

MAKING CONNECTIONS

NATIONAL EATING DISORDERS ASSOCIATION

Everybody Knows Somebody

Cultural Humility and Compassionate Curiosity
to Address Multiculturalism in Eating Disorders

Marcella Raimondo, PhD

PLUS

Research Summary: Efficacy of FBT for Adolescents

Russell Marx, MD

Proud2Bme Contributor Leads Charge to Remove BMI Calculator

Claire Mysko

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Sandra Wartski, PsyD

Diversified Bodies, Identities & Eating Disorders

Ryan K. Sallans, MA



Letter from the PFN Chair | BY Deborah Kreiger, Florida

Hello everyone!

One of my daughter's favorite quotes is,

"The whole point of being alive is to evolve into the complete person you were intended to be."



— Oprah Winfrey

As I think about this quote the key word is "evolve," and I couldn't agree more. Life is indeed a journey and "evolving" is what we continue to do. For way too many of us the experience of an eating disorder, either ourselves or a loved one, has disrupted this process. Yet, with time, love, understanding and professional

support, we can emerge and become a stronger version of ourselves.

This is the time of year when we consciously reflect on this truth and how we can take all we have learned and help others. As a catalyst for change, NEDA asks us to do just that....be proactive and open with your conversations and you will impact others who need to hear your message. National Eating Disorders Awareness Week is upon us and I encourage each of you to find a way to help. You have numerous opportunities to increase awareness and help educate others within your community. Make your desire to make a difference resonate, no matter how small the act or how large.... please be involved. From the smallest activity to the large scale events, know your positive message of recovery, of understanding, truly matters.

From college campus events to community-wide walks, seminars, educational forums and blogs, there are many ways to be involved. The PFN *Everybody Knows Somebody* Video Project encourages you to tell your story, whether you are a family member, partner, friend or person in recovery. By so doing, you will help others gain strength as you also grow stronger by sharing your personal story of triumph.

Always remember, we are in this together.... be healthy and happy, live with intention and help those around you as you continue "to evolve into the complete person you were intended to be."

From all of us, thank you.
Deborah ■

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What Readers Are Saying

*"I was just reading your article in **Making Connections** about continuing recovery in college. This was such an encouragement to me – I am hoping that this will work out for us, as we just sent our daughter back to school last Saturday. I'm just hoping now that she will follow-through with the resources that are there for her." — A parent*

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

Dear Readers,

Last year, at the conclusion of NEDAwareness Week, I was reminded by someone close to me just how important these events are for those struggling and the people who love them. After attending a candlelight vigil to honor those who have lost their lives to an eating disorder, she said, "Susie, there were people talking about how much they loved their family member who died, and it really hit me how much I've been through, and how committed I am to recovery. I'm so proud of myself because I really *am* doing better than I ever have been before. I met someone else who came alone and we talked



about going to some of the recovery programs that the organization has. It's so cool to think that people all over the country are doing this at the same time!" Her comment underlined how critical an effort NEDAwareness Week is, how much each person's participation makes a difference in raising awareness about the seriousness of these illnesses, and expanding access to the resources available to those affected.

As we once again see the diverse and creative events and activities taking place for National Eating Disorders Awareness Week, this February 24th to March 2nd, I am inspired by everyone's dedication and am honored to be working alongside you all.

In this issue, we feature a diverse

range of experiences and perspectives, from age to culture, race to sexuality, socioeconomic status to gender identity, highlighting our central theme, *Everybody Knows Somebody*. We hope that the take-away messages are that everyone can make a difference in addressing eating disorders, anyone could be affected, everyone's journey will be different, and recovery is possible.

As always, we invite you to email us at pffnetwork@myneda.org to let us know what you want to hear about in future issues, or to contribute an article of your own!

Sincerely,
Susie Roman
Director of Programs ■

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IN FOCUS

Diversity

Cultural Humility and Compassionate Curiosity to Address Multiculturalism in Eating Disorders

BY Marcella Raimondo, PhD, MPH, California

The myth that eating disorders only occur in affluent Caucasian girls is damaging to the many people across all races, genders and sexual orientations in all age groups that suffer from eating disorders. This narrow viewpoint continues to reinforce an invisibility that is often felt by marginalized communities. The 2012 Annual NEDA Conference challenged this myth by embracing the diversity of people with eating disorders and recognizing the many dynamics and experiences that lead to the development of a painful relationship with food and our bodies. People from many different backgrounds courageously told their story from their hearts. I could relate to their stories as a queer woman of color who struggled with anorexia nervosa for 10 years.



My eating disorder began when I was 15. I felt uncomfortable with my changing body, and had a self-worth that was hinged on feeling approval and acceptance from my peers. What I struggled with most was my identity as a Latina American adolescent. My struggle was intricately tied to my mother's struggle in acculturating to the United States, where she had moved from Peru as a young single woman. She experienced the racism that many non-English speaking immigrants go through as they root themselves in this country. Though well-intentioned in her desire to shield me from pain that she had to go through, some of my mother's pain over these experiences was projected onto me and contributed to my development of a fear-based emotional landscape.

I recall my family's anxiety as I gained weight during my puberty. My mother

viewed thinness as paramount to fitting in with mainstream American culture. Yet at the same time, I remember big Peruvian dinners with an abundance of food and an obligation to eat what was given to me as it would be an insult if I did not. I could not understand this cultural conflict, and felt confused and angry. I struggled with feelings of low self-worth and an intense dislike of my body. With these conflicts and self-blame came this feeling of "I am fat." My body became a war zone within myself. Through all my confusion, I began to rationalize that if I could control my eating, I could alleviate these cultural conflicts. If I could become smaller, the confusion would lessen, and I would have a desirable Western body.

My recovery began as I started to explore my own internalized oppression. I read Becky Thompson's *A Hunger so Wide and so Deep*, which contains numerous testimonials of minority and lesbian women with eating disorders. I related to their struggles and experiences of oppression, and their healing became a catalyst for my healing. And today, I celebrate my body and the many hues and shades I encompass as a queer woman of color.

Addressing diversity in the treatment of eating disorders can feel daunting. We can feel either lacking in knowledge or having all the knowledge needed — both can be limiting in any treatment relationship. Bringing cultural humility into our eating disorders work can be liberating and encouraging. Cultural humility is based on curiosity and compassion; it is an active engagement and a lifelong commitment to our patients and ourselves. When we hear our patients say "I feel fat," don't we wish to deepen our curiosity and compassion? "I feel fat" is symbolic for deeper pain and suffer-

ing. It means, "I don't feel good enough; I am not comfortable in my body/with myself." For multicultural populations who have generations of racism, oppression and stigma, "I feel fat" can be the result of all kinds of internalized racism, homophobia and other forms of oppression. Bringing in cultural humility can create an open exchange to learn more about our patients and all the deep layers that contribute to their eating disorders and thus their suffering.

Busting these eating disorders myths has tremendous implications that can change the viewpoints and treatment approaches of eating disorders. Through my recovery, I have gained a resilience and gratitude that is insurmountable. Marginalized communities have built incredible resilience through oppression, and the cultural pride they have is tremendous. It is through these paths that people from all communities can build and strengthen their healing path. ■

For more information about multiculturalism and eating disorders along with my clinical trainings, please go to www.marcellaedtraining.com

Interested in attending NEDA's 2013 Conference and Lobby Day in Washington, D.C., October 10-12? Registration, scholarship applications, and sponsor and exhibitor opportunities will be available soon!



Recovery Knows No Age

BY Denise Folcik, Wisconsin

I struggled with an eating disorder for nearly two decades of my life and entered treatment nine years ago after losing consciousness as I was driving with my youngest daughter in my car. I was taken to the ER, where after 16 years, I admitted I had an eating disorder.



As a forty three year old wife and mother of four, I had always been under the impression that only teen and college age young women struggled with eating disorders. So, with this stereotype embedded in my head, I was not at all concerned with my strange eating behaviors. But, as time passed and my knowledge grew on the subject, due to my own research, I would occasionally wonder if it was a possibility.

My husband and daughter, Kelly, accompanied me when I was being admitted for treatment; when we arrived at the assessment the intake nurse assumed my daughter was being assessed. Later that day we met with the dietitian. She also immediately looked at Kelly and asked her if she was hungry. Once again, they thought Kelly was the eating disordered patient.

These two incidences reassured my belief that I was too old to have this problem. I was very wrong. Eating disorders do not discriminate; you can be of any age, gender, race, economic or social background.

The first year I attended the NEDA Conference, I was approached by more than one person asking if I had a child with an eating disorder. I felt quite awkward saying that it was me with the issue. It was at this time that I realized eating disorders in midlife were not well recognized, even by treatment professionals and families, and I wanted to change this! I knew I wanted to talk about my experience to raise awareness about the occurrence of eating disorders later in life, and how age can present some unique challenges, contributing factors, and sources of support.

“Who says you can’t teach an old dog new tricks? My eating disorder taught me to rollover and lie down and my recovery taught me to sit up and speak.”

During my four inpatient and partial hospitalization stays, eating disorder patients were mainstreamed for group therapy. This included all ages, which at times was very hard as I listened to a young girl who suffered greatly throughout her parents’ divorce, which I was contemplating in my own life. I didn’t want to do anything to create pain in my children’s lives, and to add to the stress, I was also in treatment with a young lady who was in high school with my son. I could not open up about my problems for fear they would end up rumors back in my town.

