline Supervisor and oversees training and supervision for over 50 Helpline volunteers. She is passionate about spreading awareness and finding help



for those who are affected by eating disorders. She uses her experience as a past volunteer, to help to continuously improve the skills and knowledge of the volunteers, and resources provided to those who call NEDA's Helpline.

Currently, resources are being expanded to provide for multiple languages, cultures, locations and subgroups that are affected by eating disorders, in order to provide a continuously increasing array of relevant, accessible options for those who contact NEDA for support. ■



### Submit a Book Review

**Have you read a book recently that offered you insights, tools or helpful information? Write a review for the newsletter!**

All you have to do is submit a 1-page article to [pffnetwork@myneda.org](mailto:pffnetwork@myneda.org) that includes:

- Your name and contact information
- Title of book, author, publisher and copyright date
- A brief summary of the content of the book
- What you gained from the book: Hope, tools for recovery, strategies for self-care, encouragement, educational information, etc.

## A Collaborative Approach to Utilization

**Review** | BY J. Casey Martin, M.S., NCC; Utilization Management Clinician & Program Facilitator of the Eating Disorder Center of Denver's Binge Eating Disorder Treatment Program, Colorado



# INSURANCE

The Eating Disorder Center of Denver's (EDCD) purpose is to provide treatment for people struggling with eating disorders. To receive reimbursement from the medical insurance companies for patients' treatments, we have to be in constant contact with company representatives to justify that our diagnoses meet their criteria and that our treatment plans are in line with the criteria these companies demand to pay for the level of care we are requesting. This process is called utilization review, and I am the utilization review manager at EDCD. I speak with a representative from the insurance company every few days to report on each patient's response to our treatment plan to justify the need for further hospitalization or to begin the discharge process and post-discharge planning. This can wrongly be viewed as a fight, the "evil" insurance company against EDCD's "knights in shining armor." However, our position is that this needs to be a collaborative approach between the treatment facility, the insurance provider, and the family, with each unit playing their role in helping the patient improve in order to be successful at discharge.



on the cost of treating eating disorders, we can expect to see an increased focus on admission decisions, length of stay decisions, level of care decisions, and even determinations regarding ongoing treatment for those individuals who have failed multiple treatment programs over the years. This increased emphasis will challenge the utilization review process even more over the coming years.

The field of eating disorders has a primary focus on the subjective experience of the patient (i.e., how do you feel?). Utilization review is asking us to focus more on objective data. This may include each patient's recent eating behaviors (i.e., bingeing, purging), weight loss or gain, and mental health indices to help establish whether the current level of care is "medically necessary". The notes from patient's individual and family therapy sessions also provide important information on when it is most appropri-



### Are you dealing with insurance issues?

For more information on navigating and understanding insurance issues, how to manage an appeals process, or sample letters to use with insurance companies, download NEDA's free **Parent Toolkit** (<http://www.nationaleatingdisorders.org/parent-toolkit>) or call the NEDA Helpline at 800-931-2237. And, you can email [pffnetwork@myneda.org](mailto:pffnetwork@myneda.org) to request to speak to a NEDA Navigator who has dealt with the challenges of insurance coverage for treatment.

ate to switch from a more intensive hospital based treatment to a less structured outpatient approach.

The involvement of the family is important for the review process because families serve as a secondary source of information. Initially, patients may minimize their struggles or be too ill to fully engage therapy. Under either circumstance, the therapist needs the family's input such as "What eating behavior does the patient use at home?" and "How do various family members confront or enable the patient's behaviors?" As a family member, tell the therapist what you need to learn to be more supportive, ask for advice on how to change the home environment, so that the patient will have the best chance for success and discuss your concerns and fears of what might happen to the patient if supervised therapy is abruptly stopped. Consistently attending family therapy sessions even if it has to be by telephone is key. The insurance company wants evidence of your involvement.

As a part of the treatment facility, rather than fight the insurance company, I try to engage their representative, become part of their team and make them part of our treatment team. I conceptualize this process through the eyes of George Ritzer. His book entitled *The McDonaldization of Society* (Ritzer, 2004) outlines the common themes of efficiency, calculability, predictability, and control that has made McDonald's successful. I use these same themes for the review process. The phone call should be short and to the point. I present objective (calculable) data, follow the same template for each review, and try to work with the same representative each time I call. I believe these principles help our cause because I am presenting the objective data they need. I ask each insurance representative what information their company wants and record the different items each company

➔ [continues on next page](#)

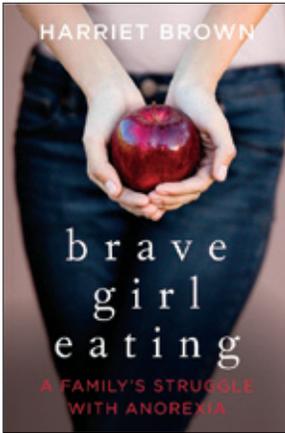
Utilization review in the mental health field is complicated by the lack of accepted treatment protocols. This is especially critical in the eating disorder treatment field because of the historically long treatment times and the recidivism associated with eating disorders. Data for non-mental health care treatment and outcomes has been collected for many years. From this vast data bank, objective treatment protocols and outcome criteria have been developed and incorporated into acute care medical management. Mental health care, especially for eating disorders, lacks this long term data collection and objective treatment protocols. Whether we like it or not, as insurance companies focus more and more



