List of Pre-Congress Workshops – Teaching Days

Eating Disorders Alpbach 2004-2016

Alpbach, Tyrol, Austria

Kongress Essstörungen 2016 / Eating Disorders Alpbach 2016

13. Internationaler Klinischer Workshop / Teaching Day
13th International Pre-Congress Workshop / Teaching Day

09:00 – 10:30
Body Checking, Body Avoidance and Feeling Fat – Part 1
Christopher FAIRBURN
Centre for Research on Eating Disorders at Oxford, Oxford, United Kingdom
Keywords: Body image, body checking, body avoidance, feeling fat, media

Body checking, body avoidance and feeling fat are three features shared by most people with an Eating Disorder. In this workshop they will each be described and their significance discussed. Therapeutic methods for addressing them will be presented and illustrated with detailed clinical examples.

11:00 – 12:30
Body Checking, Body Avoidance and Feeling Fat – Part 2
Christopher FAIRBURN
Centre for Research on Eating Disorders at Oxford, Oxford, United Kingdom
Keywords: Body image, body checking, body avoidance, feeling fat, media

Body checking, body avoidance and feeling fat are three features shared by most people with an Eating Disorder. In this workshop they will each be described and their significance discussed. Therapeutic methods for addressing them will be presented and illustrated with detailed clinical examples.
Recent research suggests that emotion is an important factor in the aetiology and maintenance of Eating Disorders. Thus emotion, and its management, may play an important role in the treatment of Eating Disorders. Integrative cognitive-affective therapy (ICAT) is based on a theoretical model that emphasises the importance of momentary emotion as a maintenance mechanism for Binge Eating and other Eating Disorder symptoms. A randomized controlled comparison of integrative cognitive-affective therapy (ICAT) and enhanced cognitive-behavioural therapy (CBT-E) for bulimia nervosa (Wonderlich et al, 2014) concluded that ICAT was associated with significant improvements in bulimic and associated symptoms that did not differ from those obtained with CBT-E. This suggests targeting emotion and self-oriented cognition in the context of nutritional rehabilitation may be offered as an innovative approach to the treatment of Eating Disorders.

This skills-based workshop will:
1. Present a brief review of the integrative cognitive-affective therapy (ICAT) model
2. Identify its common links with CBT-E
3. Present the cornerstones of ICAT treatment
4. Outline the four phases of ICAT that are required for effective treatment
5. Demonstrate the practical aspects of delivering ICAT

Eating Disorders are common and although effective management approaches such as CBT and Family Based Therapy have been found to be useful, the skills required are not available in sufficient quantities to meet the demand. SSCM has now been used to treat Anorexia Nervosa in at least three randomized controlled trials of therapy in which it was the control treatment. Surprisingly, SSCM did well and was often indistinguishable from the complex treatments being tested. This led to the idea that perhaps if could be used as a treatment itself for Eating Disorders. The therapy was adapted so it could be provided to any patient with an Eating Disorder, not only AN, and the adapted therapy was called SSCM-ED. SSCM-ED concentrates on engagement and retention in therapy, a target symptom list is developed and used as a basis for therapy. Up to 20 sessions are provided, although it may also be suitable for more long term work. Therapists can begin using SSCM-ED if they 1. Have a basic mental health profession, 2. Have worked with Eating Disorders for at least 6 months, 3. Have had a half day training from an expert, 4. Are properly supervised by an SSCM-ED supervisor. Because of the limited requirements for training, this approach could be used widely by staff with some experience in treating s as long as supervision is available. In the workshop, SSCM-ED will be taught and delegates will practice the different interventions required.
In this two-part workshop I will describe a novel evidence-based outpatient treatment for adults with anorexia nervosa (AN), the Maudsley Model of Treatment of Adults with AN (MANTRA). This is based on a specific maintenance model of AN (Schmidt & Treasure, 2006; Treasure & Schmidt, 2013). The model and treatment are novel in several respects: (a) it is empirically-based, drawing on and incorporating recent neuropsychological, social cognitive and personality trait research in AN, (b) it includes both intra- and interpersonal maintaining factors, and strategies to address these (c) it is modularised with a clear hierarchy of procedures, tailored to the need of the individual.

Using an interactive format and case examples, we will demonstrate key elements and techniques of MANTRA that are used at different stages of treatment and will discuss how these are sequenced and integrated with each other in the treatment of adults with AN.

Learning Objectives:
(1) Participants will learn to identify unique features of MANTRA, together with their empirical and theoretical underpinnings.

(2) Participants will become familiar with key treatment strategies of MANTRA during the initial and later phases of treatment.

(3) Participants will learn how to develop a collaborative case conceptualisation for people with AN, and the different formats for such formulations that might be most helpful.

(4) Participants will learn how to include close others in treatment.

Keywords: Anorexia nervosa, adults, outpatient therapy, cognitive-interpersonal model, MANTRA

Prof Ulrike Schmidt, MD PhD FRCPsych, studied medicine at the University of Düsseldorf. Throughout, she was supported by the German National Scholarship Foundation, for distinction in her work. She came to the UK in 1981 on a one-year travel fellowship from the Foundation. She trained in psychiatry at the Maudsley Hospital and obtained her PhD in eating disorders. Her first consultant post was in community and liaison psychiatry at St. Mary’s Hospital, London. She became a consultant in the Eating Disorders Unit at the Maudsley Hospital in 1998 and Professor of Eating Disorders at King’s College London (KCL) in 2006. Prof Schmidt was a member of the NICE Eating Disorders Guidelines Development Group, Chair of the Section of Eating Disorders at the Royal College of Psychiatrists and a board member of the Academy for Eating Disorders (AED). She is a Council member of Beat, the UK’s main eating disorders charity. She is the recipient of a 2005 NHS Award for Innovative Service Delivery, the 2009 AED Leadership Award for Clinical, Educational and Administrative Services, the 2013 KCL Supervisory Excellence Award and the 2014 Hilde Bruch Award for Outstanding Achievements in Eating Disorders Research and Treatment. Prof Schmidt has published some 300 peer-reviewed papers and 90 other publications on eating disorders, including text books, chapters, patient manuals, and web-based treatment or training packages. She was the PI of an NIHR Programme Grant for Applied Research (completed in 2014; Translating Clinical Neuroscience into Treatment of Anorexia Nervosa). Her research was profiled in the Lancet (2013). A key focus of her research has been on experimental therapeutics, i.e. development of interventions as probes of disease mechanisms as well as tests of efficacy. This has
included development of brief scalable psychological treatments for eating disorders and use of novel ‘brain-directed treatments’, such as non-invasive neuromodulation approaches.

Selected References/ Literature:


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Finn Skårderud, Oslo, NO. Minding the body - Mentalization-based treatment for eating disorders (MBT-ED)

(in English language)

Mentalization-based treatment is evidence-based medicine for borderline personality disorder and self-harm. Today there is great interest in implementing such principles in other areas, e.g. addiction, PTSD, depression and as mentalization-based therapy for eating disorders (MBT-ED) (Skårderud & Fonagy, 2012).

Mentalizing is defined as the ability to understand feelings, cognitions, intentions and meaning in oneself and in others. The capacity to understand oneself and others is a key determinant of self-organisation and affect regulation. Eating disorders will be described as examples of different forms of impaired mentalizing, and such impairments are stated to be central psychopathological features in eating disorders. Psychotherapeutic enterprise with individuals with compromised mentalizing capacity should be an activity that is specifically focused on the rehabilitation of this function. Mentalization-based psychotherapy for eating disorders should also have a special emphasis on how the body is involved in representing mental states. The presentation will describe and demonstrate structures, clinical stances and techniques in MBT-ED.

