

MAKING CONNECTIONS

NATIONAL EATING DISORDERS ASSOCIATION



Technology, Social Media & Eating Disorders



VIRTUALLY YOU: 5 STEPS TO GET REAL! ABOUT DIGITAL EATING DISORDER RISKS

Bobbie Eisenstock, PhD

SMARTPHONE APPS FOR EATING DISORDERS

Adrienne S. Juarascio, PhD
and Evan M. Forman, PhD

THE DILEMMAS OF MEN WHO HAVE A LOVED ONE WITH EATING DISORDERS

Joe Kelly

Letter from the PFN Chair | BY Deborah Kreiger, Florida

Hello Friends,

In this issue of *Making Connections* the In Focus section speaks to the constantly evolving role technology plays in our lives. In a word, it is transformative. The articles assembled discuss new technologies and their importance in the treatment of eating disorders. Social media is part of our daily conversation and, as it expands our reach in the world, it can serve as a tremendous tool for building community. There are also responsibilities that come with these increased opportunities, and families should be having important discussions together about all types of media. With the annual NEDA conference fast approaching and the keynote address "Rebooting Recovery: How to Use Tech as an Ally for Healthy Connection,



Community and Resilience" focusing on technology, we look forward to continuing this discussion in San Antonio, October 16-18. If you have never attended a NEDA conference please consider joining us. The knowledge you will gain and the warm embrace you will feel cannot be overstated. This year's theme, "Thinking Big: Uniting Families & Professionals in the Fight Against Eating Disorders," brings together top researchers and physicians, clinicians, families and friends in an environment where we learn from one another and, of equal importance, we support one another. Always remember, we are on this journey together.

Holiday celebrations and family gatherings begin taking place in September and oftentimes these can be stress-filled occasions for someone who is struggling, as well as for his or her family and friends. Words are powerful messengers and even the best-intended

conversations can be difficult. A recent issue of *Making Connections* entitled "Language and Eating Disorders" contains many valuable articles and suggestions highlighting the delicate balance and mindfulness that go a long way toward defining good communication for someone who is struggling. Please check out this archived issue at www.myneda.org/MCv64.

On behalf of the PFN Steering Committee, we extend a very special welcome to Claire Mysko, Director of Programs. It has been a pleasure working with her and Cait Graham on our shared vision for the PFN and *Making Connections*. And to our most important readers, thank you! We value your input so please continue to share your thoughts and suggestions with us.

With Gratitude,
Deborah

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Editor's Note | BY Claire Mysko, Director of Programs

Dear Readers,

I am excited to be stepping into the role of Director of Programs for NEDA. I've been part of the NEDA family since my days as Director of the American Anorexia Bulimia Association, an organization that merged with several others to form NEDA. I've had the pleasure of getting to know many of you over the years and I continue to be inspired by the dedication and passion of the PFN. I look forward to highlighting more of this network's important work as editor of *Making Connections*.



When I started out in the eating disorders field, the internet was this cool new thing that seemed like it might take off. Phones were not that smart and media wasn't so social. Things have changed a bit in the last two decades! In my most recent role overseeing NEDA's youth website, Proud2Bme (proud2bme.org), technology has been central to every aspect of how we reach and engage our audience. We give people a platform to connect, use their voices and take action for change. And where is this connection and activism happening? On our forums, on Twitter, Facebook, Tumblr and Instagram, even in a story-based game that millions of teens have downloaded on their phones.

Our community advocates for expanded eating disorders outreach and more effective intervention and treatment. It is crucial that we take a close look at the powerful potential of technology to help us carry out our mission. How can we best use technology to spread hope and connect with those in need? How are the leaders in this field incorporating technology into their work? We'll address these key questions and others in this issue. I hope you enjoy it.

Thanks for reading,
Claire Mysko

IN THIS ISSUE

- | | | | |
|----|--|----|--|
| 2 | Letter from the PFN Chair | 18 | Navigating the Jewish Holiday Season |
| 3 | Editor's Note | 19 | The PFN Parent Surveys Infographic |
| 4 | Research Summary: Setting Policy Priorities to Address Eating Disorders and Weight Stigma | 20 | Dealing with the Dilemmas of Men Who Have a Loved One with Eating Disorders |
| 5 | Virtually You: 5 Steps to Get REAL! about Digital ED Risks | 21 | Calling All Dads |
| 8 | Shrinking Women | 22 | NEDA Walk Volunteer Spotlight |
| 9 | Proud2Bme Featured in "High School Story" Game | 22 | NEDA Walks 2014 |
| 10 | Smartphone Apps for Eating Disorders | 23 | Because everyone has a reason: #WhyINEDAWalk |
| 12 | Supporting the ED Population through Telemental Health: Technological and Clinical Implications | 24 | Working Toward Legislative Reforms: NEDA's STAR Advocates Make Strides Across the Nation |
| 13 | Mobilizing Eating Disorder Treatment | 25 | PFN Webinars Series: Upcoming and Recently Archived |
| 14 | Harnessing Technology for Training Therapists to Deliver Interpersonal Psychotherapy (IPT) | 25 | Take Back the Tutu |
| 15 | Family Based-Treatment Without Borders: Utilizing Telemedicine to Deliver Family-Based Therapy (FBT) | 26 | Blog Review |
| 17 | Penn Poised: Rewriting the Social Media Script | 27 | Network Spotlight |
| | | 27 | Staff Spotlight |
| | | 28 | Our Sustaining Sponsors |

Research Summary: Setting Policy Priorities to Address Eating Disorders and Weight Stigma

BY Rebecca Puhl, PhD

Deputy Director, Rudd Center for Food Policy & Obesity, Yale University, New Haven, CT



RESEARCH

Despite the prevalence and health consequences of eating disorders and weight-related bullying and discrimination,^{1,2} policy actions to address these problems have so far been limited. Experts from eating disorders and related fields have called for a variety of policy interventions to address eating disorders and weight stigma, such as equitable treatment and insurance coverage for eating disorders, school-based screening for eating disorders, government restrictions on access to over-the-counter weight control drugs and legislation to prohibit weight-related mistreatment and discrimination. While there is certainly increasing dialogue about these kinds of initiatives, policy actions by the government have been minimal. Promoting these issues on policy agendas requires fostering both political will and public support. Therefore, it is important to determine how much public support there is for different policy actions to address eating disorders and weight stigma and to identify which policy actions to prioritize.



The goal of our study, published this year in *BMC Public Health*, was to examine levels of support for a range of potential policy actions to address eating disorders and weight stigma among individuals from the eating disorders field and the U.S. general public.³ We surveyed 944 adults from a national web-based panel (Survey Sampling International), and 1,420 members of national, professional organizations that specialize in eating disorders. All participants in the study completed an identical survey, in which they were asked how much they would support each of 23 potential policy strategies that would help prevent and reduce eating disorders and weight stigma in diverse settings, including schools, healthcare and the media. Participants also rated these policy actions according to the impact they thought the policies

would have and how feasible they would be to implement.

Among the general public, the majority of participants expressed support for 20 of the 23 policy actions, with the most support (83%) for anti-bullying policies that would protect youth from weight-based bullying in the school setting. The general public also expressed substantial support for policies to implement prevention and training programs on the early identification of eating disorders for health care providers (79%), schools (77%) and sports coaches (71%). Among experts from the eating disorders field, more than two-thirds of participants expressed support for 21 of the 23 policy actions. In addition to its overwhelming support for policies that would require insurance companies to reimburse for eating disorder treatment (98%), this group was also highly supportive of efforts to require training on the prevention and early identification of eating disorders in schools (95%) and health care settings (99%) as well as policy and legal measures to address weight-based bullying and discrimination (74%-94%). In both study samples, policies that generated the least support were those requiring schools to measure and report students' body weights.

With respect to the potential feasibility and impact of policy actions, similar perspectives emerged from both the general public and members of the eating disorders field. Specifically, policies requiring 1) school-based health curricula to include content aimed at preventing eating disorders, 2) training for sports coaches on the prevention of eating disorders and 3) implementation of school-based anti-bullying policies that protect students from being bullied about their weight were selected as having high potential impact and feasibility by both groups. This suggests that policy actions that target these problems among youth in the school setting should be prioritized. Given increasing national attention to bullying in youth and to efforts to improve the nutrition environment in schools, there may be

opportunities to implement these initiatives into existing school-based wellness policies and anti-bullying policies.

Results from our study show that there is considerable support in both the eating disorders field and the general public for policy actions to address eating disorders and weight stigmatization across a range of settings. This high level of public support suggests that one of the key conditions needed for fostering political will and policy change is already present. Given that both groups in our study expressed support for most of the 23 policies in the survey, it appears that there is agreement about the need for widespread and diverse policy actions aimed at reducing risk factors for both eating disorders and weight stigma and support for the use of policy-level actions to achieve meaningful change. ■

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Dr. Rebecca Puhl is the Deputy Director of the Rudd Center for Food Policy and Obesity at Yale University. As a Senior Research Scientist, she coordinates research and policy efforts aimed at reducing weight bias and improving the quality of life of children and adults affected by obesity. Dr. Puhl received her Ph.D. in Clinical Psychology from Yale University. Dr. Puhl has served on the Council of The Obesity Society and on the Board of Directors for the Obesity Action Coalition. In 2013, she was awarded the Excellence in Policy Research Award from the Eating Disorders Coalition. More information on Dr. Puhl's work is available at www.yaleruddcenter.org.



IN FOCUS

Technology

Virtually You: 5 Steps to Get REAL! about Digital ED Risks

BY Bobbie Eisenstock, Ph.D., California

Facebook. Twitter. Tumblr. Instagram. Pinterest. What do social media have to do with eating disorders? A lot.



Our media culture today is more body image-driven than ever. It is virtually impossible to escape the onslaught of picture-perfect bodies that populate TV shows and commercials, splash the pages of magazines, and inhabit the online world where digital denizens can be seen flaunting themselves on social media.

For many years now, research has demonstrated a connection between what we call traditional media—magazines, television and advertising—and body dissatisfaction, reduced self-esteem, a drive for thinness and disordered eating. Recent studies indicate that new media—where you hang out in the digital media culture or what you unintentionally stumble upon—can affect body image, food and weight concerns, especially if you struggle with these issues. Navigating the interactive digital media culture can be a potentially more hazardous minefield of ED risks than using traditional media because it empowers us as both media consumers and creators who can post and share, copy and paste, and upload and download content 24/7.

We have a media body image problem and there is no simple solution. We cannot screen out all of the potentially harmful messages, but we can reduce risk factors by taking control of media's influence on our lives. The key is media literacy. Media literacy skills help to meaningfully question and challenge images and messages that may be detrimental to developing

positive body image and self-esteem while reinforcing those that promote health and well-being.

To help counteract the digital media culture's potential influence on normalizing unrealistic body standards, NEDA partnered with my students from California State University, Northridge to create *NEDA's Get REAL! Digital Media Literacy Toolkit*. After studying the research on media and eating disorders and honing their digital and media literacy skills, the students applied what they learned to their personal experiences with social media and body image, and in some cases disordered eating, to create the toolkit activities.