## BOOK REVIEW

### ***Brave Girl Eating: A Family's Struggle with Anorexia*** | Author: Harriet Brown

REVIEW SUBMITTED BY Rina Ranalli, Chicago



Book reviews are provided by individual PFN members to share with others what they have gained from reading a book that served as a resource to the reviewer. NEDA does not endorse any specific books or authors. NEDA reserves the right to edit book review submissions prior to publication. If your review is edited, you will be asked to approve the final version before use.

#### ► Insurance: A Collaborative Approach to Utilization Review *continued*

expects. I try to discover what criteria they require and ask our therapists to get the information the companies use to make decisions.

To obtain the best treatment for each patient, we need to collect the most extensive set of objective facts to measure daily progress and create treatment plans to measure success or failure with quantitative scales. We also need to ask the insurance companies what they need to monitor to judge our performance and work to determine whether we can clinically support their criteria. Most importantly, the treatment facility, the insurance company and the family must all communicate their needs and work together to meet these needs to ensure quality treatment and hope for sustained recovery for the patient and loved one. ■

*To purchase books for individuals affected by eating disorders, their families, treatment professionals and educators, visit Gürze Books, LLC, a publishing company that has specialized in eating disorders publications and education since 1980. [www.bulimia.com](http://www.bulimia.com)*

**W**hy does *Brave Girl Eating: A Family's Struggle with Anorexia* resonate so profoundly with any family that has endured the pain of a child with an eating disorder? Because its honesty is piercing and fearless. Author, Harriet Brown, a journalism professor and writer whose work has appeared in the *New York Times* and the *New York Times Magazine*, lays bare the fear that permeates a parent's realization that her child is ill, seriously ill, with a disease that is often poorly understood with limited availability of evidence-based treatment. It's a mother's realization that the life and family she has known, loved, and built over years is suddenly gone. In its place is a stranger — anorexia — whose demands, if unchecked, will consume their lives.

Brown's story begins with a midnight drive to the emergency room with Kitty, her fourteen-year-old daughter. Kitty's heart "feels funny," and an EKG reveals a disturbingly low heart rate. From there, Brown travels back to reveal Kitty's journey from a healthy, normal, and surprisingly reasonable adolescent to a barely recognizable child whose weight loss leaves Brown and her husband breathless as they watch her walk across the auditorium for her eighth-grade graduation. A diagnosis of EDNOS (Eating Disorders Not Otherwise Specified) from a family pediatrician gives Brown a name for this disease, but no real treatment options.

And, this is where *Brave Girl Eating* offers more than a traditional memoir of disorder and recovery. Brown moves beyond her own feelings of denial, guilt, and despair and heads first to

the computer, and then to the library to scour everything she can possibly find about eating disorders. A trained journalist, she knows when and how to ask the right questions of the material she uncovers, and in her quest to find scientific evidence about what treatment works, she discovers the first encouraging news in research surrounding family-based-treatment (FBT), otherwise known as the Maudsley Approach. (According to Daniel Le Grange, PhD and James Lock, MD, PhD, recent published reports of the treatment for adolescent patients with anorexia have been encouraging, with studies demonstrating "the efficacy of this treatment — that is, approximately two thirds of adolescent AN patients are recovered at the end of FBT while 75–90% are fully weight recovered at five-year follow-up. Similar improvements in terms of psychological factors were also noted for these patients." [www.MaudsleyParents.org](http://www.MaudsleyParents.org)) Brown knows she has finally uncovered a treatment option that speaks not only to her emotional need for hope for Kitty, but to the scientific research and inquiry needed to sustain that hope.

Brown takes us through the day-to-day experience of Kitty's treatment and details the mental anguish and enormity of refeeding, as well as practical issues, such as the lack of trained FBT therapists and battles with insurance companies that stand in the way of Kitty and complete recovery. Along with encouraging breakthroughs, there are of course setbacks, and *Brave Girl Eating* is not a simple "happily ever after" tale. Instead it is a complex, truthful story of how one family, empowered by knowledge, realizes their own capacity to fight for and ultimately save their child. Powerfully written, painfully observed, it is a recovery guide that discusses difficult realities while offering reassuring hope for every parent facing an eating disorder, "one spoonful at a time." ■