Selected References/ Literature:
There has been an increasing recognition of the importance of addressing both eating disorders and obesity in prevention programs and treatment interventions, as both are associated with marked functional impairment, distress, morbidity, and mortality. Evidence-based interventions are needed to ensure that adolescents establish healthy weight regulation practices while also reducing eating disorder risk. This workshop describes a program of research aimed at developing integrated eating disorders and obesity preventive interventions. Two trials evaluated StayingFit, a 10-week online program promoting healthy living skills, healthy weight regulation and improved weight/shape concerns among adolescents and young adults. StayingFit includes two tracks, allowing for universal and targeted delivery. Students above the 85th percentile of sex/age-adjusted BMI are given StayingFit: weight management (WM). Normal weight students are offered StayingFit: healthy habits (HH). A controlled trial of the WM program with 105 adolescents yielded a significant reduction BMI, binge eating, and weight/shape concerns at 10-months. In a second trial, 514 adolescents were given StayingFit. BMI significantly decreased among students in the WM track and was stable in the HH track. Weight/shape concerns significantly decreased and fruit/vegetable consumption significantly increased in both groups. Results suggest that an online, universal and targeted intervention can be feasibly and effectively delivered in a school-based setting. StayingFit appears to support healthy weight regulation, improve weight/shape concerns, and increase healthy food consumption in adolescents. Current efforts to engage parents/caregivers in supporting healthy lifestyle behaviours and build strong community partnerships to ensure sustainable implementation will also be discussed.

**Keywords:** Eating disorders, Prevention, Digital health or technology, Online Intervention

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An alarmingly high number of males and females report negative body image. Poor body image has been shown to be a risk factor for eating disorders and can cause significant distress and impairment. This workshop explores the science and practice of improving body image. Starting with conceptual foundations, including psychological theories, sociocultural perspectives, and biological factors, the current state of scientific understanding of body image will be discussed. Developmental influences and individual and cultural differences will further reveal individual body image formation and contributors to both healthy and negative body image. Attendees will learn how to evaluate the validity of current body image assessment tools and how these methods are applicable in a range of contexts. Lastly, the main focus of this workshop describes current interventions for body image improvement and examines the relative efficacy of these approaches. Body image interventions include cognitive-behavioural, cognitive dissonance, experimental, psychoeducational, ecological/activism, and policy based approaches. Lastly, the future challenges for body image research, prevention, and practice will be discussed.

**Keywords:** Eating disorders, Prevention, Digital health or technology, Online Intervention
Dr. Megan Jones: Clinical Assistant Professor and Associate Co-Director of the Laboratory for the Study of Behavioral Medicine at Stanford University School of Medicine and Vice President of Research & Programs at ThriveOn. Dr. Jones oversees the international dissemination of Healthy Body Image Program, an evidence-based eating disorder prevention and intervention program. Her work leverages technology to prevent the onset and progression of mental health disorders. She has developed and evaluated e- and m-Health interventions for eating disorders, body image, weight regulation, anxiety and stress. Dr. Jones has a clinical specialization in eating disorders and child and adolescent psychology. She is the Co-Chair of the Body Image and Prevention Special Interest Group and Electronic Media Committee member for the Academy for Eating Disorders, National Eating Disorders Association Prevention Advisory Council member, and EU COST Action Appearance Matters work group member. Dr. Jones is currently a Visiting Scientist at the Medical University Wien in the Universitätsklinik für Kinder - und Jugendpsychiatrie.

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Gerard J. Butcher, Dublin, IRL: “Mind the Gap” – An Exploration of Communication Issues in Eating Disorders

(in English language)

In railway stations, you will often see or hear a warning to “mind the gap” as you step on or off the train. You really don’t want to slip down there!
When it comes to working with eating disorder clients or even in delivering a message to young people at risk, on many occasions, it is not unusual for therapists to experience a “gap” in their communications. Somehow, the client is not getting the message, does not trust you (or is afraid to trust you) and as the therapist, you feel “stuck”. Resistance to change in eating disorders, particularly in Anorexia Nervosa, is well documented (e.g. Abbate-Daga et al. 2013). In such instances, the communication skills of the therapist are essential in developing a meaningful engagement with the client/patient, so that progress can be made. Additionally, the quality of the therapeutic alliance has been shown to be of particular relevance in treating severe and enduring anorexia (e.g. Stiles-Shields et al. 2013) and it can be argued that good communication skills are especially important in prevention programs that rely on interactive and psychoeducational materials. This workshop will explore the main communication issues that can arise in clinical practice and ways to address strengthening the therapeutic alliance, thus closing the potential or actual “gap” in therapy. Attendees will be expected to actively participate in this workshop and to bring along some of their own case material for discussion.

Keywords: Eating Disorders, Communication Issues, Communication Skills; therapeutic alliance, Skills

References/Literatur
Abbate-Daga G, Amianto F, Delsedime N, De-Bacco C, Fassino S. (2013) Resistance to treatment and
Eating disorders, even those that are defined as being at a sub-clinical level, can cause significant impairment to the life of an individual and his/her family. Preventing the onset or exacerbation of a disorder is the goal of any prevention program. There are a number of specific factors that have been shown to increase the effectiveness of prevention programs and many current prevention strategies utilise interactive approaches to maximise the impact. This practical workshop will explore how therapists can utilise prevention principles in a variety of settings when working with eating disordered clients or those “at risk” who may be displaying sub-clinical eating disorder symptomatology. Although general principles of the different types of prevention (primary, secondary, tertiary) will be explored in an overall context, the focus of the workshop will invariably be on tertiary prevention strategies that can be utilised in clinical practice with an emphasis on recent research findings. It is hoped that attendees will be able to improve their skills in motivating their clients/patients toward the path of recovery. Attendees are encouraged to bring their own case material to this workshop and will be expected to actively participate in the workshop exercises. This practical workshop will explore how therapists can utilise prevention principles in a variety of settings when working with eating disordered clients or young people “at risk”.

Keywords: Eating disorders, Prevention, Prevention principles, strategies in clinical practice

Gerard J. Butcher MSc. Cognitive-Behavioural Psychotherapist, works in clinical practice in a private practice setting in Dublin city. Gerard has worked in clinical practice for many years and also teaches and acts as supervisor on the Foundation, Higher Diploma and Masters level training courses in Cognitive Behavioural Psychotherapy at Trinity College Dublin. In addition, he contributes as a lecturer to the Higher Diploma in Psychotherapy at University College Dublin. Previously, Gerard worked on developing eating disorders recovery programmes at two of Dublin's main psychiatric teaching hospitals and set up training courses in both Northern Ireland at the University of Ulster and in the Republic of Ireland. Gerard is the website manager for the European Council on Eating Disorders (ECED, www.eced.co.uk) and has been extensively involved on the steering committee of ECED for many years. Gerard is married and has three adult children.

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(in German language)


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Mitarbeiterin am Ludwig-Boltzmann-Institut für Frauen gesundheitsforschung, psychologische Beraterin an der Hotline für Essstörungen und im Fraugengesundheitszentrum F.E.M. Mitglied der Österreichischen Gesellschaft für Essstörungen (ÖGES) und der Interdisziplinären Gesellschaft für die psychische Gesundheit von Frauen und Genderfragen (GPGF).

Anja Hilbert, Leipzig, D: Psychotherapie bei Kindern und Jugendlichen mit Essanfällen

(in German language)


Psychological treatment of binge eating in children and adolescents

Binge eating without inappropriate compensatory behavior to prevent weight (e.g., self-induced vomiting) often presents as loss of control (LOC) eating in childhood and adolescence. This behavior is associated with an increased psychopathology, overweight and obesity. Binge eating seems to serve affect regulation purposes and occurs in the context of an increased impulsivity and maladaptive familial conditions (e.g., negative interactions). Children and adolescents frequently suffer from being overweight, from teasing and critical comments, and low self-esteem and social withdrawal are among the consequences. Specific approaches to the treatment of childhood and adolescent binge eating are currently being developed. First evidence suggests that cognitive-behavioral therapy and interpersonal psychotherapy are suited to reduce binge eating and associated sequelae and may help to prevent excessive weight gain. In this workshop, diagnostic and therapeutic approaches to the treatment of binge eating in children and adolescents are presented and discussed.


A. Hilbert is Professor of Behavioral Medicine at the Integrated Research and Treatment Center (IFB) Adiposity Diseases at Leipzig University Medical Center. She is the Behavioral Director of the IFB Outpatient Unit and Director of the IFB Research Unit. A. Hilbert is a clinical psychologist and cognitive-behavioral therapist and supervisor. Her research concentrations are on the psychosocial aspects and interventions in eating disorders and obesity in adults, children, and adolescents. A. Hilbert authored more than 100 scientific publications, is on the editorial board of several scientific journals, and was awarded multiple research grants. Currently, A. Hilbert is the President of the German Eating Disorder Society.
Ausgewählte Publikationen / Selected publications:


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Philippa HAY, Sydney, AUS: Interventions to improve eating disorder health literacy in order to reduce community burden.