The *Get REAL! Toolkit* is for everyone who goes online with a digital device—computer, smartphone, tablet or game console. Share the toolkit with parent and youth groups, middle and high schools, colleges and universities, physicians and mental health professionals to help them think critically about media's impact on body image and our social, psychological, emotional and physical health and well-being. Here's what you need to know and what you can do to effectively use the toolkit for yourself.

What You Need to Know to Get REAL! about Digital Media and Body Image

While media do not cause eating disorders, media are one of the potential factors that can affect body dissatisfaction and low self-esteem, which subsequently lead to eating disorders. How much of a role media play depends on what and how much media an individual uses, his or her knowledge, skills, personal relationships and experiences, and predisposition to the complex interplay of contributing ED

factors. The shifting media landscape has opened a new interactive milieu where an ED's insidious nature is particularly worrisome because many of the images and messages are posted and shared by individuals who glorify the thin ideal, compare appearances, promote body shaming, and affirm eating disorders as a lifestyle choice.

Digital Footprints. Unlike our use of traditional media, in the digital media culture we leave a trail behind that creates a digital footprint of our lives: a virtual extension of our thoughts, feelings and social behaviors. Everything we share and others share about us online—intentionally or unwittingly—is part of our virtual identity: content we create, all of our “likes,” who we “friend,” videos we watch, music we listen to, magazines and blogs we read, games we play, hobbies and interests we enjoy, celebrities we follow, apps we use, key words we search, websites we visit, communities we join, products we browse, buy and review, and photos and selfies we tag, tweet, post and pin. With every screen touch or mouse click, our digital footprint grows larger and reveals more about who we are. There is a lot that can be virtually known about a person's body image and proclivity to determinants of eating disorders.

Ana-Mia Networks. While social networking can improve practitioners' ability to educate, prevent and treat eating disorders, it can also circumvent and hinder their efforts. Since the first pro-ana (anorexia) and pro-mia (bulimia) websites surfaced on the Internet, there have been attempts to flag and ban the content. With the increasing popularity of social media, a cyber-underground of

➔ [continues on next page](#)

► **Virtually You: 5 Steps to Get REAL!** *continued*

social networks that facilitate and sanction anorexia behaviors has grown and actions to censor ED-related hashtags, posts and photos have intensified. Several social networks implement guidelines prohibiting posting content that “actively promotes or glorifies self-harm,” including anorexia, bulimia and other eating disorders, and direct users to websites where they can find positive support.

Just how effective are these bans?

Evidence is emerging that censoring potentially harmful content can have a boomerang effect: instead of eliminating risk-inducing content, censorship has led to a continuous renewal of anorexia sites and stronger connections within the surviving blogs that create a virtually impenetrable support system for sufferers. The result is that it is more difficult for practitioners and public health campaigns to reach bloggers with relevant health-promoting information, making it more important to focus on early intervention.

What You Can Do: 5 Steps to Get REAL!

Here are five practical steps to use NEDA’s *Get REAL! Digital and Media Literacy Toolkit* to jumpstart your media literacy skills in the digital culture.

1. Walk the walk and talk the talk.

Familiarize yourself with social media and pro-ana and pro-mia messaging. With the majority of children and teens constantly connected to their digital devices, the odds are that the ones who are at-risk or already struggling with an eating disorder are fluent in “thinspiration” hashtags and blogs. If you are going to help them counteract these messages, you need to know what they are and how to interpret them. Think critically about who constructed the message and why, techniques used to create it, underlying meanings and points of view, and different ways the message may be interpreted by someone wrestling with body image issues or suffering or in recovery from an eating disorder.

2. Start early to help kids make wise choices on the digital playground.

Get into the habit of going online together and ask kids to show you what they do, where they go, and who they know. Talk about what you see, hear and read, listen to the words they use

to describe appearance, size and shape, and help them interpret media messages. This keeps the communication lines open, improves their media literacy skills, gives you an idea of their digital footprint, and provides an early warning sign for certain ED symptoms. You probably already know the advice about establishing media guidelines, and the rule about keeping computers, smartphones, tablets, TV and video games out of kids’ bedrooms to better monitor their media time and choices. This is especially important for children overly concerned about their appearance and during adolescence when body image anxiety is amplified.

3. Take advantage of teachable moments.

Kids are starting to worry about their weight and body image as early as kindergarten. Help boost their self-esteem and dispel unrealistic body expectations by taking advantage of unplanned circumstances that lend themselves to talking about healthy eating, positive body image, and self-acceptance. Teachable moments are opportunities to practice media literacy skills. And, if the time is right, teachable moments can be more effective than asking a direct question that puts a tween or teen on the spot about a sensitive issue, making it more difficult to discuss.

Teachable Tips: Point out where ultra-thin models in ads have been digitally retouched to slim hips and waist, create a thigh gap and enhance their cleavage, while explaining that people don’t look like that in real life, and even if they did, they would be unhealthy. Talk about how posting critical comments about a friend’s selfie might make him or her feel about body image. Start a dialogue about how to help a classmate who posts body shaming videos of herself, inviting strangers to comment if she is fat or ugly, and what kids their age can do to enhance their self-image. Use language appropriate to children’s ages and stages of development to help them understand that someone may need to find the right support to deal with pressures that could lead to making unhealthy lifestyle choices.

4. Support social action to counteract digitally-altered body images.

There is a growing movement to create transparency of digitally-generated

illusions of body perfection that normalize unrealistic body expectations. Some celebrities, who are the face of popular culture and standardize cultural body ideals, are speaking out against retouched picture-perfect images that reshape their appearance, even posting unfiltered selfies to show how they naturally look. Several advertisers and retailers are voluntarily adopting “no retouching” policies to be more socially responsible. The Eating Disorders Coalition introduced a bipartisan-sponsored Truth in Advertising Act of 2014 (HR 4341) requiring the Federal Trade Commission to study the health consequences of digitally-altered human images in advertising.

Social Action Tips: Advocate for a new “normal” that celebrates healthy body shapes and sizes with social media shout-outs: like, text, tweet, pin and post – and urge others to do the same – about celebrities who expose retouching, advertisers who practice transparency, and campaigns that demand consumer protection from deceptive body image advertising. Call out companies that feature unrealistically-altered body images in their product advertising and let them know you will use your consumer power by not buying from them.

5. Think critically about body image every time you use media.

Empower yourself with a media literacy lens on the digital world to help mediate its potential influence on eating disorders. Use NEDA’s *Get REAL! Digital Media Literacy Toolkit* as a guide to deconstruct and reflect on body image messages, map digital body image footprints, and take a stand to support actions that shift the spotlight from limited and artificial body stereotypes to more diverse and authentic body ideals. ■

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► **Virtually You: 5 Steps to Get REAL!** *continued*

Bobbie Eisenstock, Ph.D. writes, teaches, and consults about the social-psychological effects of the emergent digital media culture on children, teens, and families. A national expert on media literacy, she facilitates workshops to help parents, educators, health practitioners,

and youth advocates understand the risks and realities of social media and implement strategies to manage digital footprints. Dr. Eisenstock is on the faculty at California State University, Northridge where she serves as a Fellow at the Institute for Community Health

and Wellbeing and directs the Get REAL! Project that created NEDA's Get REAL! Digital Media Literacy Toolkit. In 2013, NEDA honored her with The Westin Family Award for Excellence in Activism and Advocacy. Contact her at www.BobbieEisenstock.com

Get REAL! Toolkit Guide

The toolkit activities will help guide you each step of the way. Check out the toolkit, and get involved, at:

<http://www.nationaleatingdisorders.org/get-involved/media-watchdog>.

Step 1: Find out what your own digital footprint says about your body image by mapping *Your Digital Footprint* and taking the *Digital Body Image Quiz*.

Step 2: Test your media literacy knowledge by taking the *Media Literacy Quiz* (answers are included) and start asking the right questions using *Media and Your Body Image*.

Step 3: Develop your skills to deconstruct body messages with *Media Literacy Key Questions* and *Worksheet* and encourage positive body image with the *Body Positive Pledge*.

Step 4: Advocate for transparency and celebrate our natural looks, body sizes and shapes using tips for *Celebrity Shoutouts* and *Letter Writing Guidelines*.

Step 5: For more information, check out the *Digital and Media Literacy Resources*.



Get REAL!

DIGITAL MEDIA LITERACY TOOLKIT

Community Engagement Partnership to educate, engage and empower us about media and body image in the digital media culture

California State University
Northridge

NEDA
Feeding hope.
National Eating Disorders Association

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!

NEDA 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, are available to help you find treatment referrals, local support groups and resources tailored to your needs; be a listening ear during your 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 experiences among the Navigators is diverse, and when you request to be connected with a Navigator, we try to match you with someone who has been through a similar set of challenges and who can share their experiences in a helpful, responsible way. You can request to speak with someone who has dealt with co-occurring conditions such as depression,

substance abuse or self-harm; who shares similar aspects of your identity such as ethnicity, gender, religion or sexual orientation; or who has the same relationship to the person struggling, such as a fellow mother, father, partner, spouse, sibling, or friend.

To request a Navigator, visit us at <http://www.nationaleatingdisorders.org/neda-navigators> and we'll get you connected. For more information about the NEDA Navigators, visit the Navigators homepage at 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 during your journey.



**IN
FOCUS**

Technology

Shrinking Women

By Lily Myers, Connecticut

When I delivered my poem “Shrinking Women” to a room of a few hundred people at the College Unions Poetry Slam Invitational, I had no idea how far my words would travel. The poem discusses my experience grappling with the pressures, inherited and internalized, that women face to stay physically and metaphorically small. I discuss the ways I have watched women around me shrink, by denying themselves food or by remaining passive. After the video was uploaded to YouTube, I watched, absolutely shocked, as the number of views climbed into the millions. My Facebook inbox soon filled with messages from people I didn’t know, sharing thoughts and support. This shocked me too. Not only did many people watch my poem, but some were so moved by it that they reached out and confided their own stories.

As a writer, it was exciting. As a person with a private life, however, it was complicated. Since I’d had no idea how far the poem would reach, I hadn’t thought twice about speaking intimately about members of my family, most prominently my mother. This is still difficult; I sometimes worry that people might be judging me or her, and I have to quiet the voice in my head that imagines that judgment. It was jarring to have such a personal story shared on such a wide platform. I know it was even harder for my mom, and for that I’m truly sorry. As I received more messages, however, I began to realize something: when people see my video, they don’t see me. They see themselves, their own histories and struggles. Whether or not they agree with me, everyone who watches that video relates the words to their own lives, not to mine. My story grew to be something no longer connected just to me. Dialogue and reflection were being generated from this seed of an idea that I’d started writing alone at

An excerpt from “Shrinking Women” by Lily Myers:

“Across from me at the kitchen table, my mother smiles over red wine that she drinks out of a measuring glass. She says she doesn’t deprive herself, but I’ve learned to find nuance in every movement of her fork. In every crinkle in her brow as she offers me the uneaten pieces on her plate. I’ve realized she only eats dinner when I suggest it. I wonder what she does when I’m not there to do so.”

To watch the whole poem, visit <http://tiny.cc/lgjmlx>

my kitchen table. And that, to me, is the most important thing that writing can do.