Often, I felt I really needed to be with women my own age with similar issues. However, I eventually realized that al-

though these younger women and I were in different phases of our lives, we had very similar underlying issues, such as low self esteem and negative body issues.

When I was later admitted into residential treatment, I was on a floor with women closer to my age, so group therapy was quite helpful. Being away from my life gave me the chance to really deal with my issues, without the interference of my husband and my busy life. It was very difficult being away from my children, but I needed this time for me. I needed my five treatment stays (I refer to them as semesters in college because I learned so much) to gain the knowledge, strength and self-esteem to recover.

I am where I am today because I realized my strength, talents and beauty. I want to spread the word that older women can get the treatment they need to recover and become who they really are no matter how old. Treatment taught me to let go of the past, live in the now and how to cope with life, in a healthy way. I had to learn how to change my negative thoughts to positive. I have kept the people in my life who continue to support me close, and I have had to leave others behind. I am a little selfish when it comes to me and that’s okay. I have the right to say “NO” and it feels good, and I maintain a healthy perspective and don’t worry about what others think of me. Most important: I love who I am, and I love life!

I weigh more than I have ever weighed in my life and I feel lighter than ever after letting go of so much baggage. It is not about the numbers! ■

Diversified Bodies, Identities and Eating Disorders

BY Ryan K. Sallans, MA, National Speaker and Author, Colorado

Eating disorders do not discriminate toward gender, age, culture or background, which is why the Family Panel at the 2012 Annual NEDA Conference focused on the stories of people affected by eating disorders that often aren’t represented in education or media coverage. The panel was composed of people who



were impacted by eating disorders and also impacted by being the minority, the outsider, the marginalized and misunderstood.

When it came time for me to share my story with the audience I joked that at the age of 19, when I first walked into the therapist office on my college campus, I would not have been one chosen to appear on a diversity panel. My profile

fit the stereotyped checklist for an eating disorder: anorexic, Caucasian, upper-middle class, college-aged, and female.

What we didn’t know then, and what I didn’t discover until five years later was that the sex I was assigned at birth, and the body parts that came along with that, were not me. Not having access to, or understanding, transgender issues made my recovery challenging both for the treat-

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► **Diversified Bodies, Identities and Eating Disorders** *continued*

ment provider and those that supported me because what they saw and believed were the factors influencing my disorder, were far from the truth.

What added an extra layer of difficulty in my treatment was the fact that talking about gender and sexuality was something I avoided with my therapist, friends and family. I was born in a small-conservative town in the Heartland and the idea of talking about feelings around my own body, sexuality, pleasure and desires was both humiliating and awkward.

People often talk about the shame and guilt that they feel around their disorder. I think what runs even deeper is the shame, guilt and fear felt whenever one doesn't fit into what they believe they should be. The homophobic and transphobic messages that are so enmeshed in our culture, and often in our families, can become internalized, which makes healthy self-esteem and self-acceptance very difficult. Through my recovery, I discovered that I was ashamed of being human, and of recognizing the fact that we are all complex sexual beings.

The transgender community is often misunderstood, even by treatment providers. We often see in the transgender community, a struggle with anorexia and bulimia in an attempt to control the contour of a body that does not resonate with who we are, or compulsive overeating as a form of insulating a body and hiding one's sexuality and shape from those around them. Like many people who are eating disordered, I spent my whole life dissecting my body, judging my weight and using the word "fat" as a feeling. The difference in my story from others is that it was not just a negative body image that influenced these feelings and my body dysphoria, it was also the incongruence between the sex I was assigned at birth, and the body that came along with that; it was not me.

After four years of individual and group therapy, I was able to at least acknowledge sexuality existed after reading the book, *The Dark Side of the Lightchasers* by Debbie Ford. The book operates on the premise that we all have shadows that are part of us, but are not recognized. The shadows represent our struggles,

addictions, and battles. From it, I learned for myself that my recovery couldn't begin until I faced my fears.

Two years later, I transitioned from female-to-male, and today, I am a transgender man, a national speaker, LGBTQ activist and author. Since my transition, I have been behavior-free surrounding food, but I continue to advocate for both individuals and professionals to reframe the way we as a society look at and treat eating disorders.

I also continue to ask, what is it that you fear and what would happen if you broke down the walls you have firmly built to insulate you from facing what makes you the most uncomfortable? ■

To learn more about Ryan, go to www.ryansallans.com. To read more about his journey pick up his memoir, "Second Son: Transitioning Toward My Destiny, Love and Life." <http://www.secondsonmemoir.com>

Gender Identity, Sexuality and Eating Disorders Webinar

Date: Friday, February 22, 2013

Time: 3:00 to 5:00 PM EST

This free online webinar led by, Deborah Schweiger-Whalen, LCSW, CSAT, CEDS, Founder and Clinical Director of Deborah Schweiger-Whalen & Associates and Zephyrus of Santa Fe, will explore the specific vulnerabilities and challenges faced by members of the lesbian, gay, bisexual, transgender and questioning community with regard to eating disorders.

This issue will be approached from the perspective that eating and sexuality are inherently primitive aspects of who we are. The webinar will explore barriers to care, the role of shame in the LGBTQ community, and other unique contributing factors, in the development and maintenance of an eating disorder. In addition, the complexity of gender identity as a possible source of psychological confusion and distress will be considered as it relates to eating disorders.

Join panelists Ryan Sallans, Troy Roness and Lindsey Schweiger-Whalen as they share their personal experiences and insights of recovering from an eating disorder and being part of the LGBTQ community.

REGISTER HERE!

<http://neda.nationaleatingdisorders.org/site/Calendar?id=101041&view=Detail>

Can't attend? Be sure to check the PFN Webinar Series homepage to listen to the recording. The free PFN **Webinar Series** offers an opportunity to learn directly from professionals in the field as well as other PFN members sharing lessons learned through their own journey.

Deborah Schweiger-Whalen is a Licensed Clinical, Independent Social Worker, a Certified Sex Addiction Therapist and a Certified Eating Disorder Specialist. Deborah is the Founder and Clinical Director of Deborah Schweiger-Whalen & Associates, a comprehensive, highly individualized eating disorder recovery center for individuals with disordered eating and exercise addiction and Zephyrus of Santa Fe, an Intensive Out-Patient Treatment Program. Both are located in Santa Fe, New Mexico. Please contact Deborah if you have any questions about this article or her services/programs.

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Between Two Cultures: Learning I Wasn't Alone In Diversity

BY Yasemin Merwede, NEDA Program Assistant, New Jersey

I am very fortunate to have grown up in a Turkish-American culture. However, with its many blessings, it also brought an undeniable pressure. My sister was only nine years old when my family immigrated to the United States from Turkey in the 1960s. I was born in the United States. Although we were both raised within the same family and grew up in the same Turkish/Armenian communities, we faced different cultural values and pressures that triggered both of our eating disorders.



My sister experienced pressure from the moment she moved to America. She felt as though she was torn between two cultures. On the one hand, she tried to assimilate and fit in to American society, but at the same time she was looked upon to help preserve the cultural beliefs and traditions of our Turkish culture. She grew up being bullied because of how different she was, and as she matured, she wanted to transform her entire image to fit in more with what she thought of as the American ideal of beauty. She began over-exercising and restricting.

When I was coming of age in these communities and these two cultures, my parents were more assimilated and embracing of American culture. They had developed a more liberal mind-set around gender roles and expectations than when my sister was young, and it was reflected in how they encouraged me to become more active in American public school. I never felt pressure to

look a certain way from my parents. They were always very encouraging and proud of me. However, as I matured, I began getting bullied, too – both in American public school and by parents of friends in the Turkish and Armenian communities. I was made fun of for my size, repeatedly reminded that I wasn't fitting in, and I developed a dangerous train of thought that if I didn't fit in, I was going to disappoint my family or bring "shame" to them (this was not something my parents ever said to me, but the concept of not bringing shame upon one's family is prevalent in Turkish culture). So I convinced myself at a very young age I had to be perfect; my parents were so proud of being in America and being Turkish, and I had to be perfect for both of these cultures for them, and so they would be proud of me. The stress of trying to find one true, perfect identity within these two cultures began to be too much for me to handle.

My mother was my anchor during those years; always supportive and encouraging me to not let what other people say about me define how I felt about myself. But, when she was diagnosed with cervical cancer, it was the final factor in a perfect storm that was threatening to develop for some time. I was scared; it felt like my lifeline was being ripped away from me. It was very traumatic for me, and that pressure to be perfect intensified, and soon after her surgeries, I developed bulimia as a way to manage my emotions.

There was no eating disorders awareness or education in my school or my commu-

nity. In fact between the media messages and watching all my friends experiment with different ways to lose weight, I thought what I was doing was what I was supposed to. I didn't tell anyone. I kept it silent. And it hurt. I wasn't in pain physically, but I remember hurting from this big secret I had. It's like a mystery wound. You can't see it, but it's there. You may have heard that saying "If you talk about something, it gives it power." For me, it was the opposite. During my time dealing with my eating disorder, I felt like every day that passed that I didn't tell anyone, I was giving this secret more power. And because I had never been educated about eating disorders, I didn't realize I was battling a life-threatening disorder. Fortunately, my mom took it seriously, despite the fact that many people in our Turkish/Armenian community told her it was only a problem for American girls, and we pursued possible treatment options and resources. I took control and educated myself on what I was experiencing. It was empowering.