(in English language)

Eating disorders (EDs) in the community are associated with high burden and poor quality of life. However, there is a wide gap between the presence of a disorder and its identification and treatment. Many of the reasons for the under-utilisation of health care in eating disorders are features of ‘mental health literacy’ (MHL) in both health professionals and people with an ED. MHL was defined by Jorm in 2007 as “knowledge and beliefs about mental disorders that may aid in their recognition, management and treatment”. The workshop will describe the content and effectiveness of trials of MHL remediation in community woman, and in health care professionals. These will include trials of health information and pure self-help therapy to targeted high risk groups, eating disorder ‘first-aid’ to non-health care community members and professionals, and an innovative NSW online learning program for health care professionals.

Philippa HAY, Sydney, AUS: Evidence and new approaches in the treatment of severe and enduring anorexia nervosa

(in English language)

One in five people with anorexia nervosa (AN) have a severe and enduring illness course with subsequent reduced quality of life and impoverished and isolated living circumstances. Notwithstanding a limited evidence base, outcomes without treatment are likely poor with high mortality and therapeutic nihilism is common. A recent randomised controlled trial (RCT) using modified specialist psychotherapies found patients responded to therapy with meaningful improvements in social, psychological and physical status. In this trial Cognitive Behaviour Therapy for AN (CBT-AN) was compared to Specialist Supportive Clinical Management (SSCM). Both therapies were highly acceptable with a very low attrition (15%) rate.
Both fostered a therapeutic relationship that promoted adherence to treatment and did not impose assumptions about change or weight regain. Specific modifications made to CBT-AN included increased flexibility in approach and an extension of the motivational enhancement section of the manual. The workshop will (1) present an overview of and the evidence base for psychological approaches in chronic anorexia nervosa, (2) report the outcomes of the RCT, and (3) detail the modifications to the specialist therapies applied in the RCT and describe the process of therapy in the context of the particular challenges in care for these patients.

**Prof. Philippa Hay**: Professor Hay has made a sustained and distinguished contribution to Eating Disorders since her first years as a Psychiatry trainee in 1987 in Wellington, New Zealand. Her interests have included analytic epidemiological studies following doctoral research training with Professor Fairburn and involvement in the Oxford community-based longitudinal outcome and classification of eating disorders studies. Her research has also encompassed community and primary care studies in the area of burden from eating disorders and eating disorder mental health literacy, namely the “knowledge and beliefs about mental disorders which aid their recognition, management or prevention”, the “evidence” from controlled trials for eating disorder treatments, and getting evidence into practice. In addition, she has long-standing expertise in evidence-based medicine and the conduct of randomised controlled clinical trials in mental health. She is a principal reviewer and writer of systematic reviews internationally in the field of eating disorders for the Cochrane Collaboration and other publications. She has been invited to give plenary and other addresses on her work to scientific meetings in Australasia, Europe, and North & South America. She has completed (as Principal Investigator) a 5-year longitudinal study (supported by a Rotary Health Research Grant) of women’s health and well-being with special regard to body image, eating and weight issues with over 500 participants. She is also a Chief Investigator on two past and two current international NHMRC funded trials of psychotherapies for eating disorders.

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Over the last 30 years there has been extensive research on the treatment of the eating disorders. Cognitive Behavioural Therapy (CBT) is the favoured treatment approach. Despite initial optimism, many bulimic and most anorectic patients don’t recover. The failure of CBT as a treatment either measured directly or by treatment drop-out has led two divergent views: either that treatment failure is due to the wrong type of CBT(!) or more rationally, that a different treatment approach is required.

This workshop will be a can-do practical session examining other treatment options. Two approaches will be highlighted, one for bulimia and one for anorexia. For bulimia an eclectic approach, which combines a strict behavioural structure with focal dynamic therapy, will be described. The treatment is used as second choice for when CBT is ineffective or as a primary approach for the older patient or one with significant emotional "baggage" or where there are marked interpersonal or family issues. The treatment is over 13 sessions and uses prescribed "carbohydrates", a variable weekly contract, a dietary diary, weightings and focal, agreed therapy goals with dynamic techniques. It's efficacy will be presented.

The second - a non specific supportive therapy for severe and enduring anorexia - is awaiting publication and the detail I can give depends on co-authors permission. At least a broad outline will be described. The treatment has been tested in a randomized controlled trial (RCT) which shows that it has efficacy. The treatment is over 30 sessions and aims to improve quality of life whilst allowing the patient to remain medically safe. Most particularly and almost uniquely there is little drop-out.

Hubert Lacey MD, MPhil, FRCPsych, FAED, Dip Obs, is Professor Emeritus in Psychiatry at St George's, University of London. He has worked with eating disordered patients for 40 yrs during which time he built the St George's Eating Disorders (ED) Service into the largest in the English-speaking world with child, adolescent and adult inpatient, daypatient and outpatient units and even a special school. Prof Lacey has also establish units in central London, Birmingham, Leeds and Devon. Prof Lacey has published many research papers and books. He was involved in the development of effective and cost-effective treatments for bulimia nervosa, for multi-impulsive bulimia where the eating disorder is associated with addictive and self-damaging behaviour and most recently dynamic and cognitive treatments for chronic anorexia. Prof Lacey has worked with the British Government on the provision of ED services and the Royal College of Psychiatrists for the education of junior psychiatrists. He founded the European Council on Eating Disorders. Prof Lacey believes in the eclectic use of therapies and has pioneered the use of large multi-disciplinary teams to treat anorectics and bulimic patients using managerial techniques borrowed from industry. Prof Lacey continues to practice in central London and to research and teach at St George's Medical School. He also chairs a charity in the City of London.

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Dianne Neumark-Sztainer, Minnseota, USA: Conducting population-based research on eating and weight-related problems in adolescents: What we’ve learned from Project EAT

(in English language)

This workshop will provide an overview of Project EAT (Eating and Activity in Adolescents and Young Adults), a large population-based study with various components. Details will be provided on how the study began, the various study components, study design, how the research team has functioned, and how the data are being used to make an impact within the fields of eating disorder and obesity prevention. Active discussion from participants will be encouraged in order to share secrets of success from various research studies. This workshop will be of value to those interested in getting their own research studies going and to more seasoned researchers.

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Dianne NEUMARK-SZTAINER, Ph.D., M.P.H., R.D., is a Professor in the Division of Epidemiology and Community Health, School of Public Health and an Adjunct Professor in the Department of Pediatrics, both at the University of Minnesota. Her research focuses on adolescent nutrition and the prevention of weight-related problems including eating disorders, unhealthy weight control behaviors, body dissatisfaction and obesity. She has been the Principal Investigator on all of the Project EAT studies including a 10-year longitudinal study of eating and activity in adolescents and young adults and, more recently, an ecological study of individual, family, peer, school, and neighborhood correlates of weight-related outcomes in youth. Dr. Neumark-Sztainer has published over 300 articles in scientific journals and a book for parents of adolescents entitled: “I'm, like, SO, fat!” Helping your teen make healthy choices about eating and exercise in a weight-obsessed world. Dr. Neumark-Sztainer is involved in outreach work aimed at the prevention of eating disorders and obesity via presentations at scientific meetings, community presentations, and media interviews. Dr. Neumark-Sztainer has received awards for her work in eating disorders from the National Eating Disorders Association, the Academy for Eating Disorders, and the Eating Disorders Coalition. She has also received a number of awards from the University of Minnesota for her research, mentoring, and teaching.

Michael P. Levine, Ohio, USA: Understanding and preparing for Universal and Selective Prevention in Schools and Communities

(in English language)

This teaching day workshop will use a variety of activities in service of three principal goals. The first goal is to provide participants with an in-depth introduction to basic concepts in the field of prevention and to a set of basic principles that Levine has developed over nearly 30 years in the field. The second goal is to provide a review of the literature that that supplements those concepts and principles with what is currently evidence-based practice in the field. The final goal is to provide participants with practical suggestions for tailoring their own prevention work to their local schools and communities. This teaching day will cover, among many topics, complex but inescapable topics such as the role of gender in prevention goals and programs, concerns about obesity, the implications of the new bio-psychiatry, and the roles of advocacy and activism.
Michael P. LEVINE, Ph.D., FAED, is Emeritus Professor of Psychology at Kenyon College in central Ohio, where he taught for 33 years. His special interests in the field of eating disorders are prevention, the effects of mass media, and the role of advocacy and activism in prevention, research, and clinical services. Dr. Levine has published widely on prevention and related topics, and he has given talks and workshops throughout the United States, as well as in Spain, Canada, and Australia. The Academy for Eating Disorders has awarded him its Meehan-Hartley Leadership Award for Public Service and Advocacy (2006) and its Research-Practice Partnership Award (2012).