The near-ubiquity of social media meant that the vulnerability I showed in that room could be broadcast across the world.

In almost every message I received, people expressed their belief that the themes in my poem need to be openly discussed. Many gave their thanks for speaking out about subjects that so often cause shame and anxiety. These messages caused me to wonder: what would happen if we *all* spoke out? What would this world look like if everyone regarded disordered eating and body image as “the thing you talk about,” as one message phrased it? Would there be less shame surrounding these topics? Could we find more empathy, similarity and common ground? When others came to me and said they could relate to my words, it provided comfort; proof that I wasn’t crazy or an outlier. The power of knowing that is hard to overestimate.

Funnily enough, I almost didn’t deliver “Shrinking Women” that day. As I sat in the final moments before my turn to speak, I decided to read a different poem, one that I thought was less controversial. One that didn’t make me feel so exposed. And then my friend Emily whispered in my ear, “You have to do it. This is the poem that people need to hear.” Not at

all sure she was right, I climbed to the stage and recited it. And I’m so glad that I did. Showing vulnerability is always a risk. But it’s a risk that leads to connection, humanization, and understanding — one that allows us to see each other with all of our human complexities and flaws. To me, that’s a risk worth taking.

The near-ubiquity of social media meant that the vulnerability I showed in that room could be broadcast across the world. While scary, the implications of this are also amazing. It means that we have the technological tools to spread empathy and compassion. We have the ability to send stories to millions of people—stories that show us that we are not alone in our experiences. If this experience has taught me anything, it’s that people want to be reached. People want to express to others: *I can relate to your experience. We are together in this.* For all their faults, the internet and social media can facilitate this expression on a mass scale. That is an enormous amount of power, and an immense amount of compassion that we can generate. ■

Lily Myers is currently a senior at Wesleyan University, where she is involved in the slam poetry community. She runs a blog dedicated to feminism, self-compassion and body love; check it out or send submissions at <http://shapeswemake.tumblr.com>. She is also currently working on a young adult novel about family and body image, due out in 2016. Follow her on Twitter: [@lmyerspoetry](https://twitter.com/lmyerspoetry)



IN FOCUS Technology

Proud2Bme Featured in “High School Story” Game

By Claire Mysko, MA, New York

Proud2Bme (proud2bme.org) is a space where teens and young adults can connect with others and get inspired to use their voices for personal and social change. In a culture where more than half of teen girls and nearly a third of teen boys use unhealthy weight control behaviors like skipping meals and taking diet pills, we know that early detection and youth outreach are critical in the fight against disordered eating and poor body image. We’re also acutely aware that to get to young people with messages that make an impact, we have to meet them where they are — online, in social media and even in the apps on their smart phones. That’s why we were thrilled to partner with Pixelberry Studios on an eating disorder storyline, FAQ section and helpline resources for the latest version of their top 50 iOS/Android game, “High School Story.” The game has been downloaded by more than 10 million users.

To get to young people with messages that make an impact, we have to meet them where they are—online, in social media, and in their apps.

What does a partnership with a gaming company look like? It started out with a series of calls with Pixelberry Studios to discuss the theme of this “High School Story” quest, which follows Mia, a teen who relapses into disordered eating after a friend makes an insensitive comment about her weight. NEDA staff then provided input on the scripts for the two-part story with the goals of minimizing triggering content and educating players about the complexities of disordered



eating. Proud2Bme also serves as a resource for players who might relate to the story and need help for themselves or a friend. The quest includes a direct link to Proud2Bme.org and players can also request further information or referrals from NEDA Helpline staff within the game itself.

Not every teen develops a diagnosable eating disorder, but all of the young people I work with through Proud2Bme talk about how they often end up feeling like they can never be good enough when faced with a steady stream of media messages and images that place such a high value on “perfection.” We can’t blame media simplistically for disordered eating and weight obsession, but we shouldn’t let them off the hook either. “High School Story” addresses this full spectrum by educating about signs and symptoms of eating disorders, while other characters in the game discuss their body image struggles and

appearance-related insecurities. A high school yearbook photographer even uses Photoshop, which sparks a conversation about how so many of the images we consume on a daily basis are really just digital illusions.

In the eating disorders field, we must continue to advocate for media literacy. It is also imperative that we look for creative ways to use media for *positive* intervention. “High School Story” is one of those interventions. Since the game’s launch, Proud2Bme has received requests from players asking for information on how to help a friend, seeking support in finding referrals and looking for information on how to recognize when your behavior is a problem. Players are clearly connecting with the message of self-acceptance. As one recent Proud2Bme commenter shared: “I played this quest on High School Story. It was beautiful how she began to learn that she is perfect no matter what size she is. :)” ■



Smartphone Apps for Eating Disorders

BY Adrienne S. Juarascio, PhD, and Evan M. Forman, PhD, Laboratory for Innovations in Health-Related Behavior Change, Drexel University, Pennsylvania

As of 2013, over half of all adults in the United States (56%) own a smartphone and 93% of smartphone users use their phone to access information online.¹ With the expanding interest in and availability of smartphones, a growing number of mobile health apps have been designed to provide therapeutic assistance, either as a stand-alone platform^{2,3} or in conjunction with conventional therapy.^{4,5} Empirical evaluations of health apps suggest that they are effective as both a stand-alone option and as a treatment alongside existing in-person treatment. Some advantages of mobile health apps for the treatment of eating disorders (and other psychological conditions) are:



Evan M. Forman

1. Apps can deliver treatment with or without the need (or at least immediate need) of a clinician.
2. Apps can deliver consistent, evidence-based psychological treatments for eating disorders. This ability is critically important because there is a shortage of specialists in ED treatment and an even greater shortage of those who utilize evidence-based practices for ED.⁶
3. Apps can collect symptom and other clinical data throughout the day, in a way that is likely to be more complete and accurate than a paper diary or a report to a clinician.
4. Apps can present patterns of data (for example, how emotional experiences relate to eating disorder symptoms, and how symptoms have improved over the past month)
5. Apps can deliver assistance in real time and in the moment of need.⁷

6. Apps can use computerized algorithms to help identify when individuals might be at high risk for a clinical episode (e.g., a binge or purge), and intervene ahead of time to prevent the episode.⁸

Our team recently completed a comprehensive review of commercially available apps for eating pathology.⁹ We found a total of 20 apps that fell into the categories of ED treatment apps, self-diagnosis tools, referral sources, recovery support, assessment tools or clinician tools. Of the 20 apps, six were aimed at the treatment of EDs, five designed for ED psychoeducation, and nine were considered “Other”



(including a self-diagnosis tool, a tool for finding referrals, a pro-recovery/support app, assessment tools and a reference tool for ED clinicians). Unfortunately, our review revealed that few of the ED intervention apps utilized evidence-based treatment components. Instead, the apps’ components tended to have little to no empirical support. Examples of unsupported components include guided imagery, positive affirmations, and generic coping strategies such as “eat something healthy.” Additionally, our systematic review indicated that ED intervention apps are not fully utilizing the advanced capabilities of smartphone apps (e.g. automated data entry and personalized or automatically delivered interventions).

Despite the limitations described above, a few apps did contain notable features that support their use either as a stand-alone treatment or in combination with in-person treatments. For example, one app, *Recovery Record*, has the capability for the user to log food and meal intake (including specific food items eaten), thoughts (through an open text field) and emotions and feelings (through Likert-type scales of overall energy levels, overall feelings and specific emotions such as guilt and anxiety), representing a comprehensive self-monitoring system. *Recovery Record* also allows users to request coping strategies for in-the-moment problems (e.g. negative emotions), which are derived from CBT (e.g. delaying or distraction from an urge) and acceptance-based techniques (e.g. defusion from distressing thoughts or urge surfing). Users of this app also have access to a social portal that allows the posting of recent activity to an app-wide activity feed and allows pairing with another user to provide and receive support and share coping tactics. A different app, *BeforeIEat*, provides in-the-moment strategies for dealing with urges through audio clips explaining strategies such as urge-surfing, cognitive defusion, distraction and self-soothing, which are broadly based on CBT and acceptance-based strategies.

Our review noted several future directions for ED apps. First, smartphone apps are well-suited to improve adherence to treatment recommendations outside the therapeutic office. Reminders and motivational messages to complete homework assignments can be provided between sessions,¹⁰⁻¹² thus increasing motivation and compliance with treatment. Second, self-monitoring, one of the core drivers of behavior change in CBT-E, could be enhanced if completed via smartphone, as entry and storage is simpler than pen-and-paper methods.

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► **Smart phone apps for ED** *continued*

Real-time self-monitoring could also be enhanced through in-the-moment recording. Furthermore, the capabilities of app sensors (e.g. GPS) allow for the automatic recording of information to reduce user burden. Apps also have the capability to sync information within or between apps and present instant feedback regarding behavior patterns to the app user. The ability to view and analyze patterns over time is another method of facilitating behavior change.

Apps also have the capability to present instant feedback regarding behavior patterns to the app user.

Lastly, future apps may involve the provision of interventions that are far more tailored to the individual based on the ongoing collection of information about that person.^{8, 15} Having in-the-moment support can be particularly useful in the context of EDs because episodes of disordered eating behaviors (e.g. restriction and/or bingeing and purging) can be triggered by numerous internal (e.g. negative affect, hedonic desire)^{16, 17}, and external (e.g. exposure to stimuli associated with the behavior) factors.¹⁸ When exposed to these triggers, the urge to engage in disordered eating behavior is high as these behaviors provide temporary pleasure and/or relief from tension.¹⁹ In these moments of high distress, patients may struggle to recall and attempt skills taught in the therapy office or feel unable or unmotivated to implement them.^{20, 21} Consequently, when faced with strong urges to engage in disordered eating behavior, access to adaptive coping strategies (via the smartphone app) may facilitate skill use by providing reminders of the skills taught, as well as step-by-step instructions on how to utilize strategies in moments of high distress. Our team is completing development of an app for binge eating that collects real-time information about eating patterns, emotions, binge eating triggers and binge episodes, and automatically delivers a personalized intervention at a time when a computerized algorithm has identified that the user is at high risk of a binge eating episode. This app, called

TakeControl, also contains full evidence-based, cognitive-behavioral self-help treatment modules for binge eating.

Numerous smartphone apps for eating disorders have been developed in just a short period of time, and the overall quality and ability of these apps appears to be growing quickly. Undoubtedly, the pace of development will only continue to quicken, though we would urge consumers to be wary of apps that rely on scientifically untested intervention components. ■

Drexel University's Laboratory for Innovations in Health-Related Behavior Change is currently in the process of evaluating the smartphone app TakeControl with beta users. If you are interested in serving as a beta user for TakeControl, please visit <http://drexel.edu/psychology/research/labs/innovationlab/takecontrol>, email takecontrol@drexel.edu and/or call 215-553-7111.

Editor's Note: NEDA, while supportive of technological advances in the field, recommends that anyone struggling seek professional help from an ED specialist and does not rely on an app as a stand-alone treatment.