By speaking about my struggles with my eating disorder, I took the power away from it and felt stronger for doing so. As I began my journey to well-being by reaching out and going to support groups, I learned I was not alone in my eating disorder or my experience with it as an ethnic minority. The support group I attended was full of girls, like me, from multi-ethnic backgrounds. I realized this was the face of ED — this disorder can affect anyone from any culture. However, there is help available, and many people just like you have struggled and gone on to lead healthy, happy lives. The power of the human spirit can prevail, and full recovery is possible. ■

SAVE A LIFE... Talk About Eating Disorders

BY Wendy R. Levine, Florida

In the United States, as many as 20 million females and 10 million males fight a potentially life and death battle with an eating disorder such as anorexia nervosa, bulimia or binge eating disorder, at some point in their lives.

No longer seen as a disease only afflicting white, upper-middle class young women, we know today that eating

disorders affect females and males of various ethnicities, and cut across all socioeconomic levels and ages.

In a CNN communiqué, Cindy Harb noted that a study conducted by the Agency for Healthcare Research and Quality showed that hospitalizations for eating disorders in children under 12 increased by 119 percent between 1999 and 2006.

And in a 2010 clinical report issued by the American Academy of Pediatrics, experts concluded: "The incidence and prevalence of eating disorders in children and adolescents has increased significantly in recent decades, making it essential for pediatricians to consider these disorders in appropriate clinical settings." It is sad to think that in the United States, 42 percent

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► **SAVE A LIFE** *continued*

of girls enrolled in first through third grade reported that they wanted to lose weight, and among third through sixth graders, 45 percent of elementary students wanted to be thinner.

Parents, educators, physicians and the public at large need to educate themselves on and talk openly about eating disorders. As a 57-year-old woman who has battled anorexia nervosa since the age of 16 ½, I urge everyone to learn and be aware of the early warning signs and symptoms, so that those suffering can be recognized and directed to appropriate treatment sooner, ensuring a better chance of full recovery.

When I first evidenced signs of anorexia nervosa in the late 1970's, eating disorders were largely unheard of or if they were, they sure weren't talked about. My official diagnosis of anorexia nervosa did not

come until I was already well entrenched in the illness in my late twenties.

Through the years, the disorder has ebbed and flowed. Most recently, I had a set back in 2010 when my beloved dad passed away, I went through a divorce and lost my job. So, here I sit, once again working towards extricating myself from what is often viewed as a self-made prison. Yes, I may seem to be the jailor, with the keys, but it isn't as easy as that.

Recently, I was blessed with the opportunity to attend NEDA's Annual Conference held in St. Petersburg, FL. The conference enabled me to connect with others who were suffering, those who are recovered and professionals who are tending to the care of individuals with eating disorders. Although my own illness has been protracted (in my opinion due to the fact that I was not diagnosed early on in

the disease process), I continue working hard in my recovery and still believe I can achieve full recovery. Of all the presentations and discussions that I attended during the NEDA conference, the one that STRUCK and STUCK with me the most was the *Family Panel: What About Me? Stories of Recovery from High-Risk and Underserved Populations*. When I begin to feel overwhelmed and think about throwing the towel in, I remember these six brave individuals who bared their souls and shared their stories, so that others could be inspired.

I am hopeful that one day when I achieve full recovery, I will be able to do the same. And in the meantime, I hope others will be inspired to support their loved ones to keep trying, and for those struggling, to stay dedicated to their journey, because there truly is hope and help along the way. ■

Reaping the Rewards of Recovery

By Anahi Ortega, California

It's been two years since the last time I agreed to give treatment another try. Feeling defeated and desperate; I signed myself up for an intensive outpatient program. In all honesty, my faith and trust that I could recover from an eating disorder had been lost somewhere in the 10 year battle.



I am Mexican- American. I am recovering from an Eating Disorder Not Otherwise Specified (EDNOS).

I grew up in a first-generation Mexican home, with its fair share of family/relationship challenges. From an early age, I was forced to learn to ride the waves of alcoholism and depression expressed by my father (both of which I know run in families). As a teen, I tried hard to fit in with the American culture, but it came at a cost — I felt I had to give up my own culture, and this further distanced me from my Spanish-speaking parents.

Fear of becoming overweight (fueled in part by comments made to me, and being a dancer) combined with the need to

feel accepted in my family (if not with my heritage, then an idolized figure) tipped me over the edge... At 13 years of age, I began restricting.

The eating schedule at home, brunch and early dinner (common in the Mexican culture), unintentionally supported my disorder. My stressed-out parents—focused on bills and work — didn't notice the illness until it was physically apparent. Perhaps my parents' denial of the anorexia, or the lack of health insurance, or the language barrier, maybe all of the above, contributed to my going untreated. Things may have been different if there had been more education and awareness within my culture, and resources available to my parents, in their first language.

Fortunately, my father obtained a new job with health benefits, and I began therapy for a dual-diagnosis of bulimia and self-harm. My parents were hands-off regarding my treatment; their lack of education and inability to communicate in English left them in the dark. As a teenager in treatment, I fought to maintain the false sense of power that the eating disorder had created and continued into

college; masked with drugs and alcohol.

In college, it was hard to maintain "normal," and I periodically hit rock bottom. After a few unsuccessful attempts at recovery, I realized that if I didn't commit to treatment one more time, I wasn't going to be stable enough to graduate college. I had already missed out on so much in my life — from a normal high school life to long leaves of absence from college. It was my last semester- my last attempt at treatment. I knew I had to do something differently; maintain honesty with my treatment team and follow their recommendations. To maintain recovery, I chose my own family and stayed connected with the eating disorder recovery community.

Today, I have the energy and strength to live my life. A different and better life; the sun is shining as I leave the museum I spent my morning in. I am waiting for my lunch, and I have dessert ready. I'm sitting across from the new boyfriend and I am reaping the rewards of early recovery. Life may still have the typical stressors but I am present and I have a full team (friends, an eating disorder recovery mentor and treatment professionals) to back me up in the ups and downs! ■



February 24 - March 2, 2013
 NEDAawareness.org

EVERYBODY KNOWS SOMEBODY WHO DO YOU KNOW?

NEDAwareness Week 2013 is the largest eating disorders outreach effort in the nation, reaching nearly 70 million people, with participation from all 50 states and more than 31 other countries in 2012. This growing force of volunteers is committed to raising awareness of the dangers of eating disorders as serious, life-threatening illnesses — not choices — and the pressures, attitudes and behaviors that shape the disorders.

The diverse events and activities attract public media attention on local, national and international levels, and with the reach of NEDAwareness Week expanding each year, we continue to see program outcomes demonstrating a strong relationship to help-seeking behavior: Traffic to our national Helpline doubled, we saw a record number of people accessing the NEDA website for information and resources, and requests for personalized support from a NEDA Navigator tripled, during February of 2012. So, your participation — whether you reach 5 people or 500 — DOES make a difference in directing those affected to the help they need!

Themed **Everybody Knows Somebody** in 2013, people from all walks of life are encouraged to participate. There are so many easy options, such as attending NEDAawareness week events (search for events in your state online!); planning outreach activities in schools, for clubs, sports teams, and friends; publishing a pre-written article about eating disorders (many topics available!); or joining NEDA's social media campaign and *Everybody Knows Somebody* Video Project. Some of the many events planned for the week include presentations, eating disorder screening events and health fairs on campus; film screenings; fashion shows featuring men and women of all body types; art shows; *The Great Jeans Giveaway*; and *NEDA Walks*. Check out NEDAawareness.org to find the right fit for your time, resources and community.

We hope you'll get the conversation started in your community by pledging to do **just one thing** to raise awareness and provide critical information on eating disorders to those who need it. ■

For information on what's happening in your community during NEDAawareness Week or how you can get involved, visit the NEDAawareness Week website: <http://nedawareness.org/>.

New! NEDA Partners with Screening for Mental Health, Inc. to Offer Free, Anonymous Online Eating Disorders Screenings!

We are excited to announce that NEDA and Screening for Mental Health, Inc. (SMH) have partnered up this year to offer a NEDA online eating disorder screening tool, www.MyBodyScreening.org, that can be incorporated into any event or activity. This site will allow people to locate in-person events in their area, find referral information, and take an online screening. Through SMH's National Eating Disorder Screening Program, thousands of people every year take the first step to dealing with an eating disorder by taking

an in-person or online screening. These screenings are free, anonymous and only take a few minutes.

NEDA welcomes everyone, from schools and universities to health professionals, bloggers, and online publications, to host screenings online and at events. Use our **Planning Guide for Eating Disorders Screening Events**, located on the NEDAawareness Week website (NEDAawareness.org) to get started. It's an easy way to make a real difference in raising awareness about the seriousness

of eating disorders and connecting individuals affected to the help they need. Remember, *Everybody Knows Somebody ... You can Help!*

This tool is not intended to diagnose or substitute for assessment and/or treatment by a qualified professional. Resources for referrals and support are provided at the end of the screening process to direct those who may be struggling to the help they need. ■

Eating Disorder Prevention Outreach: Reflection and Invitation

By Sandra Wartski, PsyD, North Carolina

"When you see people drowning in a river, pull them out, but walk upstream to see what's putting them in."