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Dasha Nicholls, London, UK: Consent and control: a developmental approach

(in English language)

Control is a central theme in eating disorders. Denial and lack of consent are intrinsic to the disorder(s). When treatment falters it is often because of escalating control battles and/or withdrawal of consent. In the case of young people, this can come from their parents/carers as well as from the sufferer themselves. This workshop will consider approaches to issues of control and consent in the management of eating disorders with particular emphasis on developmental and systemic aspects.

GOALS:

1. Participants will be able to discuss issues of control and responsibility within a developmental context.
2. Participants will be able to identify responsibility issues that have legal and ethical implications.
3. Participants will be able to select appropriate therapeutic strategies for managing these issues in clinical practice.

OUTLINE: Dr Nicholls will present an overview of control issues from a developmental perspective, focussing initially on the child’s perspective, and broadening to consider the possible responses of parents and other adults. The way in which control issues are magnified in the context of eating disorders will then be illustrated using case examples. The perspective of young people on issues of consent and control will be illustrated with data from qualitative research. Treatment approaches that identify and relocate control within the family system enable responsibilities to be shared appropriately between the sufferer, their family and the clinician/clinical team. Dr Nicholls will introduce a framework for conceptualising control issues, and illustrate the clinical implications of each model with clinical examples. Participants will be encouraged to share their own clinical examples in order to maximize the learning experience from this workshop.

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Paul Robinson, London, UK: Community care in severe anorexia nervosa

(in English language)

Anorexia nervosa is a potentially fatal illness and inpatient care seems absolutely mandatory when life is threatened. While hospital admission for severe nutritional deprivation would be difficult, for ethical reasons, to test using a randomized controlled design, prolonged admission can be so tested. In the existing randomized trials, no benefit has been detected in favour of inpatient care over community care. The issue has not been solved, however, because of the small size of trials and high rates of drop-out.
In the absence of randomized-control trials (RCT) evidence, what is the clinician to do? Inpatient care is very expensive and funding bodies have become increasingly reluctant to fund long term admissions. However, patients are still admitted for weeks and months after they have passed the critical phase. The reasons for this are varied and complex. Therapists may believe that with longer inpatient care a breakthrough might be possible. Staff may also point to the psychological improvements that occur with weight gain, and believe that outcome is bound to improve with further weight gain. Families may hold similar beliefs and be reluctant to welcome back into the home a patient who is still obviously underweight. Lastly financial considerations may play a part. Individual clinicians and private hospitals may earn more from inpatient than from day or outpatient care and the pressure to "Keep the beds full" can be substantial. In the UK National Health Service (NHS), following reorganization in 1990 when commissioners purchased services from providers who could compete with each other, hospitals could increase their income by attracting admissions from distant areas. This led to pressure in the NHS to fill beds and similar financial pressures to prioritize inpatient over community care. This was occurring while the rest of medicine, especially psychiatry, was moving in the opposite direction, closing beds and developing community alternatives to admission. The purpose of this workshop is to show that community care for eating disorders is possible and safe and, although RCT evidence is sparse, it may be better for patients than inpatient alternatives. This workshop will cover the main elements of community care. 1. Risk assessment and management, 2. Outpatient care, 3. Day Hospital care, 4. Domiciliary care, 5. Inpatient care.

1. Risk assessment: a case history will be provided and participants invited to report on the level of risk and the consequent management required.

2. Outpatient care: Given the case history an outpatient programme of monitoring and therapy will be prescribed.

3. Day Hospital care: a Day Programme will be prescribed relevant to the problems encountered.

4. Domiciliary care: the forms of care at home will be considered for the patient described.

5. Inpatient care: the options for admission to medical, psychiatric and eating disorder settings will be considered for the patient described.

This workshop will include a discussion of thresholds for the different levels of care and how they differ in different countries.

Dr Paul Robinson MD is a consultant research psychiatrist in St Ann’s Hospital North London where he is leading a collaborative study investigating the effect of Mentalization Based Therapy in patients with Eating Disorders and symptoms of Borderline Personality Disorder (www.nourished-project.co.uk). He is a founder member of the Section of Eating Disorders in the Royal College of Psychiatrists, and the author of over 60 articles, 8 chapters and three Royal College Council reports on Eating Disorders. He has written two books on the subject: Community treatment of eating disorders in 2006 and Severe and Enduring Eating Disorders (SEED) in 2009. He is the founder and Chair of the MARSIPAN group (Management of Really Sick Patients with Anorexia Nervosa, www.marsipan.org.uk), and the College lead on producing a curriculum for training in the emerging sub-specialty of Eating Disorders Psychiatry.

Paul Robinson, London, UK: What’s new in treatment of people with severe and complex eating disorders?

(in English language)

In this workshop, Dr Robinson will present a bio-psycho-social model of an approach to patients with eating disorders that have become long term (Severe and Enduring Eating Disorders, SEED) and those complicated by significant co-morbidity (personality disorder, substance misuse). The participants will then be asked to consider case histories and suggest how the complex problems in multiple domains might
be address used psychological approaches including different models of therapy, biological approaches including nutrition, and social interventions such as occupational rehabilitation, self help and family support and involvement. Participants will be asked to form groups with clinician, service user and carer roles and to develop a management plan.

**Dr Paul Robinson MD** is a consultant research psychiatrist in St Ann’s Hospital North London where he is leading a collaborative study investigating the effect of Mentalization Based Therapy in patients with Eating Disorders and symptoms of Borderline Personality Disorder (www.nourished-project.co.uk). He is a founder member of the Section of Eating Disorders in the Royal College of Psychiatrists, and the author of over 60 articles, 8 chapters and three Royal College Council reports on Eating Disorders. He has written two books on the subject: Community treatment of eating disorders in 2006 and Severe and Enduring Eating Disorders (SEED) in 2009. He is the founder and Chair of the MARSIPAN group (Management of Really Sick Patients with Anorexia Nervosa, www.marsipan.org.uk), and the College lead on producing a curriculum for training in the emerging sub-specialty of Eating Disorders Psychiatry.

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**Gudrun Wagner, Wien, A: Internet-basierte Behandlung der Bulimia nervosa – Chancen und Grenzen**

*(in German language)*


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Johan Vanderlinden, Loeven, BEL: The use of Heart Rate Coherence (HRC) training in Eating Disorders. A novel approach

(in English language)

In this workshop a new therapeutic strategy, i.e. hearth rate coherence (HRC) training, will be introduced and demonstrated to the participants. The HRC technique can easily be integrated within a cognitive behavioural therapeutic approach and offers several possibilities in working with eating disorder patients. But what is HRC?? A healthy heart has a natural beat-to-beat variation in rate, known as Heart Rate Variability (HRV). Patterns and rhythms within this variability are important to health and well-being. Research shows that when you shift into a different emotional state, heart rhythms immediately change. Negative emotions such as anxiety and frustration show a disordered and chaotic variation, while positive states like appreciation and tranquillity show an ordered rhythm which is synchronised with breathing. The state is known as Heart Rate Coherence (HRC).

A shift towards this ordered rhythm creates a favourable cascade of neural, hormonal and biochemical changes that benefit the entire body. The effects are both rapid and long-lasting. Heart Rate Coherence is a highly efficient mode of functioning in which the heart synchronises with several other oscillatory systems in the body, including brainwaves (EEG), leading to research-proven physical, mental and emotional benefits.

In Heart Rate Variability (HRV) biofeedback training, computer analysis of heart rate and respiratory rate information generates a measure of the level of coherence. This information is fed back to the trainee on an on-going basis, so that the trainee can learn how his efforts are affecting his coherence. With the proper HRV biofeedback training, most individuals can readily learn to engage in slow, effortless diaphragmic breathing at a specific rate that will synchronize breathing with their natural heart rhythms and put them into a state of heart coherence.