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Supporting the ED Population through Telemental Health: Technological and Clinical Implications

BY Martha Ireland, PhD, RN, CS, CEDS, DCC, Virginia

The introduction of new technologies that provide additional treatment options for eating disorder clients has evolved my practice immensely over the past 25 years. Years ago, the only effective and widely accepted treatment option was an in-person session, which made continuity of care and accessibility to qualified ED therapists much more challenging for those in need than it is today. With the introduction of secure video teleconferencing (VTC) systems in the past few years I now have the ability to effectively support and treat my ED clients even when they are homebound due to illness, lack transportation, need to travel for business or pleasure or live in remote locations that are too far away to make regular in-person sessions feasible. Half of my sessions are now delivered via VTC. I embrace technology, and firmly believe in the positive impact it can make in supporting the client's unique needs and circumstances, but it is important to understand that there are a variety of clinical implications to consider when adopting new technologies.



There are so many options today for using technology to connect from a distance—texting, chatting, emailing and video teleconferencing, just to name a few—but not all formats are secure or appropriate for the therapeutic process. I personally find video teleconferencing to be the best option for my ED clients, and insurance companies seem to find it the most favorable for reimbursement approval. Regardless of what type of technology is used to deliver therapy, it is imperative that the technology be accessed over a secure platform. The clinician is responsible for making sure the delivery system used is compliant under the Federal Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health (HITECH) laws.

The approaches used in VTC will vary by therapist, and I would not suggest a

therapist using any approach that he or she does not utilize in face-to-face sessions. It is possible to adopt a multidisciplinary approach even when the client is located at a distance. These approaches include utilizing local supports, such as a nearby medical doctor, dietitian and/or therapeutic groups as well as developing a crisis plan, in order to create a safe and confidential environment on their side of the computer. It is also important to communicate with the client about clinical boundaries, particularly concerning availability and use of social media such as Facebook and blogs. The clinician's guidelines and policies around the therapeutic use of technology, including the client's responsibility for maintaining confidentiality and privacy at their location during the sessions, should be in writing and signed by the client after they have been explained by the clinician and understood by the client.

Discussing these policies and boundaries with the client opens up the discussion of how the client is using technology and how they can limit their time spent looking up websites that may be problematic for them. It is also helpful to find out if the client is spending time in virtual reality environments. Their avatars and "second life" activities can provide insight into their psyches and often disassociation and body image issues. This discussion is frequently neglected in face-to-face sessions if the clinician is unfamiliar with technology or "cyber worlds."

The millennial generation tends to grasp VTC technology and navigate the site much more easily than some of my older clients. Without hesitation the millennials will speak as though I am in the same room, show me their art projects and pets and jump into disclosing their vulnerable thoughts and feelings from the comfort of their homes, which can make containing the conversation a challenge compared to traditional therapy.

Clinicians have asked me if I find it problematic that I cannot see the person's whole body during the session; the evaluation of the full body language

is important in the therapeutic process. It has been my experience that the view of the head down to the upper chest area gives me a fairly accurate picture of the client's body language. I am able to assess if the client is having difficulty sitting comfortably during the session but I am not able to see if they are continuously moving their legs to burn calories or using leg movements to soothe themselves; I have to ask the client directly for this information.

Eye contact while using VTC is more direct and closer than in an office session and it can initially be intimidating for the client. The client's level of comfort with eye contact can indicate a struggle with depression or relationship intimacy issues. I have found that as the therapeutic relationship strengthens eye contact improves.

Clients who are suffering from poor body image will sometimes struggle to see their images while talking to me. They will be distracted: fixing their hair, adjusting the screen to exempt their body or at times trying to move the screen so that I can't look at them. The client's struggle is also apparent when I see their eyes shift like a pendulum, from the camera to the picture and back to the camera. Confronting that behavior is always an interesting conversation. There is frequently shame that emerges, which usually does not surface so early in a traditional therapy session.

Telemental health does not attempt to eliminate or replace the value of face-to-face therapy sessions. It is a tool that, if used appropriately, allows therapists to support clients in a more consistent manner, maintaining the therapeutic relationship and treating those clients who might not have local resources available. ■

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 Martha H. Ireland PhD, RN, CS, CEDS, DCC is the Co-founder of Virtual Therapy Connect (www.virtualtherapyconnect.com) Recently she launched an online initiative to support eating disorder prevention in Virginia at www.StudentEatingDisorders.info. She also operates a private practice in Virginia and routinely speaks about integrating technology and psychotherapy.



Mobilizing Eating Disorder Treatment

By Jenna Tregarthen, Founder of Recovery Record, California

Byte-by-byte, together as a community, we are edging closer to equitable access to gold standard care that is enabled through technology. We are witnessing and shaping a generational shift in the decentralization of care away from brick-and-mortar clinics and toward flexible treatment that is integrated into our daily lives.



If you have an eating disorder today, you have more options available to you than ever before. These initiatives are expanding the access and reach of treatment, from step-down treatment and home care programs to online counseling and therapy to helplines and navigators, such as those offered by NEDA. These new options recognize that an eating disorder is with an individual 24/7, it can strike at any moment, and we need options to be readily available 24/7. We know that care solutions need to fit a wide variety of budgets, lifestyles and personal needs, should improve outcomes and should not sacrifice medical efficacy.

Treatment engagement is often not a motivation problem, but an access problem. It is difficult to overstate the awesome potential of smartphone technology to transport effective treatment into people's daily lives. Over 200,000 people living with an eating disorder have already added one mobile app to their recovery arsenal. This app is Recovery Record.

Recovery Record built its free mobile app to make effective, best-practice treatment available to everyone who needs and wants it. When downloaded, a person who has or believes they have an eating disorder can expect to have a

continuous, secure and personal connection to many of the active ingredients of treatment, including Cognitive Behavioral Therapy (CBT), meal, behavior and thought monitoring, and best-practice coping skills. Testifying to the growing power of mobile care, Recovery Record users have already completed in excess of six million of these therapeutic tasks.

 A screenshot of the Recovery Record app interface. At the top, there are two buttons: "Cancel" and "Log Meal". Below that is a question: "How strong is your urge to binge now?" with a slider control. The slider is positioned at "Slight". Below the slider is another question: "Did you use a coping skill?" with two buttons: "No" and "Yes". At the bottom, there is a card titled "Reasons To Recover" with the text: "Reflect on the reasons that you want to recover from your eating disorder". Below this text are examples: "- New friends" and "- Appreciation of my values". At the bottom of the card is a blue checkmark icon.

Mobile apps may not be for everyone; some people prefer keeping up with therapy tasks by using pen and paper, while there are others for whom access to a smartphone is not a possibility. These limitations aside, it is clear that mobile technology is here to stay and is helping to drive the evolution and revolution of eating disorders care.

Mobile technology also has the unique potential to reach those who are living in the shadows with their condition. 33%

of Recovery Record users have not yet disclosed their eating disorder to anyone in the world—except the app. For these people, the app is a safe and convenient first point of contact for care. A user can immediately connect with in-person care by clicking the NEDA Helpline feature, at which time they'll be able to connect with another person for information, referrals and resources.

For others, the greatest appeal is the option of connecting members of their clinical team with the app, expanding the care they receive. Speaking to this benefit, Jessica, who has been using Recovery Record with her care team for three months, said "It has helped me to stay accountable between visits, when I'm really struggling. Personalized messages through the app encourage me to work through specific issues in the moment, versus weeks after the event." Jessica's psychologist commented, "The app lets me get inside my patient's head in ways that I cannot in session – I always know what issues to address and focus on the most." ■

LOSS SUPPORT NETWORK

Volunteers in the NEDA Loss Support Network know the unique type of grief experienced by those who have lost a loved one to an eating disorder, and they are available to help support those who have lost someone. If you would like to become a volunteer to support others or request support from a Loss Support Network member visit www.myneda.org/loss-support-network

NEDA's Feeding Hope Fund and Technological Innovation

In 2013 NEDA awarded the inaugural Feeding Hope Fund grants, supporting projects that focus on clinical research and training dissemination. The 2013 winning grant proposals were "Family Based-Treatment Without Borders: Utilizing Telemedicine to Deliver Family-Based Therapy (FBT)" by Daniel Le Grange, PhD; and "Harnessing Technology for Training Therapists to Deliver Interpersonal Psychotherapy (IPT)" by Denise Wilfley, PhD. These studies unite traditional therapies with technologically innovative methods and reinforce the significance of technology in eating disorders treatment.

What is the Feeding Hope Fund?

The Feeding Hope Fund will raise restricted funds designated for the distinct purpose of providing grants to:

- qualified clinical researchers who have been selected through our very competitive application process
- qualified clinical experts providing creative submissions for advancing the training and dissemination of evidence based treatments to fellow clinicians



Harnessing Technology for Training Therapists to Deliver Interpersonal Psychotherapy (IPT) | By Denise Wilfley, PhD, Missouri

What is the best way to disseminate evidence-based treatments to clinicians who treat patients with eating disorders? How do we make sure that clinicians are aware of and properly trained in the most up-to-date treatments? How will clinicians receive ongoing supervision with experts in the field to ensure that patients get continued high-quality care? The Weight Management and Eating Disorders Lab at Washington University School of Medicine, directed by Denise Wilfley, PhD, in collaboration with study principal investigators Stewart Agras, MD, Stanford University, and G. Terence Wilson, PhD, Rutgers University, hypothesize that the answer is technology. Through generous support from the National Eating Disorder Association's Feeding Hope Fund, Drs. Wilfley, Agras, and Wilson plan to test if new and innovative technology can eliminate barriers to receiving quality training in the use of effective treatments to therapists.



offered infrequently to a relatively small number of participants.¹ Furthermore, ongoing supervision (e.g., continued evaluation and feedback) can be impractical, given the lack of trained supervisors in evidence-based treatments.²

The use of web-based programs may offer innovative new training methods to decrease or eliminate these barriers. Benefits of using web-based programs include the easy accessibility of online training by a large number of therapists regardless of geographic location; the ability to repeatedly access training information anywhere at any time; and the ease of performing website updates, allowing therapists to stay abreast of new information.¹ Additionally, online training platforms allow for the collection of data on clinicians' usage of the program, which can provide information on the most accessed program features, informing program refinement for future use.

To evaluate whether or not the use of technology can more readily disseminate effective treatment methods to clinicians, the study team is developing a guided online program to train college counseling center clinicians in interpersonal psychotherapy (IPT), which is an evidence-based therapy for

the treatment of bulimia nervosa, binge eating disorder and subclinical disordered eating.³⁻⁹ IPT is a focused, brief treatment that targets interpersonal problem(s) and negative mood associated with the onset and/or maintenance of eating disorders (EDs). IPT is supported by substantial empirical evidence documenting the role of interpersonal factors and negative mood in the onset and maintenance of EDs. The study team chose IPT for its ideal qualities for dissemination: it is evidence-based, widely applicable and generally acceptable to both clinicians and patients. College clinicians were chosen as the ideal therapists to train because eating disorders occur at a higher rate in college-aged populations, yet many students receive either no treatment or non-evidence-based care for these types of problems. The aim of the study is to see if online training and supervision in IPT are as effective as traditional, in-person workshop-based training and supervision methods.