— Author Unknown

Eating Disorder (ED) therapists are acutely aware that our current culture projects a confusing array of messages about eating, health and body image. We see the media images which promote unrealistic (and generally unreal) bodies paired with sensationalized news stories featuring eating disorder alerts, headlines touting obesity prevention programs while adjoining ads sells supersized food options, or newflashes pushing perfection juxtaposed with marketing banners suggesting unrestrained indulgence. Our clients bring us first-hand accounts of the way in which their disordered thinking, eating struggles, and body rejection play out, including all the accompanying social, emotional and physiological effects. They recount to us numerous examples of the way in which they cope with negative emotions, stressors or crises as a result of their eating disorder behaviors. We are all saddened, but likely not surprised that we have increasing incidents of eating disorders in our country, with numbers reaching into the multi-millions.



So, we continue to engage in the treatment of eating disorders, with no dearth of individuals knocking at our door. We attend conferences, stay up to date on the latest research, collaborate regularly with our treatment teams, and attend supervision groups all with the aim of providing the best possible treatment for our clients. As the opening quote suggests, we are busy pulling people out of the river while also attempting to teach them how to swim to safety. But, we can do more. Maybe we should walk upstream, right in our own communities, to find out what is causing them to fall into the water in the first place. It does, after all, take a village.

I was inspired when the National Eating Disorders Association (NEDA) announced

the 2012 NEDAwareness Week theme, *Everybody Knows Somebody*, encouraging everyone to do "Just One Thing." It struck me as so personal, creative and attainable. The primary promotional poster displayed raised hands with the palms bearing words such as: "My wife" and "My son" as well as "Anorexia" and "ED-NOS." The intention was to evoke awareness of how widespread and how varied the presentation of eating disorders can be. The images, however, also reminded me of hands reaching out from a river. This struck me as my signal to engage in a more serious outreach effort. And this year, the NEDAwareness Week theme is once again *Everybody Knows Somebody*, highlighting the diversity of those affected, and asking each person to ask themselves "Who do you know?" Everyone has a stake in this outreach effort, and everyone can make a difference by reaching out to help someone struggling.

I have participated in National Eating Disorders Awareness Weeks in the past, both as a volunteer at local events as well as a speaker. However, I had never been quite as inspired to initiate a broad effort of reaching out. As a result of having recently become aware of a number of episodes in which inaccurate and harmful information was being propagated among young people in my local community, I chose to contact all the schools, pediatric offices and Girl Scout troops in my county. I sent out over 250 letters and emails offering to provide free educational workshops to students, staff and parents. Included in the letters were various informational handouts about eating disorders and prevention efforts, with the hope that some accurate information would be disseminated even if they never communicated directly with me.

The motivation to engage in this outreach effort can be multi fold. Most clinicians engaging in the treatment of eating disorders over a period of time reference the toll that this work takes on them, especially given the complexity of the work and dangerousness of the disease. Practitioner self-care and collegial support is critical, but infusing one's work with some hope of shifting eating

disorder contributing factors spurs on a different kind of encouragement. Eating disorders are bio-psycho-social illnesses, and the "social" aspect is such an integral part, which actually provides some very real potential for a large scale shift.

Outreach to the next generation and emphasizing the importance of mental health can be a matter of generativity, especially for those of us who are aging clinicians and who may be thinking more about nurturing positive that will endure long after we are gone. We have lived through the decades of public health education keyed toward the prevention of various physical diseases, such as the connection between smoking and lung cancer or how safe sex practices can prevent the spread of HIV. But I think we would all appreciate seeing more information about prevention and early intervention for mental disorders. The concept of mental health literacy has been coined (Jorm, Korten, Jacomb, Christensen, Rodgers, & Pollitt, 1997), with the focus not simply being a matter of having knowledge that might be conveyed in a psychology course but rather "knowledge that is linked to the possibility of action to benefit one's own mental health or that of others" (Jorm, 2012, pg. 231). As Jorm concludes, "The ultimate aim is a society where people with mental disorders take prompt action to seek professional help, where they receive and adhere to evidence-based treatments, where they feel supported by others in their social network, where people take preventive action to benefit themselves and their families, and where mental health services are seen as making a valuable contribution that merits public support" (Jorm, 2012, pg. 240).

Renowned parenting expert Ron Taffel references that therapists are "uniquely suited to stretch our therapeutic frame into the wider world," encouraging us therapists to "provide timely, critical topics for a community" and to remember that we are a "natural asset to emerging communities of learners" given our knowledge of issues is quite apt (Taffel, 2012, pg. 52). Even Mary Pipher, Ph.D., renowned ED therapist, author and

activist, was recently interviewed and stated, “If you don’t think you have power, you don’t have power. If you decide to empower yourself and to act, and decide to do something, you have power.” What more motivation do we need?

From the practical perspective, I was a little nervous about what kind of response I’d get from those 250 outreach contacts. Much like sending out invitations to a party and waiting to see who might be coming, I fretted – but not for long. The phone calls and the emails started coming in from school principals, guidance counselors, gym teachers, office managers and troop leaders all expressing interest and asking questions about the type of workshop that might be most suited to their particular group. My calendar for various prevention outreach engagements throughout the spring and winter months began to fill up.

Six different sets of presentations were developed, geared towards the primary targeted audiences: medical professionals, teachers, parents, elementary students, middle school students and high school students. Many of the same basic messages were provided to each of the groups with some clear overlapping messages, though information was fine-tuned and specialized for each specific presentation. Despite some differing content for the different audiences, there were several basic messages incorporated in almost every workshop. Many of the concepts were introduced using some of the NEDA key messages and educational materials (available at www.NEDAawareness.org), as I find them to have a simple and powerful elegance. Highlighting the fact that our current culture often has a toxic influence over all of us allows for a smooth transition into a discussion about eating disorders, encouraging all of us to become critical consumers of our media and to choose role models carefully.

The notion that *EveryBODY is Different*, allows us to focus on the fact that we all have a different set of genes which are the primary determinant of our size. Rejecting weightism is a related concept, encouraging consideration of how judging others or oneself on the basis of body weight is as discriminatory

as judging someone by their eye or skin color. Inspiration to *Be Comfortable in Your Genes* allows discussion of how an ideal body weight is relative and is generally the set point weight that allows one to feel strong and to lead a healthy, normal life. *Listen to Your Body* is the straightforward way of introducing the idea of eating what you want, when you are truly hungry, enjoying nutrient-rich foods, letting go of good-bad food labels, and stopping eating when you are full. The “kNOw dieting” slogan promotes the dissemination of information about how dieting doesn’t work, and often leads to dangerous eating disorder behaviors. “No Weigh” supports what it says. There is the idea of exercising for fun, fitness and function, not for exhaustion, deprivation or punishment. And, just as importantly,

The notion that EveryBODY is Different, allows us to focus on the fact that we all have a different set of genes which are the primary determinant of our size.

is the quest to find healthy coping techniques for life’s inevitable difficulties, to find real solutions to the real problems, and to seek true forms of fulfillment. The information offered on eating disorders was less about the specific symptoms and more about the ways to communicate concern. Participants were educated on the dangerous slope of thinking in terms of “Eating disorders are just...” in order to fully appreciate how they are serious, complex problems. And of course, *It’s Time to Talk About It* point to the critical need to end the silence around eating disorders so that those in positions to detect when someone is struggling can intervene and direct that person to the help they need. Increasing sensitivity to assumptions, from gender or race of those affected to “causal” factors, was addressed as well.

The ending segment of each talk challenged attendees to consider whether indeed they could do just one thing differently after leaving the presentation, suggesting that if we each do something we might begin to turn the tide. If every parent, teacher, coach, child, teen, doctor, movie producer and advertising agent absorbed and practiced

these invaluable truths, we might begin to see an end to the existence of eating and food-related disorders. As cultural anthropologist, Margaret Mead is quoted as having said, “Never doubt that a small group of thoughtful committed citizens can change the world. Indeed, it’s the only thing that ever has.”

By the time the year had ended, I had given 30 presentations to a total of over 1,800 people. The undertaking was admittedly quite overwhelming and tiring at times, but the work felt so vital and was, in fact, rejuvenating and informative for me as well. I was touched by the middle schoolers who came up to me at the end with tears in their eyes obviously remembering their own experiences of having been discriminated against for their weight, thanking me for publically acknowledging the importance of body acceptance, individuality and anti-bullying sentiments. One girl came up at the end of one session and asked simply, “May I hug you?” I was delighted when a group of the PTA parents came together at the end of a workshop to

decide on future agenda topics and to discuss ways to make their school more eating disorder-free.

There were, of course, some challenging moments that informed me of further work needed to be done. There was the health teacher who specifically asked for me to show evocative pictures of the extreme cases of eating disorder in order “to keep the high school students more awake”; this request was naturally denied and the reasons explained, but the fact that the request came from a health educator was distressing. I was aghast when I realized that one class had the students scheduled to do weigh-ins in the hallway immediately following the workshop as part of their healthful living unit; I was, however, encouraged when I overheard several of the girls speaking to their teacher about their objections to doing the weigh-ins.