Participants will learn how to introduce the HRC technique in their work with eating disorder patients.

Johan Vanderlinden, PhD works as the coordinator of the Eating Disorder Unit of the University Psychiatric Center KULeuven campus Kortenberg in Belgium and collaborates with the Faculty of Psychology (KULeuven). He is also a visiting lecturer at the University of Paris and the University of Geneva. Besides his clinical work, he published more than 150 peer-reviewed articles and 14 books on different topics such as eating disorders, trauma treatment, hypnosis and family therapy.

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Paolo Santonastaso und Angela Favaro, Padua, I: The Padua Case Register Study: an example of research-practice integration

(in English language)
**The Eating Disorders Unit of the Padua Hospital** is the only public Eating Disorders Unit in the city and surrounding area. In this workshop, we will describe the organization of our Unit to show how it is possible to integrate the clinical work with research.

The Unit started to work in 1980, although we started to systematically collect data of patients from 1985. At present, the register includes more than 3,200 different patients with an ED diagnosis.

The presentation will have two parts: a first one, mainly dedicated to the description of our organization within our multidisciplinary team, showing how the integration with research is possible and in which areas of the therapeutic work a ‘research approach’ can improve the quality of the clinical work and outcome.

In the second part, we will describe the results of our studies performed using the case register, showing how much the research can benefit from a ‘clinical approach’ and from the research-practice integration.

Using the register, we performed a series of studies in order to: 1) estimate how much the sample of the Register is representative of affected subjects in the community; 2) estimate incidence and prevalence of ED in the Padua area; 3) study the time trends in clinical characteristics (age at onset) and diagnosis; 4) assess the effects of the shift from the DSM-IV criteria to DSM-V.

Using the case register, in the Padua area (424 km²), the estimated prevalence in female subjects born in the years 1970-1984 is 1.4% for AN and 1.1% for BN. The lifetime prevalence of AN (1.4%) is within the 95% CI of that found in a previous study (Favaro et al., 2003). The prevalence of BN is on the contrary underestimated. Age at onset is decreasing in a significant way in younger generations (Favaro et al., 2009), whereas in the period between 1988 and 2005 incidence rates are quite stable (about 50 cases per 100,000 in women aged 12-28).

The shift from DSM-IV diagnostic classification and that proposed by DSM-V leads to a relevant decrease of the EDNOS category, but the comparison between subjects with a full diagnosis according to DSM-IV and those with a full diagnosis after introduction of the DSM-V shows important clinical and prognostic differences that should be considered in the clinical assessment and future research.

**Paolo Santonastaso M.D.** is Full Professor of Psychiatry at the School of Medicine, University of Padua and Director of the Psychiatric Unit and of the Eating Disorders Unit at the Padua University Hospital. He is Director of the Residents Programme in Psychiatry and of the postgraduate course “Diagnosis and Treatment in eating disorders”. He founded the Eating Disorders Unit of the Padua University Hospital. He is author of many papers, published by peer-reviewed journals, and books in the field of eating disorders. He is member of the Eating Disorders Research Society and European Council on Eating Disorders and active participant in many multicenter national and international research projects. He is in the Editorial Board of Eating and Weight Disorders.

**Angela Favaro is M.D., PhD** in Psychiatric Sciences and Master of Science in Genetic Epidemiology. She is Researcher and Professor at the School of Medicine, University of Padua. She is psychotherapist and her clinical work is mainly in the field of eating disorders. She published several papers about epidemiology, self-injurious behaviour, response to treatment, and risk factors in eating disorders. She is part of the Task Force for Research-Practice Integration of the Academy for Eating Disorders (AED). In addition, she is Associate Editor of the international journals ‘BMC Psychiatry’ and ‘European Journal for Traumatic Stress Studies’.


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(in English language)

As we examine the movement of eating disorders from individual neurosis to cultural marker of distress, caused by transitional and conflicting cultural forces, it becomes necessary to explore such forces and identify new ways of devising treatment and prevention strategies. There is a need therefore to shift our focus from weight to issues of control, connection and identity, and be able to see that women with eating disorders often regard their morbidity as a kind of solution to their complex personal problems. Hence, the aim of this workshop is to explore the various cultural and gender issues that need to be taken into consideration before planning any form of intervention.

The workshop will revolve around the following axes…

- Gender risks including body risks & gender ambivalence issues.
- Culture and ethnicity risks including acculturative stress.
- Assessment of weight/ food refusal issues in different cultural contexts as well as the relationship between eating disorders and other body modification practices.
- How to devise gender sensitive interventions focusing on body mindfulness & connectedness to self.
- How to devise culture sensitive approaches aimed to engage minority groups and incorporate ethnic philosophies into commonly used cognitive and control strategies.
- Methods of sharing knowledge and expertise with other research centres to improve training, education and service collaboration.
- How to make full use of self help and computer based technologies

Dr Mervat Nasser MD, MPhil, FRCPsych
Born and educated in Egypt and graduated from Cairo Medical School, she received her higher medical training and qualifications in England where she served as a clinical psychiatrist and university academic from 1977-2007. Her higher degrees include fellowship of the Royal college of Psychiatrists, Master’s degree in philosophy and a doctorate in psychiatry from London University. She also has higher diplomas in Moral philosophy, History of medicine and Egyptology. Her last post prior to retirement 2007 was an Honorary Senior lecturer/Consultant Psychiatrist, Kings College University, London. U.K.(Eating Disorders Research Unit, Guy’s Hospital Campus). She is currently a freelance writer and visiting senior research fellow, Dept. of cultural psychiatry & cultural diversity, Institute of Psychiatry, London.

Her clinical practice includes general adult psychiatry with particular focus on issues related to Culture and Mental health as well as Women Mental Health services. She achieved international stature and reputation through her various publications in this respect which included several scientific papers, several presentations in major International Conferences since 1984 as well as chapter contributions to several text books of Psychiatry.

She has particular interest in ‘theories of education’ particularly the ‘integrative models of teaching. This is reflected in her own style of teaching as a senior university academic and clinical tutor as well as in all her writings.

She is a ‘history analyst and culture critic’ who writes regularly on these subjects for reputable journals in Egypt and has published several books in Arabic on Culture & Egyptology. She is the founder and chairperson of “the New Hermopolis”, UK & Egypt registered charity. This charitable foundation aims to revive the ancient city of Hermopolis in Middle Egypt inspired by its unique heritage for the purpose of
cultural and economic revival of this underprivileged region through tourism, education and skill development.

**Main Books in English [Psychiatry]**


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Bryan Lask, London, UK & Trine Wiig, NOR: The fun and challenge of working with eating disorders in childhood and adolescence

(in English language)

There is a wide range of eating disorders affecting children and adolescents. These include anorexia nervosa, bulimia nervosa, food avoidance emotional disorder, selective eating and functional dysphagia, amongst others. The aetiology for each disorder is multifactorial, with biological, psychological and social factors all playing a part. Management is challenging in that there are often physical complications, co-morbidity and resistance. Thus treatment should always be comprehensive, taking into account each of the above factors, and tailored to the specific needs of the child.

This workshop will provide an overview of these conditions and an in-depth discussion and demonstration of how to communicate with and treat children and adolescents with eating disorders. Delegates will gain clinical skills that will help them to overcome the challenges and, in the process, learn about the fun of working with this age group.

References

Trine Wiig, NOR & Bryan Lask, London, UK: Getting team-work to work: from conflict and confusion to harmony and understanding

(in English language)

Eating Disorders (ED), through their very contradictory nature, commonly give rise to splitting, scapegoating, conflict, confusion and even chaos in patients, their families and the clinical teams and networks. Teams trapped in such turmoil will struggle to help their patients in these trying circumstances. The aims of this workshop are to explore why this happens, to consider how it can be prevented and to demonstrate how it can be overcome.

The workshop will include discussion of the problems, presentation of a conceptual model for successful teamwork and networking, and role playing of difficult scenarios. Those attending will learn how to recognise the signs of the team in turmoil and gain the skills to turn tumult and turmoil into harmony and understanding. Most particularly they will experience the fun and challenge of helping the team and network become a resilient resource for change.

This workshop will be suitable for anyone working in multi-disciplinary teams, including managers, who wish to enhance the quality of their teamwork to the benefit of their colleagues and their patients.