The study further aims to assess the efficacy of a telephone-based simulation assessment in increasing the reliability and time-efficiency of feedback and supervision, while reducing the need for live patient practice. Treatment fidelity

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Standard methods of training clinicians, such as traditional in-person workshops, can be expensive, time-consuming and



Family Based-Treatment Without Borders: Utilizing Telemedicine to Deliver Family-Based Therapy (FBT)

BY Kristen Anderson, LCSW, Clinical Co-Director, Catherine Byrne, BA, Research Assistant, and Daniel Le Grange, PhD, Professor and Director Eating Disorders Program, The University of Chicago Medicine, Illinois

Anorexia nervosa (AN) is a serious psychiatric disorder highly recognized for both its physical and psychological stress on the human body. Peak onset for AN is during adolescence, and successful treatment during this time is critical to ensuring long-term remission. Family-based treatment (FBT) is a therapy in which parents play an active role in order to help their child recover from an eating disorder, and is in common use for adolescents with AN. In standard practice FBT requires family meetings with a therapist at least weekly for the first two to three months of treatment, and then bi-monthly for a period of six to nine months. This has typically been accomplished by families traveling (often far distances) to tertiary medical centers for treatment, which is not optimal for many families. Dissemination of FBT has been complicated due to several factors, including limited numbers of trained FBT therapists and a concentration of trained therapists in urban centers. Due to a particularly limited availability of FBT therapists in rural or remote areas, many families do not have access to this evidence-based treatment.

With the high demand for evidence-based treatment for AN, The University of Chicago Eating Disorders Program is very excited to be leading a study entitled "Family-Based Treatment Without Borders." The aim of this study is to examine the feasibility of delivering FBT to adolescents with AN utilizing telemedicine. The use of telemedicine has been previously applied in the delivery of eating disorder treatment (i.e., cognitive-behavioral therapy for bulimia nervosa) and found to have equivalent outcomes to treatment delivered in traditional face-to-face therapy (Mitchell



Kristen Anderson



Catherine Byrne



Daniel Le Grange

et al., 2008). Participation in the study at The University of Chicago involves adolescents between the ages of 13-18 years of age living with their families, meeting the DSM-5 criteria for AN. All families participating in this research study receive 20 no-cost therapy sessions for AN conducted via video conferencing.

To facilitate treatment via video conferencing, researchers at The University of Chicago are utilizing a secure HIPAA-compliant portal to deliver all treatment-related activities. Using this software, members of the The University of Chicago team are able to manage all consents, questionnaires, assessments, communication and video conferencing related to this study through a secure internet-based platform.

Preliminary data is currently being collected through the first wave of five participating families. Feedback from these families, as well as from the members of the research team, has been extremely positive thus far. Families are finding that the software is user-friendly and that both the video and sound aspects of this portal are extremely clear, making it easy to conduct a therapy session without technological glitches. Co-Principal Investigator and lead therapist for the study, Kristen Anderson, LCSW, has found that there are only slight modifications needed to the treatment manual

to deliver FBT through telemedicine. This includes parents weighing their child at home prior to the session and sending that information to the therapist. Patients are also using the secure messaging system provided by the software to communicate with therapists instead of communicating via email and telephone.

As the study progresses, the treatment team at The University of Chicago has begun to think about additional applications for the use of telemedicine, including facilitating support or skills groups for parents of children with eating disorders. We are eager to continue collecting data through this novel study and excited about what these results may mean for the future of eating disorder treatment. To find out more about our program research, please visit our website at www.psychiatry.uchicago.edu/page/eating-disorders-program and Facebook at www.facebook.com/UofCEatingDisordersProgram. ■

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► **Le Grange et al.** *continued*

Catherine Byrne, BA, is a research assistant at the University of Chicago Medicine. She will be starting a clinical psychology PhD program at George Mason University in Virginia this fall, where she plans to continue her research in eating disorders and body image.

Daniel Le Grange, PhD, is Professor of Psychiatry and Behavioral Neuroscience and Director of the Eating Disorders Program at The University of Chicago Medicine. He studies psychosocial interventions for children and adolescents with eating disorders.

► **Denise Wilfley** *continued from page 14*

(how well clinicians adhere to a new treatment) is traditionally assessed by expert raters who listen to recordings of clinicians' sessions. This method can be time-consuming and is dependent upon adequate numbers of both expert raters and ready-for-treatment patients.^{1,2} Simulated assessment has proven effective (adaptable, efficient and accurate in assessing training) in the medical field,¹⁰ and has several potential advantages over traditional supervisory methods. The telephone simulation in this study will feature different scenarios of standard "patients" with symptoms of disordered eating with whom the therapists will practice using IPT.

If the study hypothesis proves true, and online training is as effective as in-person training, the study team plans to further explore the use of technology in training even more clinicians in IPT using web-based models. This reproducible, low-cost training method would ultimately enhance the dissemination of evidence-based treatment for eating disorders, improving access to high-quality care. ■

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Denise Wilfley, Ph.D., is the Scott Rudolph Professor of Psychiatry, Medicine, Pediatrics, and Psychology at Washington University School of Medicine in St. Louis. She has received over \$25 million from the NIH to study the etiology, prevention, and treatment of eating disorders and obesity. Her research has established the diagnostic significance and treatment of binge eating disorder. She co-developed the Healthy Body Image Program, an evidence-based online platform for eating disorder screening and intervention. She is President of the Eating Disorders Research Society, a Fellow of the Academy for Eating Disorders, and a member of the NEDA Research Advisory Council.

NEDA's Helpline is available to direct you to support group options in your area, whether you are a family member, friend or pursuing recovery. Call us at 800-931-2237 or search online: www.nationaleatingdisorders.org/support-groups-research-studies

Information & Referral
HELPLINE
800.931.2237

BECOME A MEDIA WATCHDOG

The Media Watchdog program empowers consumers to advocate for positive media messages. This means recognizing and celebrating advertisements that send healthy body image messages, as well as taking the time to express our concerns about advertisements that send negative body image messages or promote unrealistic ideals.

When we act together, we have a stronger voice to hold advertisers and entertainment media accountable for the impacts of their media messages. Visit the Media Watchdog homepage to alert NEDA about a praise-worthy or protest-worthy advertisement/media message, download how-to instructions on deconstructing an advertisement, check for current Media Watchdog Action Alerts and more information on becoming a media activist! ■

Penn Poised: Rewriting the Social Media Script

By Laura MacKinnon, Florida

My hand hovers over the mouse. I hesitate. I slowly turn and look behind me. The bespectacled girl at the desk behind me has her head buried in a stack of books, surrounded by two Starbucks cups and an array of post-its, highlighters, and pens.

Before I can stop myself, my finger is clicking on the “Open new tab” button and I’m rapidly typing in the web address of my favorite website comparing celebrity body types. My pupils dilate and my hand begins to sweat. Who are we talking about today?

A photo of Katy Perry in a royal blue bikini appears on the screen. I immediately begin evaluating her body and scrolling through the comments, my eyes glued to the screen.

*Girlfriend needs a tan...
Way to go, Katy. If only my boobs were so voluptuous.
Wow, what happened to her? She used to be hot.
Pheww, I’m glad I don’t look like her.*

And that is how it goes for the next hour. I don’t get any work done and I become more and more absorbed in the hamster wheel of judging other people’s bodies, the futile chase of trying to find the perfect body. Guess what? It doesn’t exist.

Three years of therapy later, I am fully aware of the detrimental effects of social media on body image, everything from innocuous-sounding “healthy living blogs,” where bloggers post photos of perfectly portioned meals, to the pristine bikini photos my friends post on Facebook to the Twitter wars of “don’t eat this/do eat this.”

I was not alone among the hordes of unhealthy students I saw on campus throughout my four years attending the University of Pennsylvania. It had nothing to do with how they looked; it was the snippets of conversations I overheard on Locust Walk on my way to class.

The gym-clothes-clad sorority girl walking in front of me says to her

friend, “I can’t believe I ate that piece of cake! Gotta go to the gym and burn it off. Want to come?”

“Oh, I forgot to eat lunch. I was stuck in the library all day!”

What I got from recovery is that language matters. The language we use to describe ourselves and to describe others, it matters. We have a choice though. We can choose to accept the words as true or we can honor ourselves and what we are committed to. Our words create our worlds. We can live in a world where we listen to what we’re told as the truth or we can create the world that we want to live in.

In October 2013, I first formulated the idea of what my Tumblr blog, Penn Poised, would evolve to be over the next few months: a pathway to show people that how we see ourselves matters, and it starts with our relationship with our bodies. I wanted it to be a group committed to increasing awareness of body image issues on campus and promoting healthy ways of thinking about our bodies. Most of all, I wanted everyone to see the elephant in the room, front and center, zoomed in to hair-inside-the-nose resolution. Our first awareness campaign took the form of a photo shoot turned social media experiment. Where better to reach people than the internet?

The photo shoot showcases a wide array of views and experiences. Some students chose to highlight what they love about their bodies: they can run and dance and hold graceful yoga poses. Others chose to point out the unrealistic societal standards of the world we live in, where there is an “ideal” that we are supposed to look like and if we don’t, we are subject to other people’s judgments and, most destructively, our own. My most startling experience of the photo shoot was the courage of all the young men and women who participated. Everyone who came for their half-hour time slot over the course of two days gave 100% of themselves in the photos, shedding all of their pretenses and showing the camera their pure and unadulterated humanity.

I hope that when people see the photos on our Tumblr and Facebook page, they see twenty beautiful people, not bodies. When I first posted my own photos online, I was terrified. I thought it would be just like the websites I was addicted to where my body was up on the cutting board, waiting to be ripped into pieces by people’s judgments and criticisms. Not only did the photos reveal more skin than I am usually comfortable with showing on the internet (where anyone can see), but these photos are a raw expression of what I stand for in the world. It took all of my courage to push the “post” button while my heart was thundering in my chest. It felt like diving into a pool with my eyes squeezed shut.

What surprised me in the coming days and weeks was that the photos themselves received very few comments. However, according to Facebook statistics, from April 16th until July 14th, 6,796 people were reached by our main photo shoot post and our page had 216 likes. People were definitely taking notice of Penn Poised; they just weren’t concerned about nit-picking my body. How about that? My body is not the center of the world, contrary to popular belief.

The message I am conveying to the world is just that: we are not our bodies. We are individuals with more strength, perseverance and courage than I can imagine, and to define ourselves by what we look like is to limit the possibility of who we are. Who we are is the possibility of a world of love and acceptance and we are creating it, one photo at a time. ■

Laura MacKinnon writes about her experiences with anorexia in high school and college with the intention of empowering people who are struggling with body and food issues. She hopes to spread the message that eating disorders are 100% preventable and recoverable. Laura has a Bachelor’s of Science degree in Bioengineering and is currently doing research on mindfulness at the University of Miami.

Navigating the Jewish Holiday Season

By Sarah Roer, PhD, New York

As the Jewish New Year rapidly approaches, people may find themselves feeling anxious about the holiday season. Anxiety may be particularly acute for individuals who struggle with eating disorders or who are in various stages of recovery. Jewish holidays can also be stressful for family members caring for a loved one with an eating disorder.