I was also surprised by one of the pediatricians who called after receiving the outreach letter, asking not for a presentation but rather inquiring about my interest in becoming potentially involved in a school board committee related to

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► **Eating Disorder Prevention Outreach** *continued*

changing health and physical education curriculum. On the committee herself, she explained that when she received the outreach letter she had realized that a psychologist's perspective would be potentially very important on this committee. And I am excited that I will be assisting a 13 year old girl with her community service project she is organizing as part of her Bat Mitzvah commitment for giving back to community. After hearing one of the talks, she decided that she would like to further educate others about this topic "because I know that every girl feels bad about their image at least once in their life so I want them to know that they are beautiful in their own way." I love when good things go viral.

We naturally need people and systems in place to save the drowning and floundering individuals. But we also need people committed to prevention, those willing to save people from falling into the river in the first place. We may really never be able to have fully encompassing prevention nor fully eliminate all eating disorders, but it does appear that we can reduce risk factors and increase protective factors at the very least. Clinicians, with their knowledge base and their passion, are ideally suited to engage in such work. We can and should be an integral part of the push for more universal prevention. Let's all walk upstream together! ■

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Empire State Building Lights the Way in the Fight Against Eating Disorders

The Empire State Building will once again be lit in NEDA's blue and green in honor of National Eating Disorders Awareness Week on Tuesday, February 26, 2013.

The Empire State Building image® is a registered trademark of ESBC and is used with permission.



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Everybody Knows Somebody: Sharing Our Stories to Create an Atmosphere of Compassion and Support | BY Pat Bedford, NEDA Navigator, Kentucky

Eight years ago, our 19-year-old daughter was diagnosed with Anorexia Nervosa. While we had heard of eating disorders, we had no real knowledge of what they were, and we knew no one who had experienced an eating disorder — or so we thought. Our daughter insisted we not tell anyone except family. We were bewildered and frightened, and had never felt so isolated. We couldn't share our fears and concern with our friends. And our family, while sympathetic, didn't know how to help or support us. We were alone in the scariest journey of our lives. The eating disorder characteristics of isolation, secrecy, and loneliness enveloped all of us.



As our daughter continued to pursue recovery, she reached a point where she no longer felt the need for secrecy about her illness. For the first time we were able to share our struggles with those around us, and we were amazed by the number who came forward with stories of their own experiences with eating disorders. We realized that, in spite of the fact that eating disorders are rarely talked about, as the 2013 NEDA Awareness Week theme states, *Everybody Knows Somebody*.

Once our daughter's struggles became speakable, I was approached by a number of people who were concerned that a loved one might have or might be developing an eating disorder. I offered them emotional support and a listening ear, and introduced them to NEDA's website, which provides lots of information and resources.

When NEDA announced their plans for the NEDA Navigators program, I knew this was something I wanted to be a part of! The opportunity to take what I was doing on my own to a new level, with training, support, and resources, was an exciting prospect. I knew the value of being able to talk to someone who truly understands, someone who has first hand knowledge of how difficult dealing with an eating disorder can be, and I wanted to offer that help to

others. Over and over again, I have heard family members lament that they have no one to talk to who understands what they are going through. I believe NEDA Navigators fill this role, as well as providing information and resources to those dealing with eating disorders. No one should have to go through this alone, and I truly believe that sharing brings perspective and hope. How I wish there had been a NEDA Navigator program in place in the early days of our daughter's eating disorder!

NEDA Navigators also do community outreach. I have found this to be an amazing opportunity to get the word out about eating disorders! By providing education and resources to both health professionals and the general public, we create the opportunity for open dialogue and communication about eating disorders. By destroying the stigma, fears, and myths that surround eating disorders, we can create an atmosphere of compassion and understanding that will allow those suffering to openly seek treatment and support for their illness. This is something we all need to work toward because, in fact, *Everybody Knows Somebody*. If you could use the support and encouragement of a fellow family member, partner/spouse, friend, or person who is now in recovery, email pffnetwork@myneda.org to be matched up with a NEDA Navigator. ■

A Life Worth Living

BY Sal Candrilli, New York

To be brutally honest, when I began to write my story of recovering from an eating disorder for the National Eating Disorders Association, I had no idea where to begin or where to end. My past state of being consumed completely (or should I say inebriated) by an eating disorder has led me to my current position of recovery. I don't believe I could understate how much of a difficult and challenging obstacle it has been to reach this destination.



My journey living with bulimia nervosa was no easy task to handle. I was first hospitalized and diagnosed with this illness when I was 15 years old and a sophomore in high school. I went through it all; the teasing, the ridicule, the lament for one's self... It was a never ending cycle that I seemed to have created for

myself and never wished to leave. My eating disorder was my comfort zone, providing me with a service which I believe is why we as humans tend to hold onto things in the first place. It comforted me and numbed out all of the emotions that I refused to let myself experience, and in turn created the illusion of feeling "safe" and "secure" with who I was as a person. In reality though, I was embarrassed and scared: embarrassed because I was a male dealing with eating problems in a society that often views this illness as a female issue and scared because I was not comfortable

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with myself or who I was as a whole. Because of this, I felt broken, down, and alone for the majority of my life and was helplessly stuck in a realm of hurt, pain, and suffering that I could not break free of. I was finally hitting my point of rock bottom. I lost friends, family, trust, and most importantly, respect throughout this process, but still could not get myself to seek out help (and actually take what was offered to heart). I was hospitalized countless times, sent to numerous treatment centers around the United States, and rehabilitated over and over again, but things just did not seem to click with me no matter what help I was given and blessed to have received. I felt hopeless.

Finally, after returning home from a 6-month stay at a treatment center and then experiencing a life threatening relapse, something actually started to make sense for me. I began to find the pieces of myself and begin to slowly put them back together. I realized something that I had not been able to before: I was dying, I was killing myself, but I was still a person worthy of a life worth living. I never saw things that way before. I was no different than anyone else on this planet. We all deserve a joyful life, and we all deserve a

happy and healthy upbringing. But, how was I to let go of all that was my past and create a new life for myself? That was the task at hand.

So, I did something I had never done before, and I reached out for help. I contacted the National Eating Disorders Association and asked for guidance on what I should do. They then connected me to their NEDA Navigators program. I had no idea what this was or how it was going to aid me in my journey toward recovery, but I knew in my heart I had nothing to lose and everything to gain. The next thing I knew, I was being connected to Vic Avon, an eating disorder survivor who often shares his story to educate others about eating disorders among males. Through the program, he was assigned to help me get through my tough times and to have someone to talk to and utilize for help during periods of hardship. I could not have asked for a better person or program to enter my life. This was perhaps the greatest thing that has ever happened to me in my life's entirety. Working with Vic has been a huge blessing. He helped me to realize I needed to go back into treatment for stabilization and then deal with the issues that were causing me to fall off my path

to recovery. This time around, I went into treatment with an open mind and open heart due to Vic's inspiration and, of course, my own willingness to accept change in my life.

I came out of treatment finally being able to honestly say I was in recovery. I did experience some bumps once back home though, as to be expected with anyone's journey in recovery. We all hit some hardships and fallouts, but the key that Vic has taught me and that I have embraced is to *pick yourself back up after each slip and to keep on moving forward*. That goal of living a life worth living was now in my grasp. I have the tools, I have the knowledge, and one thing I have learned and will take with me forever on my path is that I have the power to remain eating disorder free. By reaching out for help when I need it, listening to my treatment team, and learning new coping mechanisms, I have empowered myself to destroy the cruel monster that was my eating disorder. And for that, I am now a stronger person than I ever was before and know that I deserve life! I am forever grateful for all of the help I have received that contributed to my ability to enter this journey of recovery. ■

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 Douglas Bunnell, PhD and Ilene Fishman, LCSW, ACSW, are available to: Help you find treatment referrals, local support groups, and resources tailored to your needs; be a listening ear through 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 experience among the Navigators is diverse, and when you request to be connected with a Navigator, we can match you with someone who has been through a similar set of challenges and can share their experiences in a helpful, responsible way. You can request to speak with someone who's dealt with co-occurring conditions such as

depression, substance abuse or self-harm; shares an aspect of your identity such as ethnicity, gender, religion or sexual orientation; or has the same relationship to the person struggling, such as a fellow dad, mom, partner/spouse, sibling or friend.

Email us at pffnetwork@myneda.org 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 in your journey.*

Research Summary: Efficacy of Family-Based Treatment for Adolescents

BY Russell Marx, MD, Clinical Education Director,
NEDA Board Member



In the January 2013 issue of the *International Journal of Eating Disorders* (IJED), Jennifer Couturier and her colleagues wrote on the “Efficacy of Family-Based Treatment for Adolescents.” In a healthcare context, “efficacy” is the capacity of an intervention to produce a beneficial effect. In this study, the authors discuss “remission” as the preferred outcome (that is, a decrease in symptoms). They define this in several ways: absence of diagnosable criteria, achievement of a certain percent of ideal body weight, and abstinence from binge eating and purging.



In this literature review, six randomized controlled trials (the gold standard for clinical research) were found that compared Family-Based Treatment (FBT) with individual treatments in adolescents with Anorexia Nervosa (AN), Bulimia Nervosa (BN), and Eating Disorders Not Otherwise Specified (EDNOS).