Trine Wiig is working as a Nurse Consultant at the Regional Department for Eating Disorders, Oslo University Hospital in Oslo, Norway. She is currently studying towards a masters degree in Nursing Science.

Bryan Lask is Emeritus Professor of Child & Adolescent Psychiatry at the University of London, Research Director, Ellern Mede Centre, London, and Visiting Professor at the University of Oslo. He is also President-Elect of the Eating Disorders Research Society. He has previously been Consultant Child Psychiatrist at Great Ormond Street Hospital for Children and Visiting Professor at the University of...
British Columbia, Vancouver, Canada. His research areas have included many aspects of child psychiatry and particularly the psychological aspects of childhood illness. More recently his clinical work and research has focussed on early onset eating disorders. He has published over 150 papers as well as numerous chapters edited by others and has written 9 books. He has also been the Editor of the Journal of Family Therapy and of Clinical Child Psychology & Psychiatry.

Deutschsprachige Bücher von Bryan Lask:


Selected English books by Bryan Lask:


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Two themes will be developed.

The disadvantages of viewing the family in anorexia nervosa as pathogenic
The view that the families are dysfunctional goes back to the original description of the illness in 1874 and recurs in the literature thereafter. The more recent approach, incorporated in the Maudsley Model of family therapy, is to emphasise instead the potential of most families as therapeutic helpers. An attempt will be made to present a balanced explanatory model that avoids the polarisation of views.

The evaluation of family therapy
Randomised Control Trials are now regarded as the ultimate deciders of whether a given treatment is effective. In anorexia nervosa there are limitations to this approach. Nevertheless the application of RCTs, with suitable modification, has been important in confirming the value of family therapy in anorexic patients with an early age of onset. The original study published in 1987 was a landmark which enabled later studies to build on its success. These included studies from the US which relied on the Maudsley Model. Consequently variations on the original technique of family therapy have been developed and some have been evaluated according to strict criteria. Others, such as Multiple Family Therapy are still at an early stage of evaluation which shows promise.

Gerald Russell has held two academic posts relevant to his research in Eating Disorders. He was a Professor of Psychiatry at the Royal Free Hospital, London (1970-79). There he gathered a series of patients whose clinical features intimated the presence of a new syndrome which he called “bulimia nervosa”. Subsequently he held the Chair of Psychiatry at the Maudsley, where he was privileged to lead a group of able family therapists, who demonstrated the benefits of family therapy in young anorexic patients by means of a randomised controlled trial.
He retired at the allotted time (1993) as “Emeritus Professor” but endeavours to continue his clinical and academic work at the Priory Hospital Hayes Grove, Hayes, Kent, and the Institute of Psychiatry, London, UK.

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Evidence-based medicine (EBM) has increasingly become the accepted means to offer optimal treatment for eating disorders, although the evidence on treatment of eating disorders is limited. In EBM, a therapist, when confronted with a specific problem, seeks to integrate evidence from scientific research with clinical expertise and a patient’s preferences.

The growing importance of the patient’s preferences arises from the changing attitudes towards (and of) patients. Today patients are considered to be emancipated citizens or consumers, who want to have a say in their treatment. Although a patient’s preferences are considered important in an individual’s encounter with a clinician, the patients’ views are rarely considered to be a body of knowledge.

In this workshop the results of a large study on the patients’ perspective on the treatment of eating disorders will be presented and discussed. The patients views on the quality of life, her experience with treatment and her perception of the quality of treatment will be addressed.

Eric van Furth, Leidschendam: Is there a future for residential treatment?

In many European countries there is a long tradition of residential treatment. There is some evidence to suggest that prolonged residential treatment seems to be effective in the short run (up to 2½ years). However, the long term results are questionable and residential treatment is very costly. The government and insurance companies increasingly demand a limit on overall costs for health care. What is the role of specialized residential treatment in the 21st century?

In many specialized residential settings the therapists are very skilled and experienced, as are the patients! Many a time, both therapist and patient are caught up in the ‘therapeutic game’. This may well lead to an environment where means and goals are mixed up.

In this workshop the focus is on what we have learned about motivation and patient centred care and applies that to the residential setting. Questions like: whose therapy is it? Whose goals are we trying to achieve and do we need therapeutic rules and consequences, will be addressed.

Eric van Furth, Ph.D. (1958) is Clinical Director of the Center for Eating Disorders Ursula in Leidschendam, the Netherlands. Dr. van Furth is a clinical psychologist and psychotherapist specialized in family therapy. After receiving his Ph.D. in psychology from Utrecht University, Dr. van Furth went on to pen over 50 publications, primarily journals, chapters, educational videos, and conference papers on eating disorders. He has
also published three books on the subject. He has been working clinically with patients with eating disorders for the past 22 years. Dr. van Furth is currently an Honorary Lecturer in the Department of Psychiatry at Leiden University. After holding a seat as the Chair of the Dutch Multidisciplinary Treatment Guideline Workgroup on Eating Disorders (2004-2006), he is currently a Fellow and Past-President of the Academy for Eating Disorders.

The Center for Eating Disorders Ursula is the oldest and largest specialized treatment program for people with eating disorders in the Netherlands. Founded in 1988, the program accommodates 48 clients for residential treatment, 40 clients for day treatment and performs about 12,000 outpatient sessions per year. All treatments offered are covered by insurance. The Center employs 115 professionals involved in treatment and research. Our main research activities are focused on epidemiology, genetics, the quality of treatment and treatment evaluation. Web site: www.centrumetstoornissen.nl

The Academy for Eating Disorders (AED) is the leading international, transdisciplinary professional organization with over 1,400 members worldwide. The AED promotes excellence in research, treatment and the prevention of eating disorders. The AED provides education, training and a forum for collaboration and professional dialogue. Web site: www.aedweb.org

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**Greta Noordenbos, Leiden University, The Netherlands: Criteria for recovery from Eating Disorders**

*(in English language)*

A very important question is how many patients recover from their eating disorder. However, this question is not easy to answer, because there is no consensus about criteria for recovery. Different criteria for recovery are used in effect and outcome studies, suggesting different rates of recovery.

In this workshop I first will present what criteria for recovery are important for ED patients. Information is gathered via interviews and questionnaires of former ED patients who see themselves as recovered. What do they see as main criteria for recovery?

Based on these interviews and literature on the characteristics and consequences of eating disorders, a list of criteria for recovery was compiled, representing the domains eating behavior, body experience, physical recovery, psychological well-being, and emotional and social functioning. From this list ED patients and therapists were asked to indicate which criteria they viewed as important for recovery from eating disorders and which criteria had been realized.

Do patients and therapists have different ideas about recovery?

In the second part of this workshop the following questions will be discussed: Which treatment program is necessary to realize long during recovery? Is “full” recovery a realistic goal for short term treatment? Are some treatment goals a necessary condition to realize other criteria? Can we improve the motivation for treatment when we use a broad spectrum of somatic, psychological and social criteria for recovery?

**Greta Noordenbos, Leiden University, The Netherlands: Care for long-term Eating Disorder Patients (in English language)**

According to Steinhausen (2002) about 20% of the Eating Disorder (ED) patients do not recover or improve, but develop a long term or chronic eating disorder. Many of these patients are very disappointed about their treatment and are not motivated to become involved in a new treatment program. However, they often have severe somatic, psychological and social complaints and are often very isolated. For these reasons several programs are developed for chronic patients to improve the quality of their life.
In this workshop I first will present some characteristics of long-term ED patients and their treatment history. What kind of ED and BMI did they have, and what are their main somatic, psychological and social complaints? What do we know about co-morbidity in long-term ED patients? Which treatment did they receive and why was the treatment not successful?

In the second part of the workshop the possibilities to improve the quality of life of long term ED patients will be discussed. Which needs for care do they express? Are group meetings in Clinics for ED useful, or do they prefer coaching via internet, when the distance for group meetings is too far or too expensive? Which topics will be important for them? Are food and eating behaviour important topics, or do they prefer attention to topics such as relaxation, mindfulness, becoming less isolated, expression of emotions etc. Do they need long term care, or is some cure possible?