Judaism's festivals can be experienced as a cyclical pattern of feast and famine, and thus particularly fraught for those struggling with eating disorders. The holidays start with Rosh Hashana, the Jewish New Year, a two day 'feast.' The day after Rosh Hashana is Tzom Gedaliah, a daytime fast, which is soon followed by Yom Kippur, a 25 hour fast. The autumn holidays culminate a few days later with Succot (Feasts of Booth), a seven-day harvest holiday. Thus, the fluctuations in eating patterns that are integral to the experience of Jewish holidays are likely to disrupt the highly structured and regulated meal plans of those in recovery, and may throw them off balance. Fasting, usually prohibited for individuals with eating disorders, is risky as it may trigger food restriction, while the many large festive meals may feel overwhelming and binge-like.

This framework, however, misses the essence of what is meaningful about the cycle of Jewish holidays. Judaism is a religion rich in symbolism. On Rosh Hashana, we eat foods that are round and sweet to represent the cyclical nature of the year and our lifecycles. On fast days, we abstain from food not to punish ourselves, but rather to liberate ourselves from bodily preoccupations and direct our attention to introspection and prayer. Finally, on Succot, we build a temporary outdoor dwelling, a sukkah, in which friends and family dine together. The sukkah is unique in that it is required to have a lattice roof through which we can see the sky. These symbols are reminders that the essence of life is not physical posses-

sions or external appearance but rather our relationships with loved ones, nature and god.

When the focus of the holiday centers on food alone, the Jewish holidays can be experienced as overwhelming. However, self-care tools that integrate the symbolism and meaning of each holiday can help to create positive, healthy and spiritual experiences.

Symbolism of Honey

An additional highlight of Rosh Hashana is dipping apple in honey. The combination of these foods symbolizes two ideas; the gustatory sensation of the tart apple with the sweet honey represents balance. Life is about developing balance and perspective; most of life is not perfectly sweet or completely tart. Thus, ideally, the holidays create reflective moments of balance to remind us that life is not about food, but rather that life includes food. There is an additional custom of dipping bread in honey for every festive meal from Rosh Hashana through Succot, including the meal prior to the Yom Kippur fast (also considered a holiday meal). Symbolically, by adding honey to something basic like bread, we remind ourselves that wonderful opportunities are everywhere, but we have to be open to receiving and including them in our lives.

A self-care tool may be to share something that has added particular sweetness or meaning in your life this past year, week or day. Some families go around the table and share their thoughts during the holidays. You may also consider selecting one food that you plan to enjoy eating at each holiday meal and share its meaning as a symbol of balance.

Symbolism of Community and Communication

Eating disorders are often accompanied by depression and isolation, so the social demands of the holidays can be challenging. The festive meals, communal prayers and food ceremonies are designed to bring people out of their lonely states. Sadly, one can feel lonely and isolated even when surrounded by others. The prayer service has moments

of individual prayer and moments of collective prayer – there are times to be alone with one's thoughts, and times to sing, pray and beseech together.

A self-care tool may be to discuss in advance who will be at the various meals and whom you might be most comfortable sitting beside. It may be helpful to prepare some topics of conversation that will facilitate connecting with family and guests.

Symbolism of Foods that are Round

The year, regardless of the calendar one follows, is cyclical in nature. The concepts of beginnings, renewal and hopes for the future are inherent in the eating disorder recovery process. A central tenet of the Yom Kippur fast day is the idea of repentance. Human beings make mistakes. Yom Kippur is an opportunity to acknowledge and understand our mistakes, and, most importantly, forgive others and ourselves. It is an opportunity to release the fear and shame that may inhibit future growth and recovery. While past holidays may have been painful, this year they can be uplifting and nurture a renewed spirit. This year, try to focus on forgiving yourself and allowing yourself to be in the moment.

A self-care tool may be to create a simple mantra, such as 'this year is different—this year I am different,' that you can repeat to yourself. This soothing self-statement can be helpful and empowering.

Best wishes for good health and sweetness in the New Year. ■

Sarah R. Roer is a psychologist with a PhD in Clinical Psychology (Health Emphasis) from Yeshiva University's Ferkauf Graduate School of Psychology. Her area of focus, both in research and clinically, is in the field of eating disorders. Her previous clinical experiences include work at The Renfrew Center of New York, St. Luke's Obesity Research Clinic in New York and Hadassah Ein Kerem in Jerusalem. Sarah's area of research has focused on Binge Eating Disorder, Emotional Eating and Night Eating Syndrome, a subject on which she presented at the Academy of Eating Disorders. Dr. Roer maintains a private practice in Manhattan and works as a psychologist in the Ramaz Upper School.

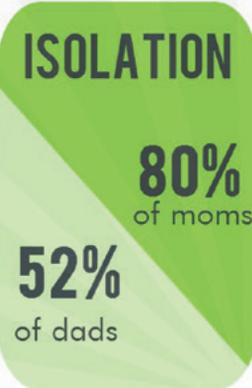


THE PFN



PARENT SURVEYS

What are the **MOST CHALLENGING** aspects of supporting a loved one with an eating disorder?



TOP 4 RESOURCES PARENTS WOULD MOST LIKELY USE



All data was compiled from the Parents, Family & Friends Network (PFN) Parent surveys. The Dad Initiative survey was held from 2/3/2014 - 4/28/2014 with 110 participants. The Mom's survey was held from 6/10/2014 - 7/9/2014 with 146 participants.



Dealing with the Dilemmas of Men Who Have a Loved One with Eating Disorders | BY Joe Kelly, California

"I don't know what's going on when my wife is off at treatment. She comes home saying things that don't make sense — and I suspect she's twisting some therapist or dietitian's words for her own purposes. But how do I know? I have no idea what she's being told. I'm completely on the dark. And I resent that."

"I'm damned if I do, and damned if I don't. Everything about this eating disorder makes me want to scream. And I am terrified that my son is gonna die."

"Why does the treatment program operate like they only need to treat the client? Aren't I a client, too? I influence my daughter more than some psychologist can. But I can't tell anymore whether my influence is good or bad...and whether I'm the reason for the eating disorder. Maybe she and my family would be better off if I just disappeared."

Every person with an eating disorder has men in her or his family: husbands, partners, exes, fathers, step-fathers, brothers, stepbrothers, cousins, grandfathers, uncles and friends. These male loved ones (aka MLOs) deal with substantial dilemmas in the face of eating disorders — and they tend to do so silently, in isolation.



They are angry and grieving over how the illness's arrival altered relationships with their loved ones and hijacked their families.

These MLOs want to know how (and if) it is possible to make their loved ones get better — as well as how (and if) it is possible for a MLO to keep his sanity in the process. They want to master the logical arguments that will convince their loved ones to give up the eating disorder. Their most frequent refrain is: "Tell me what to do."

We men like to solve problems; this is a wonderful trait. We (quite rationally) want a plan that will lead to solutions. When confronting eating disorders, there *are* things we can do, but we can't expect those things to "fix" this problem.

Unfortunately, there is no silver bullet cure for eating disorders or surefire way to eliminate their impact on concerned bystanders. As eating disorders expert Margo Maine, PhD says about this unreasonable illness, "Logic doesn't work; love does."

The most effective responses to the dilemmas of living with eating disorders aren't always obvious. In fact, they are quite counter-intuitive — no surprise, given the paradox and illogic of eating disorders themselves.

At the top of my list for MLOs are self-care, loving detachment and radical acceptance. When I introduce these concepts, many MLOs object: "What are you talking about? I need to take care of my loved one and focus on defeating the eating disorder! What good could it possibly do to go off and do 'self-care,' or

to accept and detach from the problem? I don't even know what 'self-care' means!"

For starters, self-care is not self-indulgent, self-centered or selfish. Instead, it is essential human nourishment fed by simple, rejuvenating activities like taking a walk, dining out with a friend, meditating, reading, shooting hoops and the like. Yes, it means temporarily removing ourselves from the person with the eating disorder, but (paradoxically) this is a good thing.

Here's why: The eating disorder self works hard to pull us loved ones into its distorted way of perceiving and thinking about the world. It thrives on drawing us into arguments, arguments we simply can't win. It loves having us rise to the bait of reacting in kind to its melodramatically intense behavior.

The challenge for MLOs is to stop *reacting* (e.g., attempting to argue with, punish or shout down the eating disorder) and start *responding* — with calm words and actions which keep our focus where it belongs.

For example, self-care is a response that:

- Provides perspective by stepping away from a chaotic and manipulative illness
- Reminds us that we have a life outside of the eating disorder vortex
- Strengthens our connections and fellowship with *other* loved ones and friends
- Clears our head and releases emotional tension
- Helps us remember that our struggling loved one is more than an eating disorder; she or he is a genuine person of value
- Demonstrates to our loved one's *authentic self* that healthy self-nurturance is worth fighting for

Now, this approach may not make any sense to you. Or, it may make sense in principle, but appear impossible to pull off. Either way, I ask you to consider whether or not it actually works. Keeping in mind our sample size of around 100 men, preliminary results indicate the concrete benefits of learning this self-care approach. For example: we surveyed participants before and after the coaching group; in the "post participation" sur-

➔ [continues on next page](#)

► Dilemmas of Men *continued*

vey, men report feeling 16 percent more competent and 18 percent more hopeful about dealing with the eating disorder.

Therapists, physicians and dietitians who refer men for coaching report that nearly every one of the men is more involved in the identified client's treatment than they were before the coaching began — by bringing the client to appointments, asking questions, emailing the treatment providers, etc. The providers also report that the clients themselves notice a positive difference in how their MLOs are responding to the eating disorder.

Men who try self-care, loving detachment and radical acceptance see results. These are things we can do, and which

produce outcomes like: "I'm much clearer about what's going on now. I still hate it, but I feel like I finally know what my choices are."

This approach won't cure an eating disorder or guarantee that anyone (other than ourselves) will change their behavior. But, as one husband put it, there are payoffs:

"It's an opportunity to learn, to grow, to become closer to your loved one. Even if she isn't involved in this particular activity, you're gonna gain an understanding. You discover you're not alone. It makes it a lot easier to talk about. And as soon as it's easier to talk about, things are gonna be getting better." ■

Joe Kelly has spoken at several NEDA conferences and wrote the best-seller Dads & Daughters®: How to Inspire, Understand, and Support Your Daughter and (with NEDA Past President Dr. Margo Maine) The Body Myth: Adult Women and The Pressure to Be Perfect. He coaches men who have a loved one with eating disorders — via the Internet — to develop skills to reduce their stress and support their loved one's recovery (www.joekelly.org/coaching-for-men). Joe also consults with treatment providers on how to mobilize and utilize men in families. Contact him at joe@joekelly.org or 510.423.0553.

Calling All Dads

By Steve Sexton, New Jersey

Calling all Dads: Roll out the rolodex! I am betting many of you have sold Girl Scout cookies for your daughter's troops. After all, you were the one with the list of contacts, and your daughter needed your help. Did you bring the sign-up sheet into work? Cart in cases of cookies and distribute them across your office?

Maybe the first year you were a little hesitant, not wanting to ask your coworkers to put up the money, but it became easier the second year, once you had seen that people were willing to contribute. More importantly, it became easier once you saw how happy, and how proud of you, your daughter was.

Selling Girl Scout cookies for my daughter's troop was the last time I had asked anyone to contribute to anything until recently. After the first five years of my youngest daughter's battle with anorexia I was compelled to raise money for the New York City NEDA Walk.