These studies with small sample sizes were combined in a “meta-analysis”. In this context, meta-analysis refers to a statistical way of combining evidence of several smaller studies, so that the resulting greater statistical “power” has a better chance to detect an effect in the individual studies. Lucky for us, Jennifer Couturier did a post-doctoral research fellowship at Stanford and actually understands statistics. As Abigail Zucker writes in her *New York Times* review of the new book *Naked Statistics*, “If you want to eat sausage and survive, you should know what goes on in the factory. That dictum — one of the few certainties in an uncertain world — most definitely applies to the statistical sausage factory where medical data is ground into advice.”

The results indicated that “although there does not appear to be a significant differ-

ence between FBT and individual therapy when measured at the end of treatment, when measured at 6-12 month follow-up, FBT is superior.” A possible explanation for these results are that the parents have learned helpful techniques, and they could be acting in place of a therapist to support healthier behaviors and continued adequate weight gain in their adolescent child.

The authors go on to conclude that “Family therapy focusing on symptom interruption of eating disordered behaviors should be recommended as the first line of treatment for adolescents with eating disorders. Given the growing evidence base for FBT for adolescents with eating disorders, it would be prudent to study implementation strategies and effectiveness of this treatment in the community.”

The medical community can be resistant to change. Harvard economist Michael Porter writes in his seminal book *Redefining Health Care*²: “It takes, on average, seventeen years for the results of clinical trials to become standard clinical practice.”

Parents can help by utilizing the simple mantra: “Educate, Advocate, Donate.” One good opportunity for education will be the upcoming University of California, San Diego Eating Disorders Conference (February 22-23). This is one of the first professional conferences open to families, and it will focus on advances in FBT, as well as other topics. Speakers include such notables as Walt Kaye MD and Kerri Boutelle PhD from UC San Diego, Daniel Le Grange, PhD from the University of Chicago, and Janet Treasure, PhD, FRCP, from Kings College, London. ■

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What is Family-Based Therapy (FBT)?

I can think of no better source to answer this question than the writings of James Lock and Daniel Le Grange, leading researchers in our field that helped to develop this treatment. In an outstanding book that they have edited, *Eating Disorders in Children and Adolescents*¹, they have respectively written chapters on “FBT for Anorexia Nervosa” and “FBT for Bulimia Nervosa”. Dr. Lock writes that, “There are five fundamental tenets that guide all phases and interventions used in FBT:

1. an agnostic view about the cause of AN
2. initial symptom focus
3. non-authoritarian consultative stance as a therapist
4. an emphasis on parental symptom management (empowerment)
5. an ability to separate the disorder of AN from the adolescent (externalization)”

In Dr. Le Grange’s chapter, four of the five key tenets for FBT-BN are quite similar to FBT-AN. One interesting difference in FBT-BN is that instead of “parental symptom management” you have “parents and the adolescent are responsible for normalizing eating (collaboration).” Dr. Le Grange writes that: “It is unique to FBT-BN that the adolescent is an active participant in the attempts to curtail binge eating and purging, and the therapist encourages the adolescent to express his or her point of view and experience in lieu of arriving at a solution to the eating disorder symptoms.”



Proud2Bme Contributor Leads the Charge to Remove BMI Calculator from Seventeen.com

BY Claire Mysko

Seventeen-year-old Shirley Wang is working hard to recover from her eating disorder. She writes about her steps to recovery on her personal blog and she is a regular contributor to Proud2Bme (proud2bme.org), NEDA's online community for young people. When Shirley stumbled upon a dangerously inaccurate online BMI (body mass index) calculator while browsing Seventeen.com this past November, she was livid. The calculator claimed that a BMI of 15 was in the "healthy range" for an 18-year-old. Not only was this result completely out of line with the Centers for Disease Control's chart (which says that a BMI of 15 for an 18-year-old is underweight and a teen with this BMI should be seen by a medical doctor), it also raised another important question: Why was Seventeen offering an online BMI calculator for its young, vulnerable readers in the first place?

Shirley wrote an impassioned blog post about the problems with Seventeen's BMI calculator and the news spread quickly through social media and the recovery and healthy body image blogging community. Lauren Stalnaker, 21, joined with Shirley to create an online petition on Change.org, asking Seventeen to remove it. We learned of the petition and quickly posted about it

on Proud2Bme. NEDA's CEO Lynn Grefe also reached out to *Seventeen* directly to express our concerns. Within hours, Jezebel.com (the most widely read U.S. women's blog) had picked up our post. By the next morning, *Seventeen* had quietly removed the calculator from their website. It is a victory well worth celebrating.

Fifty-three percent of 13-year-old girls are dissatisfied with their bodies. That number jumps to 78% by the time girls reach the age of 17. Five years ago *Seventeen* launched its Body Peace Treaty, a list of promises girls can make to themselves in the spirit of body acceptance. One of those promises is to **"appreciate what makes my body different from anyone else's."** It seemed inconsistent and out of step that they would also be inviting girls to type in their height and weight to get a number that would surely lead many of them to wonder how their number compares to others.

BMI is *one* assessment tool used by medical professionals. But it doesn't give the complete picture of a person's health—whether that person is medically overweight, underweight, or somewhere in the middle. *Teens should not be "figuring out if their weight is healthy"*

from a highly questionable calculator on Seventeen.com; they should be talking to their doctors about their unique concerns, their stress levels, their day-to-day habits — all the complex factors that affect physical and emotional health. Hopefully those doctors treat them as whole people, not a compilation of numbers on a chart. Seventeen missed the mark with their BMI calculator. And a community of empowered young people called them on it.

At Proud2Bme, we want to build a nation where *confidence* rules. We're providing a space that encourages young people to think critically about the messages they are receiving from mainstream media and challenging them to speak out and demand change. We firmly believe that this kind of activism and self-expression promotes healthy body image and recovery—and, as this coordinated online action clearly demonstrates, it can get real results. ■

Claire Mysko oversees content and community for Proud2Bme.org. She is also the author of *You're Amazing! A No-Pressure Guide to Being Your Best Self and Does This Pregnancy Make Me Look Fat? The Essential Guide to Loving Your Body Before and After Baby.*

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! ■

Virginia Bill for Eating Disorders Education and Prevention Passes Unanimously in Virginia

In January 2013, NEDA volunteer advocates assembled at the Capitol in Richmond, Virginia to educate legislators about the importance of early intervention for eating disorders, and to ask that they support a bill for eating disorder parental education and school screenings. Their effort and their commitment to speaking out made a difference in February when the Virginia House of Delegates unanimously passed the bill. A week later, it passed unanimously in the Virginia Senate. We hope the Governor will soon sign the bill into law.

House Bill 1406, patroned by Delegate Dickie Bell, a former educator himself, calls for information to be sent home to all parents of students in grades 5

through 12 about eating disorders — informing parents of early signs and symptoms to look for, and what to do if they suspect their child might have an eating disorder. The bill also calls upon the Virginia Department of Health to work with NEDA and other stakeholders to develop a toolkit for schools to conduct eating disorder screenings.

This is a huge victory for early intervention, and a testament to the power of dedication from a small group of passionate volunteers. To find out how you can get involved in similar efforts in your state, contact 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. ■

Save the Date! for NEDA's Annual Benefit Dinner

NEDA's Annual Benefit Dinner will take place at 6:30PM on April 17, 2013 at One Chase Manhattan Plaza in New York City.

For event information, sponsorship opportunities and to purchase tickets, please email: kristina@trustaffairs.com

NEDA Announces Results of College Survey!

Results Show Significant Unmet Needs for Resources on Campuses to Help Prevent & Treat Eating Disorders

The **Collegiate Survey Project** – which was approved by Pace University’s Institutional Review Board – finds that greater funding and resources are needed on college campuses to educate, screen and treat students struggling with eating disorders. The study was launched in response to the volume of requests NEDA receives for information about eating disorder-related services on campuses, as the rate of eating disorders among college students has risen to 10 to 20 percent of women and four to 10 percent of men. Athletes were identified as a particularly underserved population on campus.

According to the survey, access to education, screenings, and mental health resources are important for getting individuals to seek proper treatment and support, or be able to detect and refer other students who may be struggling. Overall, 73 percent of the colleges surveyed offer **NEDAwareness Week** activities and 94.1 percent of all respondents stated it is somewhat (36.1 percent) or very/extremely (58 percent) important. While 100 percent of the respondents that offer education and screenings for athletes stated it is very/extremely important, only 2.5 percent of schools surveyed offer year-round

Eating disorders are potentially life-threatening and the steady increase of prevalence on our campuses is alarming. Colleges providing the resources and support necessary for students affected by eating disorders should be applauded. However, we have also learned that more can and should be done on many campuses to serve this population. We hope that many more colleges will step up to the plate and learn from this study sooner rather than later. Taking action about eating disorders on college campuses for early intervention and support could be key to a healthy future for many students.

— Lynn Grefe,
NEDA President & CEO



In the study, respondents (campus service provider representatives) at 165 participating colleges and universities provided information on eating disorder-related programs and services, including: campus screening and awareness events; educational programs and workshops; counseling services; academic classes or programs; residence life and peer advisor programs; athlete services; and informational resources, such as articles, websites and pamphlets.

prevention and education for athletes and only 22 percent offer screenings and referrals. Results indicate that additional funding and resources are necessary in order to meet the needs of students nationwide.