Greta Noordenbos, Ph.D. is senior researcher at the Department of Clinical Psychology, Leiden University, the Netherlands. She finished her Ph.D. thesis about Cultural factors in the development of ED in 1987. She did research at prevention of ED, risk factors and risk groups, chronic ED, criteria for recovery and the process of recovery. In 1994 she founded the Dutch Commission for Prevention of ED and she participates in the SIG group (Special Interest Group) Prevention of the of Academy of Eating Disorders (AED). She has written several books about ED, some together with Walter Vandereycken. She was co-editor of the Dutch Handbook Eating Disorders and was member of the Task group of the Dutch Guidelines for ED.

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Bärbel Wardetzki, München, Deutschland: Gestaltung bei Essstörungen / Gestalt Therapy for eating disorders

(in German language)

Die Gestalttherapie hat sich bei der Behandlung von bulimischen Frauen bewährt, da sie von ihrem Ansatz her wesentliche Aspekte betont, die im Zusammenhang mit der bulimischen Esserkrankung und deren Überwindung von Bedeutung sind.


Gestalt Therapy has shown its worth in the treatment of bulimic women, because its basic ideas emphasize aspects of considerable importance for the disorder and how to overcome it. By means of dialogue sufferers learn about their relationships and make helpful experiences of confidence and involvement. The focus on experiences in Gestalt Therapy leads from plain cognitive understanding to experiences and feelings. Gestalt Therapy mainly is oriented towards understanding rather than towards solutions. Therefore, sufferers acquire insights and comprehension of themselves, instead of looking for quick solutions from outside. The emphasis on self-responsibility through one’s own actions encourages sufferers to confront themselves with problems and to try to solve them, instead of sticking to problem avoiding behaviour. The development of self-support improves the ability to rely on oneself and strengthens one’s self-esteem.

Bücher von Bärbel Wardetzki:


Iss doch endlich mal normal. Hilfen für Angehörige von essgestörten Mädchen und Frauen. Kösel 1995


Bärbel Wardetzki, Dr. phil., M.A., Pädagogin M.A, Diplom-Psychologin, Doktor der Psychologie und psychologische Psychotherapeutin, Gestalttherapeutin, Verhaltenstherapeutin und Familientherapeutin, EMDR. Arbeitsschwerpunkte: Sucht, Essstörungen, Selbstwert- und Beziehungsprobleme, narzisstische Persönlichkeitsstörungen und Kränkungen.


Ihr Buch für Angehörige von Essgestörten erschien 1996 unter dem Titel: „Iss doch endlich mal normal – Hilfen für Angehörige von essgestörten Mädchen und Frauen“. Seit 6 Jahren beschäftigt sie sich mit dem Thema Kränkungen, die auch im Rahmen von Essstörungen eine große Rolle spielen.

Sie hält viele Vorträge im In- und Ausland und gibt Seminare für Kollegen und interessierte Laien. Neben vielen Veröffentlichungen über Essstörungen hat sie weitere Bücher über Kränkungen verfasst: „Ohrfeige

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Sandra Sassaroli & Giovanni Ruggiero, Milano, Italia: The worry and control centered treatment of eating disorders / Auf Kontrolle und Ängste zentrierte Behandlung von Essstörungen

(in English language)

This workshop outlines the basic elements of a cognitive treatment for eating disorders focused on the distorted cognition in the domain of control. The therapist should develop a strategy that challenges the belief that the degree of control exerted by the patient is insufficient and the belief that only absolute control is acceptable. The main characteristics of the treatment are as follows: 1) Assessment and exploration of the perception of control; 2) Reframing the belief of insufficient control; 3) Cognitive and behavioral reframing of the desire and compulsion for absolute control; 4) Behavioral intervention.


Sandra Sassaroli, M.D., psychiatrist and cognitive psychotherapist, is one of the beginners of cognitive therapy in Italy. Her main interests are the treatment and the study of cognitive factors of anxiety and eating disorders. In particular, she studies the influence of stress, need of control and tendency to worry in eating disorders and authored papers regarding these topics. Sandra Sassaroli is Director of "Studi Cognitivi", a Post-graduate Psychotherapy School and Research group in Milano, Italia. In addition, she teaches advanced applications of cognitive psychotherapy at the Universities of Roma, Aosta (Italy) and Barcelona (Spain).

Giovanni M. Ruggiero, M.D.: psychiatrist and cognitive psychotherapist. He is the Head of the research department of "Studi Cognitivi", a Post-graduate Psychotherapy School directed by Sandra Sassaroli. He studies the influence of cultural factors and the influence of stress in eating disorders and published about these topics. In addition, he is the Director of "Psicoterapia Cognitiva e Ricerca" a Post-graduate Psychotherapy School and Research group in Milano, Italia.

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Udo Pollmer, Gemmingen, Deutschland: Adipositas: Symptom oder Diagnose? / Obesity: symptom or diagnosis?

(in German language)


Experts complain an epidemic increase of overweight/obesity and predict a decrease of life expectation. Although changes of the BMI-distribution in the population have been noticed, current data do not confirm this epidemic. Despite all efforts to stop this trend, until today all attempts to manipulate weight by means of controlling eating behaviour or increasing energy expenditure have failed, with the exception of anorexia and bulimia nervosa. If an action like dieting/weight-losing behaviour, which has been practised over decades by millions of people, fails repeatedly on the long run, we should check if the underlying theories are wrong - and not the people. Obesity is a symptom and not a diagnosis. Giving a patient the advice to lose weight is as helpful as giving a febrile patient the advice to cool down.


(in German language)


The more the thin body ideal is glorified as “healthy and happy”, the more dieting episodes, the more adolescent smokers, the more consumption of alcohol and the more eating disorders. Thus, we are in the paradoxical situation, that increased information, education and prevention efforts are accompanied by an increase of the target disorders. The most important pathway into eating disorders is still dieting, particularly in combination with sport activities aimed at weight control. The latter behaviours are triggering factors especially in children and teenagers. as reports of sufferers, epidemiological studies and animal experiments show. It is easy to seduce juvenile rats with diets and jogging to anorexia - without psychological tricks. Just bulimia does not work with rats, because rats are not able to vomit. We cannot blame nutritionists, fitness coaches, educators and all the “experts”: It was all well-meant!
Thematisch relevante Sachbücher von Udo Pollmer:
Esst endlich normal! Piper, München 2007
Lexikon der populären Ernährungsrührten. Frankfurt/Main 2001 (mit S. Warmuth)
Lexikon der Fitneß-Irrtümer Frankfurt/Main 2003 (mit G. Frank, S. Warmuth)
Food Design: Panschen erlaubt, Hirzel, Stuttgart 2007 (mit M. Niehaus)


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(in German language)

Die spezifische und negative Körpererfahrung (extreme Abmagerung; große Angst dick zu werden, Anstreben unrealistischer Ideale, Diskrepanz zwischen Denken und Fühlen, …) hat eine zentrale Bedeutung in der Therapie von Essstörungen.

In der Therapie wird durch Konfrontation mit dem eigenen Körper und dem Bewusstwerden des eigenen Körpers erreicht, dass die Patientinnen das negative Körpererleben in eine akzeptierende positive Handlung umwandeln können. Der Therapeut hat eine ganze Bandbreite von Interventionen auf der Basis von Selbstkonfrontation und Selbstwahrnehmung zur Beeinflussung dieser negativen Körpererfahrung. Die Veränderung dieses Körpererlebens und der Hyperaktivität muss sicher als ein wichtiges Ziel in der Therapie von essgestörten Patientinnen betrachtet werden.

In der Literatur findet man hauptsächlich Hinweise zur Körperorientierten Therapie bei (semi-) stationärer Behandlung. In diesem Workshop geben wir eine Übersicht über die spezifischen therapeutischen Interventionen, die auf eine Verbesserung des Körpererlebens und der Hyperaktivität der AN-PatientInnen in der ambulanten Behandlung von Essstörungen ausgerichtet sind.

Michel Probst obtained a doctor degree in Rehabilitation and Physiotherapy and postgraduated in psychomotor therapy and in autogenic training and relaxation therapy at the K.U.Leuven. From 1979 on he works as a psychomotor therapist at the University Psychiatric Center-KU.Leuven, campus Kortenberg. He is head of the service Physiotherapy and psychomotor therapy. He specialised in the treatment of patients with eating disorders and did a lot of research on body experience. He is parttime professor at the Faculty of Kinesiology and Rehabilitation Sciences in Leuven (Belgium) where he is responsible for the course physiotherapy and rehabilitation in psychiatry and mental health and for the post graduate specialisation of psychomotor therapy in adolescents and adults.