That first year I was hesitant; hesitant to tell her story and even more hesitant to reach out to others for contributions. I persevered because I was touched and motivated by what I had seen my daughter and so many others suffer through year after year. I sent emails to several hundred people: grammar school class-



mates; coworkers from years ago; friends from the different towns we have lived in; contacts from my current job and countless others. The response was incredible. The first year I was fortunate enough to raise close to \$10,000. Donations ranged from \$25 to a few as high as \$500. More importantly, it was apparent that many of the people I had emailed knew someone who suffered from an eating disorder. Others were moved by my daughter's story and were appreciative of the glimpse into what this insidious disease can do to someone and their family.

I felt proud that I had accomplished my goals, both raising money for and raising awareness around eating disorders. While enduring the realization that I could not "fix it" for my daughter, for once I was able to actually do something positive for the cause.

Similar to selling Girl Scout cookies, the second, third and fourth years were much easier. As I have continued to support the NYC Walk, I expand my contact list to include people I have met in the past

year. Last year I raised \$15,000 for NEDA's programs and its research funding.

NEDA, in addition to creating many fantastic programs for those affected by eating disorders and their families, donates money through the Feeding Hope Fund for eating disorders research. Those of you who have been living with someone suffering from an eating disorder know its baffling power and are all too aware of the need for research and the need for funding. NEDA Walks are essential to meeting the organization's funding and research goals. The annual New York City Walk raises \$160,000–\$175,000 and I believe it has an even greater potential. Many of the NEDA Walk team captains are the patients who have suffered and they reach to their friends and family for contributions. I applaud them to no end.

Today, however, I am asking you, the DADs, to reach into your rolodexes, your email address books, your Linked In contacts and your Facebook accounts. Reach out, spread the word about eating disorders and raise some funds. We can foster research to prevent this disease from impacting our children's children. We are the ones with the long list of contacts. We are the ones who can make a difference. Believe me, many of your contacts will have an extremely positive reaction if you reach out to them...at least as positively as that first time you sold them those Girl Scout Cookies. This is your chance to help. ■

NEDA Walk Volunteer Spotlight

By Bronwen Hudson, NEDA Walk Coordinator, Vermont

The first-ever Vermont NEDA walk was a long time coming. I had been hankering to participate in a walk for ages; I had been following NEDA social media and email, hoping that I would get a notice one day that someone was planning an event in Burlington. But that's the key: if you want to show support for something you care about, you can't wait for someone else to start the planning.



I was fortunate enough to serve, over the past academic year, as the president of the University of Vermont chapter of Mortar Board Senior National Honor Society. With that responsibility

came the incredible opportunity to gather together the members, lead the group in an organizational initiative, and plan the first NEDA Walk to ever occur in our state.

As we began to advertise the event, more and more volunteers popped up; many people reached out, letting me know how excited they were for the walk, and to tell me that they had also been waiting a long time for an event in the area. There is a phenomenal and extremely supportive community in Vermont; we had a turnout of over 100 people, raised almost \$8,000, and our speaker Annie Cressy's words moved and inspired the crowd. All that was needed was a single decision to make it happen. I only wish all my choices in life could be so meaningful. ■

NEDA Walks bring communities together to increase eating disorders awareness and raise funds for NEDA in a fun way. They not only work to support the mission of NEDA, but also work to bring awareness and education to the local communities in which they take place. NEDA Walks that are coordinated by NEDA Network Members return a majority of the funds back to the local community and 2013 was the first year of the NEDA Walks scholarship program, which sent local Walk Coordinators to the NEDA Conference free of charge. Help NEDA support individuals and families affected by eating disorders in local communities around the country by registering for a walk near you! ■



Upcoming 2014 NEDA Walks:

Louisville, KY NEDA Walk

University of Louisville Lacrosse Stadium
Louisville, KY
Saturday, September 20, 2014

Albany, NY NEDA Walk

The Crossings of Colonie
Albany, NY
Saturday, September 27, 2014

Hartford, CT NEDA Walk

University of Connecticut Greater
Hartford Campus
Hartford, CT
Saturday, September 27, 2014

Jefferson City, MO NEDA Walk

Cole County Park
Jefferson City, MO
Saturday, September 27, 2014

Terre Haute, IN NEDA Walk

Indiana State University—Michael
Simmons Student Activity Center
Terre Haute, IN
Saturday, September 27, 2014

Wilmington, NC NEDA Walk

Hugh MacRae Park
Wilmington, NC
Saturday, September 27, 2014

Iowa City, IA NEDA Walk

Willow Creek Park
Iowa City, IA
Saturday, October 4, 2014

Lancaster, PA NEDA Walk

Long's Park
Lancaster, PA
Saturday, October 4, 2014

Denver, CO NEDA Walk

City Park
Denver, CO
Sunday, October 5, 2014

New York City NEDA Walk

Foley Square
New York, NY
Sunday, October 5, 2014

Baton Rouge, LA NEDA Walk

North Boulevard Town Square
Baton Rouge, LA
Saturday, October 11, 2014

Virginia Beach, VA NEDA Walk

Mount Trashmore
Virginia Beach, VA
Saturday, October 11, 2014

Because everyone has a reason: #WhyINEDAWalk

Everyone has his or her own special reason for participating in a NEDA Walk: it could be to celebrate personal recovery, to support a friend or family member, or to honor the memory of a loved one. Sharing our stories of strength, recovery and hope brings us together as a community and shines the spotlight on eating disorders.

NEDA Walks are about building a supportive community, and NEDA Walkers can now spread that message online by using the #WhyINEDAWalk hashtag. By sharing our personal reasons for walking we are spreading the word and inviting others to join the movement.

Here's a few #WhyINEDAWalk reasons we've heard recently:

"I walk to show people recovery IS possible and they are not alone."
—@MAEH82

"I walk because I deserve to be happy & healthy :) I am saying no to my ED and choosing recovery instead!"
—@1975trumxn

"I walk because eating disorders are significant public health concerns that demand attention and urgent action."
—Rachael



► Upcoming 2014 NEDA Walks *continued*

Baltimore, MD NEDA Walk
W Chesapeake Avenue and
Washington Avenue
Towson, MD
Sunday, October 12, 2014

Cleveland, OH NEDA Walk
The Holden Arboretum
Willoughby, OH
Saturday, October 18, 2014

Houston, TX NEDA Walk
T.C. Jester Park
Houston, TX
Saturday, October 25, 2014

Mullica Hill, NJ NEDA Walk
Ella Harris Park
Mullica Hill, NJ
Sunday, October 26, 2014

Asheville, NC NEDA Walk
Pack Square Park
Asheville, NC
Saturday, November 8, 2014

Summerville, SC NEDA Walk
Town Square
Summerville, SC
Saturday, November 8, 2014

Twin Cities, MN NEDA Walk
Mall of America
Bloomington, MN
Sunday, February 22, 2015

San Diego, CA NEDA Walk
NTC at Liberty Station
San Diego, CA
Saturday, February 28, 2015

Phoenix, AZ NEDA Walk
Phoenix Zoo
Phoenix, AZ
Sunday, March 1, 2014

Working Toward Legislative Reforms: NEDA's STAR Advocates Make Strides Across the Nation

BY Kerry Dolan, STAR Program Manager, New York

2014 was a busy year for NEDA's Solutions Through Advocacy and Reform (STAR) Program. With major legislative victories in New York and Missouri, a successful lobby day in Pennsylvania and an awareness resolution introduced in Arizona, our STAR advocates made a huge difference and paved the way for future reforms.

In Arizona, Senator Katie Hobbs introduced a resolution on the Senate floor to officially declare National Eating Disorders Awareness Week in Arizona. Dedicated STAR advocates met with Senator Hobbs at the Capitol to discuss eating disorders reforms, and the group was recognized on the senate floor as Senator Hobbs read the resolution. This was a big step in educating Arizona legislators about the importance and seriousness of eating disorders. The group hopes to build on this success by introducing legislation next year to create a statewide school-based screening program for eating disorders.

Our Missouri advocates saw yet another victory this year, when legislation was passed to establish the Joint Committee on Eating Disorders. The Committee will review the regulation of insurance and other matters impacting the care and treatment of eating disorders and will make recommendations for future legislative action. In the coming months the Committee will travel throughout the state to gain a better understanding of the needs of Missourians who are impacted by eating disorders. This is an important victory in the fight against eating disorders, and we hope that it will pave the way for additional insurance reform legislation. NEDA thanks Annie Seal and our STAR Program advocates in Missouri for their tireless efforts and dedication to fighting eating disorders.

In New York, the State Senate and Assembly passed S2530/A5294, legislation amending the public health law to establish the Eating Disorders Awareness and Prevention Program within the New York State Department of Health. This program will promote available resources and services to those who suffer from



eating disorders, as well as increase awareness about the signs and symptoms of eating disorders.

In Pennsylvania, legislation was introduced calling for schools to educate parents about the signs and symptoms of eating disorders, as well as designing an optional school screening program. Several volunteers from across the state gathered in Harrisburg for a Pennsylvania Eating Disorders Lobby Day, where they were given the opportunity to educate legislators on the bill's importance. Emily Rosenberg, a college student and Pennsylvania resident, spoke about her personal struggle with an eating disorder at a Lobby Day press conference and at an August hearing of the Pennsylvania House Democratic Policy Committee. The bill has garnered bipartisan support, which we will continue to build upon over

the next several months.

In 2015 NEDA's STAR Program plans to introduce legislation in several states across the country, focusing on building support for school-based screenings for eating disorders; improving access to care; and limiting barriers to treatment, such as insurance complications. These legislative reforms made possible through the efforts of STAR Program advocates, and we hope that in 2015 even more advocates will get involved and take action in their states.

Your legislators want to hear from you, and you can make a difference by becoming a NEDA STAR Program advocate. If you are interested in getting involved or learning more, contact NEDA's STAR Program Manager Kerry Dolan at star@myneda.org. ■

Solutions Through Advocacy & Reform (STAR) Program

NEDA established the STAR Program to legislatively advocate for awareness, education, early intervention and prevention programs, funding for research, and improved access to treatment of eating disorders by speaking with legislators, mobilizing members, and forging alliances with other groups who share our vision. STAR is driven by passionate volunteers. You don't need experience to make a difference.

Contact star@myneda.org for more information. ■



ARTS FOCUS

Take Back the Tutu

By Brittany Adams, Minnesota

To be a ballerina is to be disciplined. Every day we wake up sore, tired and inspired for our day's work. We take class, beginning at the barre, going through a sequence of exercises (always in the same order), then into the center with our tendus, bettements and pirouettes, then small, medium and large jumps. We wear a specific pointe shoe that fits our feet personally. All dancers have their own style—a way we like to do their hair, our favorite stretching routines and, of course, our diets. Yes, ballerinas are disciplined, and with that discipline comes an inherent desire for control. Many of us find comfort in these daily routines; but when it comes to food, that ritualization can hurt us.