**N**ational Eating Disorders Awareness Week is just around the corner! Participating is easy; there is an option to fit everyone's schedule, resources, interests, and community. Last year, we reached nearly 70 million people with critical information for early recognition and

direction to help, as well as messages of hope and recovery. Your participation *does* make a difference. Data from NEDA programs demonstrate a very strong positive correlation between this national outreach effort and sharp increases in help-seeking behaviors such as contacting the NEDA Helpline for

treatment referrals, requesting support and guidance from a NEDA Navigator, and visiting the NEDA website for eating disorder information and resources. Our new NEDAwareness Week website will be launching soon, so be sure to check it out: [www.NEDAwareness.org](http://www.NEDAwareness.org). ■

**EVERYBODY KNOWS SOMEBODY**

# YOU CAN HELP

## NEDAwareness

National Eating Disorders Awareness Week

**February 24 - March 2, 2013**  
[NationalEatingDisorders.org](http://NationalEatingDisorders.org)

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 Pine Grove Woman's Center | Eating Disorder Recovery Center at the University of Florida & Shands



## Network Spotlight

### NEDA Network Spotlight: The Eating Disorder Foundation

The Eating Disorder Foundation (EDF) is a Denver-based non-profit dedicated to breaking down the walls of silence that too often surround eating disorders and to helping those who suffer from eating disorders rebuild their lives. The Foundation is uniquely positioned to serve those with eating disorders, as well as their families and friends through a community-oriented approach that helps to foster sustained recovery and provides information that's vital to prevention. EDF's informational activities include public speaking, participation in community events and, most important, educational programs conducted in Colorado schools.

EDF also offers an array of free support groups that meet at its newly renovated facility, which has become a focal point for most of EDF's activities. Recognizing that recovery is not

#### THE EATING DISORDER FOUNDATION

a destination, but an on-going process, EDF support groups help fill the void that often follows in-patient clinical treatment or out-patient therapy. Support groups are not substitutes for treatment, but adjuncts to it. In serving Colorado's professional community, EDF provides referrals through an extensive on-line treatment directory and also creates opportunities among professionals for informal networking and information sharing at a variety of year-round activities.

A full appreciation of EDF's approach probably requires an in-person visit to its center — dubbed A Place of Our Own. Open, free-flowing and secure, A Place of Our Own embodies all of EDF's core values: *safety, accessibility, responsiveness and trust*. That's the "foundation" upon which EDF builds. ■

### Someday Melissa

In 2009, 19-year-old Melissa Avrin lost her life following a five-year battle with bulimia. Several months after her daughter died, her mother, Judy Avrin, read the journal she left behind. A gifted writer and aspiring filmmaker, Melissa's poem "Someday" became the inspiration for the documentary "*Someday Melissa, the story of an eating disorder, loss and hope*" which Judy created and produced along with eating disorder specialist Danna Markson, LCSW. NEDA CEO, Lynn Grefe, was instrumental in providing introductions to top researchers, educators and media personalities who were interviewed during the making of the film.

The one-hour documentary was completed in the fall of 2011 and since then has been viewed across the country and around the world. During last year's NEDA awareness Week, the film was screened dozens of times — at colleges, treatment centers, high schools and community groups — through the film's *Host A Screening* program. When schedules permit, Judy and Danna speak at screenings about Melissa's struggle. As we look forward to this year's NEDA awareness week, we are again



receiving numerous requests to show the film and participate in panel discussions nationwide.

In 2010, Someday Melissa, Inc. was founded as a 501(c)(3) nonprofit organization, with a mission to promote recognition and awareness of eating disorders and the importance of early treatment. As Melissa's story traveled, powered by social media, Judy began receiving hundreds of messages from people involved in the ED

struggle — those battling, as well as family, friends and therapists. They all thanked Judy for speaking out, for helping break through the wall of secrecy and shame. Melissa's story has inspired others to fight for their own "Somedays" and Judy continues to receive written lists and videos of "Somedays" from those who were moved by the film. Many of these can be read or viewed on the website.

Most recently the organization published *Guided Discussions for Recovery*, a unique new resource that provides clinicians with an opportunity to utilize Melissa's powerful voice and her writings along with the film "Someday Melissa," to facilitate discussions about eating disorders and related issues. *Guided Discussions* can be used as an adjunct to therapy in a variety of settings, such as individual, family, and group inpatient or outpatient sessions with clients and/or their family members.

For more information about "*Someday Melissa, the story of an eating disorder, loss and hope*" and the companion *Guided Discussions for Recovery*, or the *Host A Screening* program, visit [www.somedaymelissa.org](http://www.somedaymelissa.org). ■

## National Eating Disorders Association

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*The PFN Newsletter offers a place for our members to share their personal experiences and insights to support others. While we value these contributions, please note that the views, beliefs and perspectives expressed do not necessarily represent those of the organization.*

### Share Your Thoughts

If you have an idea for an article, a question you'd like us to research, or would simply like to share your story — we'd love to have you participate in our newsletter! Email us at [pffnetwork@myveda.org](mailto:pffnetwork@myveda.org).

Be sure to include your full name, email address, and daytime phone numbers so we can contact you.

***Making Connections is by parents, family, and friends for parents, family, and friends!***



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