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Simon Gowers, Liverpool, UK: Individual or family psychotherapy for adolescent eating disorders: which is best?

(in English language)

From the earliest accounts of adolescent anorexia nervosa, the role of family members in treatment has been controversial. Over the course of history, parents have been seen successively as a hindrance to recovery, playing a role in the aetiology of the condition and more recently as essential treatment partners. Although a number of family therapy studies of adolescents with anorexia nervosa have now been published, with promising findings, family therapy can not yet be considered the gold standard treatment for the condition. Indeed, the NICE Guideline on the treatment of eating disorders (NCCMH 2004) was unable to identify any adequately powered randomised controlled trials of the treatment of anorexia nervosa to guide clinical decision-making. No family therapy trials have been conducted to date in bulimia nervosa.
This workshop will present data from published studies, highlighting the differences in methodologies which make interpretation difficult. The role of separated family therapy in families with high expressed emotion and multi-family day therapy will be explored.
Much of the psychopathology of anorexia nervosa is personal and individual. It can be argued that an individual approach is necessary to address confidential issues and enhance motivation. The workshop format will enable participants to consider the potential role of individual cognitive behavioural approaches to address weight and shape concerns, developmental issues and mood disorder.

**Key findings of the NICE Guidelines on Treatment of Eating Disorders.**

*(in English language)*

Clinical decisions should be based on best quality evidence, rather than the personal preferences of a treating clinician or service. Evidence-based treatment guidelines are increasingly available to inform health service professionals and the public about best practice. The National Institute for Clinical Excellence (NICE) published its guidance on the treatment of Eating Disorders in 2004 in an attempt to standardise treatment. The workshop will provide insights into the methods employed in developing such guidelines and their limitations. The NICE guideline was unable to find many good quality treatment trials for anorexia nervosa and based most of its recommendations on expert and consensus opinion. These recommendations will be reviewed, highlighting controversial areas such as when to admit to hospital, the role of compulsory treatment and the use of specialist services. In Bulimia Nervosa and Binge Eating Disorder, there is a stronger evidence base and the guideline recommends specific forms of cognitive behaviour therapy (CBT-BN or CBT-BED) for these conditions. Anti-depressant treatment, guided self help and Inter-Personal Therapy (IPT) have also some evidence for their efficacy. Evidence for treatments for Bulimia Nervosa in adolescence is lacking, though studies are underway since the guideline was published. This workshop will also review areas identified in the guideline for future research.

**Simon Gowers, M.D.**, is Professor of Child & Adolescent Psychiatry at the University of Liverpool, UK, Department of Psychiatry. He is one of the leading figures in treatment and research of eating disorders and has chaired the UK Expert Committee which developed the **NICE Treatment Guidelines on Eating Disorders** (2004). He is the service lead for the Cheshire & Merseyside Eating Disorders Service for adolescents which comprises out-, day- and in-patient services. He has published a large number of research papers, mainly focussing on treatment, satisfaction and family aspects. Simon Gowers has contributed to the Royal College of Psychiatrists Guideline on the nutritional management of severe anorexia nervosa and has published two text books on child & adolescent psychiatry.

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**Günther Rathner, Innsbruck, Österreich: Systemische Familientherapie bei Essstörungen.**

*(in German language)*


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Fernando Fernández-Aranda, Barcelona, Spain: Männer und Essstörungen: Klinische und therapeutische Unterschiede. / Males and Eating Disorders: clinical and therapeutical differences.

(in German language)

Fernando Fernández-Aranda, PhD., is Head of the Eating Disorders Unit at the Dept. of Psychiatry (University Hospital of Bellvitge) in Barcelona, Spain and Associate Professor in Psychology at the University of Barcelona. He has extensive expertise in research into the psychological and therapeutical aspects of eating disorders, being active participant in many multicenter Spanish and European research projects. He gave more than 100 lectures in International or National Eating Disorders Conferences and is actively involved as recognised supervisor for continuous-teaching in this field. He has published over 80 peer-review publications, is associate editor of the European Eating Disorders Review and fellow of the Academy for Eating Disorders (FAED). Currently he is board member of the Academy for Eating Disorders (AED), co-chair of the International Teaching Day in the AED and member of the Eating Disorders Research Society. Recently he was awarded with the Meehan Hartley Award for Public Service and/or Advocacy-2004 by the AED.

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Ivan Eisler, London, UK: Multiple family therapy: Making the connections. / Mehrfamilientherapie: Verbindungen knüpfen.

(in English language)

Ivan Eisler, PhD, CPsychol, AcSS: Ivan Eisler is a Reader in Family Psychology, Family Therapy and Head of Section of Family Therapy at the Institute of Psychiatry, Kings College, London. He is also the head of the Child and Adolescent Eating Disorder Service at the Maudsley Hospital in London. He trained as a Clinical Psychologist in Prague and since 1982, when he moved to London, he has been part of a clinical research team investigating psychotherapies for anorexia and bulimia nervosa and has published extensively on this subject. The research has included a number of clinical treatment trials of family therapy as well as psychodynamic psychotherapy, cognitive behaviour therapy and cognitive analytic therapy. He has also contributed to research on treatments in depression, substance abuse and chronic pain. He is a past Chairman of the Institute of Family Therapy and has chaired training courses in family therapy both at the Institute of Psychiatry and the Institute of Family Therapy in London. He is currently the Editor of the Journal of Family Therapy.

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(in English language)

Adrienne Key M.D. has worked in the field of eating disorders for over ten years. She trained at the St George's Eating Disorder service, London UK and until recently held the post there of Senior Lecturer and Consultant Psychiatrist. Her special interests include fertility and eating disorders and the treatment of Body Image disorders. Dr Key now works full time in private practice and is currently the Medical Director at Cygnet Healthcare Eating Disorder Unit, Ealing, London, UK.

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(in German language)

Dieser Workshop behandelt das aktuelle und zunehmende Problem der Selbstverletzung bei PatientInnen mit Essstörungen:
- Diagnostische und therapeutische Aspekte bei selbstverletzendem Verhalten (ohne suizidale Absicht)
- Funktionale Analyse von Beweggründen und Bedeutungen bei den Betroffenen
- Therapeutisches Vorgehen basierend auf klinischen Erfahrung.


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J. Hubert Lacey, London, UK: Inpatient treatment for Eating Disorders / Stationäre Behandlung von Essstörungen

(in English language)

Professor J. Hubert Lacey, M.D., Professor of Psychiatry & Head of the Dept. of Psychiatry, St. George’s Hospital Medical School, is a leading clinician and researcher in the field. Professor Lacey has been involved in Eating Disorders for thirty years. He is Director of the St. George's Eating Disorders Service which is the largest in the UK. He is also Director of the Yorkshire Eating Disorders Service and Advisor to the Peninsular Service. He has written over 140 peer-reviewed papers. Professor Lacey established the European Council on Eating Disorders.

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Gerry Butcher, Dublin, Ireland: Engaging the eating disorder client in the process of therapy / Wie kann ich die essgestörte Klientin für die Behandlung gewinnen?

(in English language)

Gerry Butcher, M.Sc., is a clinician and psychotherapist with longstanding experience in the treatment of eating disorders, working in a general practice setting in Dublin City Centre. Affiliated to the Faculty of Nursing, Royal College of Surgeons in Ireland and the University of Ulster in Northern Ireland. He was Co-Chair of the European Council on Eating Disorders (ECED) Meeting in Dublin, 1995 and is on the Steering Committee of the ECED. He is responsible for developing and teaching the first multidisciplinary training course in eating disorders („Theory & Therapy of Eating Disorders“) in Ireland commencing in 2004.

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(in English language)

Professor Christopher G. Fairburn, M.D., is internationally renowned for his contributions to eating disorders and their treatment; he is especially well-known for his work developing and evaluating new treatments for eating disorders including cognitive behaviour therapy and interpersonal therapy. He is Wellcome Principal Research Fellow and Professor of Psychiatry at the University of Oxford. He has published extensively in the field and is coeditor of Eating Disorders and Obesity, and Binge Eating, and the author of Overcoming Binge Eating.
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