The increased pressure and stress of school and leaving home may lead to mental health problems among college students and a greater need for campus services. This is also a period of develop-

ment in which disordered eating is likely to arise, resurface or worsen for many young men and women. Full-blown eating disorders typically begin between 18 and 21 years of age (Hudson, 2007). Given that eating disorders are the mental illness with the highest mortality rate (Arcelus, 2011), early detection, intervention and treatment is extremely important and gives an individual the best chance of recovery. Help-seeking decreases significantly when people are not aware of the options available to them (Ben-Porath, 2002; Friedman, 2009; Nolen-Hoeksema, 2006; Gould, 2007), and survey results indicate that there is a need for increased education and training for those in the Greek system, peer advisors, resident advisors, fitness instructors, and staff on campus who are in a position to help students identify the resources they need. ■

To read the full study connect with other college staff addressing eating disorders on campus, or download the directory of programs and services available at participating schools, visit the Collegiate Survey Project on NEDA’s website: <https://www.nationaleatingdisorders.org/CollegiateSurveyProject>



INSURANCE

My Daughter, Janell

BY Brian Smith

My daughter, Janell, was a beautiful girl with an amazing love for life. She was funny, witty, smart, caring and had a special love of animals. She graduated from Cal Poly, San Luis Obispo, with a degree in English and a minor in music. She had been very active in drama and choir throughout high school and college.

After a year in Los Angeles, she came back to San Diego and worked as a library technician while attending school at night to obtain an Elementary School teaching credential. I knew that she would enjoy being a librarian as she had a great love of reading and books. My ex-wife and I bought her a condo, and she loved living by herself and being independent. However, it soon became noticeable to all of us that she was fighting a battle with an eating disorder. Eating disorders are complex conditions that can arise from a variety of potential causes. I believe that the catalyst for Janell's disorder was the direct result of a date-rape that occurred during her sophomore year of college, during which she was told her body was not very attractive. Because of the shame and secrecy that is often attached to significant trauma, I was not made aware of this incident until five years after it happened. I was relieved when after two years of working in the library, she changed jobs and became an aide in the Special Education department. I had become worried that the job in the library was isolating her causing the disease to strengthen its grip on her behavior. She eventually agreed to enroll in an out-patient program and began seeing a therapist.

Janell and I were very good friends, and we did a lot of things together. We went to a concert in Orange County to see Stevie Nicks, and on Saturdays we would watch college football together. My favorite team is USC, and she loved Notre Dame, so I bought tickets to the Notre Dame vs. USC game which was held on the Saturday of Thanksgiving weekend. However, during the Thanksgiving week, Janell thankfully agreed to enter a hos-

pital for an in-patient program. The hospital specialized in eating disorders, and we were all hopeful that this treatment would propel Janell toward recovery.

At the hospital, Janell kept a journal of the events that occurred during her stay. My ex-wife and I were also required to attend group therapy sessions at least once a week. We also visited her on weekends. After eighteen days, she was released to go back home. In January, she went back to work, but it was clear that her battle continued to rage on. After about three weeks, she called me one morning to ask if I would call the principal at the school where she worked and tell her that she was sick and unable to come in. She came over to my office (I was an Assistant Superintendent in the District,) and I could see that she was very troubled. She told me that she had not eaten the day before, but woke up during the evening and "binged." At that time, I asked her to consider returning to the hospital, and she agreed.

During this entire ordeal, I never really knew what her body weight actually was, but I received a call from the hospital, telling me that she was being transferred to the regular hospital because her weight was critically low, and they needed to start her on a tube-feeding program. I visited her during that week, and it was really difficult to see her hooked up to an IV as we walked around the second floor dragging the IV along with her. After a week, she had gained sufficient weight to return to the eating disorder program, and I continued to attend therapy sessions.

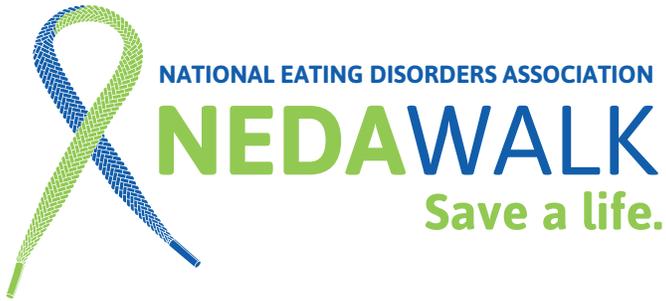
Then, everything began to fall apart. On a Friday, early in March, I received a phone call from Janell's treatment case manager saying that she was going to be discharged on the following Monday to return to an out-patient program in San Diego. The case manager was receiving instructions from a doctor located in San Francisco, and had not talked to Janell's psychiatrist at the hospital in over a month. He added that we would discuss

next-step strategies" during our meeting with a counselor on the following day. I protested the decision saying that she did not yet weigh enough to qualify for an out-patient program. Their criteria indicated that she should weigh at least 75% of her ideal body weight which I knew her to be under on the day of the phone call. When we arrived at the hospital and met with the counselor, she told us that she did not agree with the decision but the "insurance company was pulling the plug on her coverage." I should add that in California mental health coverage is equal to other types of coverage, and the policy covering Janell's affliction indicated that she was fully covered, "as long as is medically necessary." I vividly remember the meeting, and a nurse bringing in Janell's lunch to her. Janell looked at her sandwich and exclaimed dismay because there was mayonnaise on her bread. I had a private thought that she was not ready to be released from the hospital.

The ending is very sad. I saw her each day after she returned to her condo, but I knew that the following Friday, I had to attend a conference in Los Angeles, and would not be able to see her. I called her Saturday morning to invite to go see the movie "Chicago" which I knew she would like, but got a voice mail message. Not hearing back from her, I went over to her condo on Sunday morning. The door was locked, and she did not answer the bell. It was a second story condo, and I went around the back, climbed up the building and opened the sliding door which was not locked. I found Janell lying on the floor unconscious, but breathing with lots of food on the coffee table next to her. I then found a partially used bottle of vodka and an empty case of Tylenol pills. So, I know what happened. On Friday night, she binged and decided to kill the disease.

I often ask myself why I waited until Sunday to try to see Janell. And, why did I not know that we could have appealed the insurance company's decision to release her from the hospital and require

➔ [continues on page 21](#)



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

San Diego CA NEDA Walk

(De Anza Cove, Mission Bay, San Diego, CA)
Sunday, February 24, 2013

Orlando, FL NEDA Walk (Lake Eola Park, Orlando, FL)
Sunday, February 24, 2013

MentorCONNECT's 3rd Annual Virtual NEDA Walk
February 24 - March 2, 2013

Waco, TX NEDA Walk (Baylor University, Waco, TX)
February 28, 2013

Athens, GA NEDA Walk
(University of GA Health Center, Athens, GA)
Saturday, March 2, 2013

Columbia, SC NEDA Walk
(Carolina Children's Home, Columbia, SC)
Saturday, March 2, 2013

Los Angeles NEDA Walk (Los Angeles, CA)
Saturday, March 2, 2013

Reno, NV NEDA Walk (University of Nevada, Reno, NV)
Saturday, March 2, 2013

Phoenix, AZ NEDA Walk (The Phoenix Zoo, Phoenix, AZ)
Sunday, March 3, 2013

Columbia, MO NEDA Walk
(Grindstone Nature Area, Columbia, MO)
Saturday, March 16, 2013

Nashville, TN NEDA Walk (Centennial Park, Nashville, TN)
Saturday, March 16, 2013

Gainesville, FL NEDA Walk
(Ben Griffin Stadium, University of Florida, Gainesville, FL)
Saturday, April 6, 2013

Boston, MA NEDA Walk (Boston, MA)
Sunday, April 7, 2013

Washington, DC NEDA Walk
(Freedom Plaza, Washington, DC)
Sunday, April 7, 2013

Tucson, AZ NEDA Walk (Reid Park, Tucson, AZ)
Sunday, April 7, 2013

Columbus, OH NEDA Walk
(Fred Beekman Park, Columbus, OH)
Saturday, April 13, 2013

Raleigh, NC NEDA Walk

(Meredith College Greenway, Raleigh, NC)
Saturday, April 13, 2013

Portland, ME NEDA Walk
(Edward Payson Park, Portland, ME)
Saturday, April 20, 2013

Boise, ID NEDA Walk
(Julius Kleiner Memorial Park, Boise, ID)
Saturday, April 27, 2013

Owensboro, KY NEDA Walk
(Smothers Park, Owensboro, KY)
Saturday, June 1, 2013

Seattle, WA NEDA Walk (Seward Park, Seattle, WA)
Saturday, June 1, 2013

Toledo, OH NEDA Walk
(Wildwood Metropark, Toledo, OH)
Saturday, June 8, 2013

Kansas City, MO NEDA Walk
(Berkley Riverfront Park, Kansas City, MO)
Saturday, June 15, 2013

Oconomowoc, WI NEDA Walk
(Fowler Lake Park, Oconomowoc, WI)
Saturday, July 13, 2013

Colorado Springs, CO NEDA Walk
(Austin Bluffs Open Space, Colorado Springs, CO)
Saturday, July 27, 2013

Syracuse, NY NEDA Walk (Longbranch Park, Syracuse, NY)
Saturday, August 24, 2013

Greater Cincinnati, OH NEDA Walk
(Dearborn Trails, Lawrenceburg, IN)
Saturday, September 7, 2013

Bowling Green, KY NEDA Walk
(Bowling Green RiverWalk, Bowling Green, KY)
Saturday, September 14, 2013

New York City NEDA Walk (Foley Square, New York, NY)
Saturday, October 5, 2013

Corpus Christi, TX NEDA Walk (Texas A&M University -
Corpus Christi Campus Walking Trail, Corpus Christi, TX)
November 2013

The Feeding Hope Fund

NEDA is delighted to announce the launch of our new initiative, **The Feeding Hope Fund**. This fund is created in response to the growing need for clinical research and training grants.