I love dancing — that's never been the issue. Feeling strength, control and freedom in movement is an amazing thing. But at times it's hard to look at myself in the mirror for so long every day. Sometimes I find the slightest flaw and obsess over it. Standing next to my peers, I sometimes view our differences — I'm curvy, others are not — as negative. But sometimes I realize that my curves are powerful—literally. Are my hips bigger than those of some other girls? Sure, and that means I can jump higher because of all that muscle. It's the ability to capture this thinking in my darkest moments that has helped me to stay positive, but this doesn't happen for everyone. I want other dancers to find their strength and embrace their bodies.

The concept of “Take Back the Tutu” came about during a small meeting of some of Saint Paul City Ballet's dancers and board members. I wanted to illuminate two truths about the dance world: firstly, many dancers *do* struggle with body image—it can be an obsession due to constant scrutiny of their bodies. Secondly, dancers *do not* have to starve themselves to make it to the top.

We decided to use social media to raise awareness, and we brought our company together to write reflections on healthy body image. What we created was thoughtful, heartfelt, and honest. Each individual brought personal perspective and insight to the project. The reflections were topped off with beautiful pictures by photojournalist Caroline Yang. She showed us as athletic, strong and powerful dancers. It was an uplifting and therapeutic week for all of us as we posted one reflection and photo per day, and positive feedback poured in.

We partnered with The Emily Program of St. Paul, Minnesota for guidance and education. They read and approved our statements. They loved the campaign so much they posted the project in a blog. Sarah Hrudka, Outreach Specialist at The Emily Program, came to the studio and gave an informational talk to our older students. The girls were engaged in and inspired by all that Sarah had to say, and they huddled around her, asking questions for almost an hour following the talk. It warmed my heart to know that



we as a company had done something to really help the students. To have a ballet studio be the place where you are comfortable speaking openly about body image? That's amazing!

We also wanted to open the public's mind to the many ways that professional dancing can affect artists' eating habits. While some dancers remain unaffected, others struggle with eating disorders. Many dancers are under pressure from their companies, their mentors and their role models, while others do not find the same pressure. To “Take Back the Tutu” is to be empowered to take ownership of our art and to throw away the idea that we have to look a certain way to wear the tutu. We invite you to join us: take back your own tutu. ■

To read our reflections in full and to see the accompanying photos by Caroline Yang, visit <http://www.emilyprogram.com/blog/take-back-the-tutu/>

For more of Caroline's work with Saint Paul City Ballet, visit her Instagram: [@carolineyangphoto](https://www.instagram.com/carolineyangphoto).

PFN Webinars Series: Upcoming and Recently Archived

LEVELS OF TREATMENT – Led by Zoe Bisbing, LMSW

Thursday, September 25, 2014, 2:30 to 4:00 PM EST

The Role of Nutrition Therapy
in Treating Eating Disorders

Recorded live on August 14, 2014

Obtaining Treatment Authorization in
Complex World of Insurance

Recorded live on July 10, 2014

To register for an upcoming webinar, or view a recorded webinar, visit www.nationaleatingdisorders.org/webinars



BLOG REVIEW

Eating Disorders Hope

<http://www.eatingdisorderhope.com/blog>

REVIEWED BY Christina Colon, Communications Intern, New Jersey

In the spirit of our Technology issue, this edition's book review is a blog review. We would love to hear your thoughts about the inclusion of blogs in our resource reviews; please send feedback to pffnetwork@myneda.org.



The Eating Disorders Hope (EDH) blog offers a unique digital space that visitors can rely on for informed, well-sourced eating disorders information. Each featured post serves to reinforce EDH's mission: "to foster appreciation of one's uniqueness and value in the world, unrelated to appearance, achievement or applause." Contributors include psychologists, specialists, therapists and EDH affiliates, so visitors to the site can expect reliable sources, helpful statistics and supporting references throughout the blog. EDH explores a range of subjects, including book excerpts, authors' personal accounts and recent ED studies.

Eating Disorders Hope is particularly successful when discussing the diversity of those who are affected by eating disorders. Posts illustrate the impact of EDs on adolescents (*Impact of Eating Disorders on Younger Generations*), highlight the scarcity of resources available for men (*Men and Eating Disorders: The Struggle for Treatment*), explore eating disorders and pregnancy

(*Pregnancy, Body Image, and Eating Disorders and Pregorexia and How Eating Disorders Impact Pregnancy*), discuss the roles of cultural variables (*Ethnicity and Eating Disorders: What Does The Research Say*) and explore the factors, including susceptibility to negative body image, that affect gay men and men struggling with their sexual orientations. EDH makes a point of writing about, and for, all individuals, regardless of their gender, age, ethnic background or sexuality.

Despite its overall inclusiveness, there are groups whose perspectives are not addressed; there is a lack of posts on intersex, transgender or genderqueer individuals. Additionally, in posts such as *Summertime Swimsuits and Body Image Issues*, the focus on women's struggles with their body images during the summer season excludes men, who are just as vulnerable to media messages that advocate obtaining an ideal (and impossible) 'beach body.'

Even so, the blog deserves kudos for representing the often-unrecognized

Eating Disorders Not Otherwise Specified (EDNOS), which are eating disorders that cannot be categorized as anorexia or bulimia. One particular post calls attention to obsessively exercising (*Hypergymnasia—The Eating Disorder that Isn't*). Such an issue may be difficult to identify, as it can be disguised as a normal routine in everyday life. Many of these "hidden" diseases call for serious medical attention. In *Body Dysmorphic Disorder (BDD) and Cognitive Behavioral Therapy*, the syndrome Body Dysmorphic Disorder (BDD) is profiled; BDD causes individuals to live with a constant, negative perception about their appearance. Like all eating disorders, these illnesses must be spoken about openly, and by publishing articles about EDNOS, EDH succeeds in raising awareness.

The Eating Disorders Hope blog provides ample insight and resources for those who wish to enhance their understanding of all eating disorders, and it is especially notable for its attention to marginalized groups and Eating Disorders Not Otherwise Specified (EDNOS), as some eating disorders blogs tend to overlook EDNOS. The Eating Disorders Hope blog manages to provide accurate and overwhelmingly inclusive information about eating disorders in an accessible, easily navigable archive. ■

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 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.

* 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 book or author, but rather provides a space for our constituents to share resources with one another. NEDA reserves the right to edit book review submissions prior to publication. If your review is edited, you will be provided the updated version for your approve prior to publication.





Network Spotlight

NEDA Network Spotlights are provided by the partnering organization. The NEDA Network is a collaboration between NEDA and other like-minded organizations dedicated to our cause. Together, we provide a unified voice of strength, advocacy and support in the fight against eating disorders. To learn more and explore member benefits, please contact network@myneda.org



The National Association for Males with Eating Disorders (NAMED)

NAMED (www.namedinc.org) is a non-profit organization committed to enhancing professional and public awareness around the male experience of eating disorders. NAMED provides information and support for males affected by eating disorders and promotes the development of effective clinical intervention and research in this population. NAMED also works to accurately transfer leading scientific advances to the lay public and aims to dispel the stereotypes and stigma surrounding male eating disorders. NAMED advocates for male inclusiveness

in access to treatment and interface with national and international media platforms. Further, NAMED aims to facilitate research collaboration between clinicians and academic researchers, develop an advisory board, integrate with existing eating disorder organizations and provide liaison and advice to community treatment services.

Founded in 2011 by Chris Clark, a Florida man recovering from anorexia nervosa, NAMED was until recently a one-man operation. In 2014, the organization was

restructured with a new board of directors that includes leading academic and clinical specialists. Tom Wooldridge, PsyD, from Golden Gate University's Psychology Department and Stuart Murray, PhD, a postdoctoral fellow at UCSD's Eating Disorders Center for Treatment and Research, share the co-executive directorship. Leigh Cohn, MAT, CEDS, publisher of Gürze Books and coauthor of two highly regarded books on males and eating disorders, is the current president of NAMED and brings 35 years of professional expertise in the eating disorders field. ■

The Oklahoma Eating Disorders Association (OEDA)

The Oklahoma Eating Disorders Association (OEDA) is a not-for-profit organization dedicated to the prevention of disordered eating, eating disorders and negative body image by raising awareness, providing education and serving as the leading resource of support and identification of treatment resources throughout Oklahoma and neighboring states. Founded in 2008, OEDA desires to lead and advocate for both public and professional education and the treatment of eating disorders. OEDA aims to further its mission, vision and values through community and professional events as well as referral services for all comers.

In 2014, OEDA increased statewide awareness of eating disorders by participating in numerous National Eating Disorders Awareness Week activities throughout Oklahoma and hosting a NEDA walk. On September 19, 2014 we will host our annual Conversations of Hope event. This event, free to all, is an evening focused on awareness, recovery and hope for all eating disorders sufferers, their friends, family and the community at large. To improve professional awareness and education, OEDA hosts networking luncheons, providing education for the varied professionals involved in the treatment of

eating disorders. Our second professional symposium, "Making an IMPACT with Eating Disorders," is planned for September 12, 2014 in Norman, Oklahoma. This event will bring together a group of nationally recognized experts to improve our knowledge of eating disorder prevention and care.

OEDA is a proud member of the NEDA Network, joining with our sister organizations to promote awareness, healing and the prevention of eating disorders. For more information please visit us at www.okeatingdisorders.org. ■



Staff Spotlight

Meet the NEDA Staff!

Caitlin Hamilton

Media & Communications Manager



Caitlin Hamilton has been an integral part of NEDA's Communications Department since joining the team in May 2013. As

Media & Communications Manager, Caitlin ensures that NEDA's social media, emails and blog stay lively, active and informative and keeps NEDA's voice prominent both online and in print.

Originally from California, Caitlin moved to New York City to attend graduate school at NYU, where she completed her Master's degree in Media, Culture & Communication. Prior to joining NEDA, she worked in Communications for international nonprofits, print publications and television media.

Media & Communications Manager is not Caitlin's only title at NEDA; as Deputy Fire Marshall she helps keep the office on

schedule for fire drills and as Assistant Fun Czar she created an office-wide "ugly holiday sweater party" and organizes general office frivolity as needed.

Outside of NEDA, Caitlin enjoys exploring Brooklyn, practicing yoga, listening to podcasts, making origami and travelling as much as possible. ■

Join the NEDA Forums!

Connect with fellow siblings, parents, partners/spouses, friends and others pursuing recovery. Whether you are personally affected by an eating disorder or supporting someone who is, the NEDA forums are designed to be a safe and welcoming space to discuss issues related to eating disorders, disordered eating and body image. Check out the community guidelines and join the conversation at www.myneda.org/forum.



***Making Connections** 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! Email us at pffnetwork@myneda.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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- GOLD:** Eating Disorder Center of Denver, Eating Recovery Center, Monte Nido and Affiliates, 4Girls Foundation
- SILVER:** Remuda Ranch at the Meadows, Rogers Memorial Hospital
- STEEL:** The Center for Eating Disorders at Sheppard Pratt, McCallum Place Eating Disorder Centers, The Renfrew Center, Timberline Knolls
- BRONZE:** Canopy Cove, Center for Change, Columbus Park Collaborative, CRC Health Group, Fairwinds Treatment Center, Laureate Eating Disorders Program, Oliver-Pyatt Centers, Rader Programs, Rosewood Centers for Eating Disorders, Veritas Collaborative