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 NEDA's competitive application process, as well as qualified clinical experts providing creative submissions for advancing the training and dissemination of evidence based treatments to fellow clinicians.

Lynn Grefe, CEO of NEDA, commented on this new program, by stating "When it comes to eating disorders, the Feeding Hope Fund is making the best use of today for tomorrow's challenges." NEDA's Board of Directors has set a goal of raising \$500,000 by the close of 2013.

At all levels of giving, benefits will include invitations to research updates and events, NEDA's annual report on research grant updates and recipients and listing



on the Feeding Hope Fund website. NEDA anticipates that after the submission and review process, decisions will be made in the Fall of 2013. We are hopeful that The Feeding Hope Fund will provide the drive towards greater clinical research and training within the field of eating disorders. ■

* More than 90% of all gifts will go directly to research and training grant opportunities. For more information visit www.NationalEatingDisorders.org/FeedingHopeFund

► My Daughter, Janell *continued from page 21*

a written explanation? I live with this guilt on a daily basis, and while I didn't know at the time, I want others to be aware that there are resources to help you figure out how to deal with insurance. To this day I visit her gravesite weekly, and I miss her tremendously. I share this story not to discourage you in your brave fight against an eating disorder, but so that it might protect you or your family from enduring the same experience.

When dealing with an eating disorder, it is imperative to educate yourself on insurance issues, so that you or your loved one can gain access to quality care and treatment. NEDA has partnered with family members and professionals from across the United States with experience fighting insurance companies to develop strategies for people looking for help. Please visit the **Insurance Issues page** (<http://www.nationaleatingdisorders.org/insurance-resources>) on the NEDA

website, listen to the **PFN Webinars** (<http://www.nationaleatingdisorders.org/webinars>) on insurance issues, or call the NEDA Helpline at 1-800-931-2237 to learn more about how to navigate and understand insurance issues. And, while you can't force someone to recover, you can commit to always being there for them through the journey. Never give up hope. A life may depend upon it. ■

Loss Support Network

The Loss Support Network offers those who have lost a loved one to an eating disorder a way to connect with others by:

1. Volunteering to support those new to a loss
2. Requesting support from a volunteer in the network
3. Connecting with fellow volunteers.

If you have lost a loved one and would like to become a Loss Support Network volunteer or would like to request connection with a volunteer, visit the Parent, Family & Friends Network on NEDA's website (<http://www.nationaleatingdisorders.org/loss-support-network>).

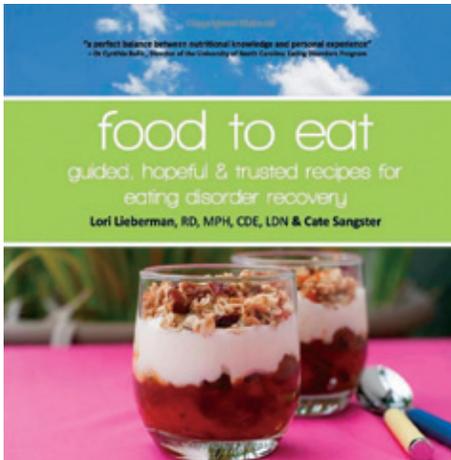
Eating disorders are life-threatening illnesses with anorexia having the highest mortality rate of any mental illness. Yet history tells us that insurance companies routinely deny coverage for treatment even though studies have shown that a full-course of treatment is cost effective. While there is little argument that early intervention offers the best chance for recovery, insurance often works as a barrier to prompt, thorough treatment. Visit myneda.org to learn more about how you can fight an insurance denial for coverage.



BOOK REVIEW

Food to Eat | Written by Lori Lieberman & Cate Sangster

REVIEWED BY Ashley Solomon, PsyD,
Insight Behavioral Health Centers



* 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.

If someone has ever told you that there's no simple recipe for eating disorder recovery, well... they're right. But, fortunately, there is now a set of easy (and delicious!) recipes that can aid in recovery from destructive eating habits. It's called *Food to Eat*, and it's the new book by Registered Dietitian, Lori Lieberman, and eating disorder survivor, Cate Sangster.

It would be easy to call this a recipe book for eating disorders, but that would be grossly over-simplifying what it offers. Rather than a cookbook, Lori and Cate have created a fabulous resource for individuals working their way towards recovery. They put their heads together to develop a book that features not only great-tasting recipes, but an exploration of how to approach food in a way that is pro-recovery.

Creating a food-focused book for a food-fearful set of readers is no easy task, and Cate and Lori are able to do it with sensitivity, skill, and even humor. The book shifts back and forth between the two authors' perspectives, so readers get a chance to hear from both an experienced nutrition expert and someone who's been in the trenches of an eating disorder for many years. The book makes it clear that the two didn't always agree on the approach to take, and I appreciated the candor and richness that resulted.

What others might appreciate is the focus on developing an awareness of one's own stage of readiness in tackling cooking and food preparation. The authors are cognizant that individuals are at various places in recovery and that even making something simple can be a major hurdle. They respond both firmly and with compassion about the importance of making small steps towards a healthier tomorrow.

At the heart of the book is several chapters-worth of recipes. They are divided by the preparation time required, from less than 20 minutes to greater than 40. They include helpful symbols indicating useful information such as whether the recipe is vegetarian-friendly or requires some pre-prepared ingredients. It's obvious that the recipes were selected carefully, with a diverse set of readers in mind. None require intensive kitchen skills and they are rich in flavors and nutrients. Each is accompanied by beautiful photography of the prepared dish. What's great too is that those following an exchange system of meal planning can find this information in the appendix.

Developed for those in recovery, this is really a book both for individuals in the trenches of disordered eating, those on the other side, and people who care about them. It's a fun, helpful guide to eating well, and a book that could have a place in every kitchen. (And now it's even available for the iPad!) ■



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.



Network Spotlight

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.

NEDA Network Members

Austin Foundation for Eating Disorders (AFED), Texas
<http://austinfed.org/>

Be You at Be Me, Inc., California
<http://www.beyouatbeme.com/>

Community Outreach for the Prevention of Eating Disorders (COPE)
<http://www.cope-ecf.org/>

Eating Disorders Coalition of Tennessee
<http://www.edct.net/>

The Eating Disorder Foundation, Colorado
<http://www.eatingdisorderfoundation.org/>

Eating Disorders Information Network (EDIN), Georgia
<http://myedin.org/>

Eating Disorder Network of Central Florida
<http://www.edncf.com/>

Eating Disorder Network (EDN) of Maryland
<http://www.ednmaryland.org/>

Eating Disorders Resource Center (EDRC), California
<http://www.edrcsv.org/>

The Elisa Project, Texas
<http://www.theelisaproject.org/>

Helping Other People Eat (H.O.P.E.), Florida
<http://www.hopetolive.com/>

The Manna Scholarship Fund, Georgia
<http://www.mannafund.org/>

Thank you to all of our NEDA Network Members for helping to promote 2013 NEDAwareness Week with their own activities and events! Raising awareness about eating disorders and the resources available to those suffering has resulted in an increased number of people who actively seek out help for their illnesses.

MCR Foundation, Tennessee
<http://mcrfoundation.com/>

Missouri Eating Disorders Association
 (Formerly The Dahlia Partnership)
<http://moeatingdisorders.org/>

Multi-Service Eating Disorders Association, Inc. (MEDA), Massachusetts
<http://www.medainc.org/>

Mentor Connect
<http://www.mentorconnect-ed.org/>

Oklahoma Eating Disorders Association (OEDA)
<http://www.okeatingdisorders.org/>

Ophelia's Place, New York
<http://www.opheliasplace.org/>

Project Heal
<http://theprojectheal.org/>

Sharing Education About Eating Disorders in Siouland (SEEDS)
<http://www.werseeds.com/>

Someday Melissa
<http://www.somedaymelissa.org/>

T.H.E. Center for Disordered Eating, North Carolina
<http://thecenternc.weebly.com/>



Of Monumental Importance:

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

Washington D.C. October 10-12, 2013

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



NEDA
CONFERENCE
2013

National Eating Disorders Association

165 W. 46th Street, Suite 402
New York, NY 10036



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

Share Your Thoughts

If you have an idea for an article, a question you'd like us to research, or would simply like to share your story — we'd love to have you participate! 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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www.NationalEatingDisorders.org

Thank you to our generous Sustaining Sponsors for helping to make our programs and services possible.

PLATINUM: Rader Programs

GOLD: Eating Disorder Center of Denver and Remuda Ranch

SILVER: Rogers Memorial Hospital

STEEL: Center for Eating Disorders at Sheppard Pratt, Eating Recovery Center, Melrose Institute, The Renfrew Center, Timberline Knolls

BRONZE: Cambridge Eating Disorder Center, Center for Change, CRC Health Group, McCallum Place, Oliver-Pyatt Centers, Pine Grove Women's Center, Veritas Collaborative