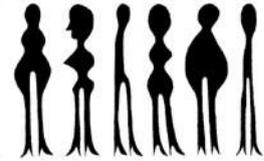




In Zusammenarbeit mit der  
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## List of Pre-Congress Workshops – Teaching Days

### Eating Disorders Alpbach 2004-2018

#### Alpbach, Tyrol, Austria

#### Kongress Essstörungen 2018 / Eating Disorders Alpbach 2018 15<sup>th</sup> Pre-Congress Clinical Workshop / Teaching Day

**TOUYZ STEPHEN, University of Sydney, Sydney, Australia: Not all binge eating disorders (BED) stories have a happy ending. The assessment, diagnosis and challenges in treating patients with BED. What works and what does not work.**

BED is not just a psychiatric disorder but has metabolic consequences and/or secondary complications. It is gaining recognition as a serious public health problem. Australian Researchers have been at the forefront of investigating the population prevalence of BED in Australia, as well as the burden and health related quality and socioeconomic correlates of eating disorders. A recent paper found the 3-month prevalence of BED was 1.5% (95% CI 1.1-2.0) and Unspecified Feeding or Eating Disorder (UFED) 10.4% (% CI 0.9-11.5). The majority with UFED were characterized by recurrent binge eating without marked distress. Eating disorders were represented throughout socio-demographic groups. Those with BED had a mean weight (BMI, kg/m<sup>2</sup>) in the obese range. Mental health related quality of life (HRQo1) was particularly poor for those with BED. Individuals with BED also had poor physical health (HRQo1). Generally speaking, patients with BED have been found to have poorer health, with comorbid depressive and other psychiatric disorders, dysfunctional relationships, impaired interpersonal functioning, chronic pain, obesity and diabetes. There is also evidence to suggest that the complications of diabetes are more severe and the outcomes poorer in such patients as a result of their nonadherence to recommended dietary advice. It is therefore not unsurprising that binge eating has been found to be a treatment-limiting factor when such patients undergo bariatric surgery. Their continuing loss of control over eating adversely impacts on both their weight loss and quality of life, as these patients are unable to adhere to the post-surgical nutritional recommendations. This workshop will provide an update on BED including epidemiology, diagnosis and assessment. It will further evaluate current psychological and pharmacological treatments including lisdexamfetamine (Vyvanse) which has recently been approved by the FDA in the United States for the treatment of BED.

**Key Words:** Severe and enduring anorexia nervosa, Chronic anorexia nervosa, Persistent anorexia nervosa, Recovery model in anorexia nervosa, Palliative care in anorexia nervosa

**TOUYZ STEPHEN, University of Sydney, Sydney, Australia: A new paradigm giving hope for the future.**

Anorexia nervosa is one of the earliest psychiatric illnesses to be described in the medical literature with well documented accounts made in the 19th century by both Gull and Lasègue. They both expressed optimism about the eventual outcome of treatment. Since then, there have been many claims about successful outcomes, but all too often only reversal of the undernourished state is achieved. Treatment may have minimal impact on the persistent and unrelenting ruminations pertaining to food, shape and weight which are so characteristic of those with SE-AN. Good progress has been made in treating younger patients with a shorter duration of illness using family-based approaches but it is those who either fail to respond, or go on to develop a severe and enduring form of the disorder (SE-AN), that have received little or no attention to date. Those living with a chronic illness, especially one as debilitating as SE-AN, are entitled to dream of a better tomorrow and to feel understood not only by the medical profession but by the world at large. Almost every day, we are reminded about the extra-ordinary breakthroughs being made in the fight against cancer, whilst we continue to battle over the vexed issues of the imposition of involuntary treatment and the ethics of palliative care. Patients with SE-AN can no longer be ignored for they have suffered for far too long, having to contend with an abysmal quality of life devoid of any hope of an effective treatment on the horizon. This situation is in urgent need of address especially since there has only been one randomized controlled trial to date that has specifically focused upon those with the severe and enduring form of the illness. Much more needs to be done. The time has now arrived to take the bold step in reconceptualising illness severity in anorexia nervosa especially since there is a growing recognition that the factors that may contribute towards its onset are not necessarily the same as the ones that may perpetuate it [Our current classification system (DSM-5), although an improvement over its predecessors, remains limited in its clinical utility especially when identifying the onset of illness (when treatment is most likely to be effective) and giving special recognition to those when it becomes persistent.. We have provided a cogent argument that a clinical staging model, that is so widespread in the conceptualization and treatment of somatic illness, be adopted in anorexia nervosa. Such a model has been applied in malignancies, cardiac failure, auto-immune disease and burns where both prognosis and treatment are informed by stage [Anorexia nervosa is ideally suited for the adoption of a staging model, because unlike any other psychiatric disorder, it has clearly delineated physical biomarkers of disease progression, for example bradycardia and raised liver enzymes.] Like so many illnesses, anorexia nervosa exists on a spectrum. Just as there is no single treatment advocated for all cancers, there should not only be one treatment for all patients with anorexia nervosa. It is clear that a 14 year old adolescent with a 3 month history of anorexia nervosa would present differently to a 40 year old woman who has battled the illness for 25 years with multiple hospital admissions and has attempted cognitive behavior therapy several times. Those with SE-AN are more likely to have high levels of disability, to be under- or unemployed, to be receiving welfare, supported by health benefit plans and become a significant burden to family, carers and health fund providers. In fact on measures such as quality of life, those with SE-AN have been found to be equal in impairment to those with severe depressive disorder as well as schizophrenia.]. Such factors provide a compelling argument as to why a rehabilitation model of care, not too dissimilar to the ones advocated for those with schizophrenia, needs to be considered for those with a persistent eating disorder including highly specialized acute care when the need arises. It goes without saying that such patients with SE-AN are amongst the most challenging found in mental health care. They have a markedly reduced life expectancy with the highest mortality rate of any mental illness (at 20 years the mortality rate is 20 %). Because the onset of anorexia nervosa occurs at a young age, it is unfortunately not uncommon for death to occur in young adults in their thirties with a further 5-10 % every decade thereafter. They suffer from a myriad of medical complications and are frequent but often reluctant visitors to general and specialist medical facilities as well as primary care services. Most patients with SE-AN are unlikely to fully recover. Some do but they are in the minority. It is therefore extremely important not to focus solely upon symptom reduction, but to also take into account a more holistic model of care. Such a 'recovery model' needs to take cognisance of the person as a whole by improving not only quality of life, but overall general functioning, employment and access to suitable housing as well]. This requires that our more traditional approaches to treatment, developed for earlier stages of severity, undergo a metamorphosis to better fit the needs of those with a chronic and often unrelenting illness. In a recent randomized controlled trial we attempted to

capitalize on those principles advocated by the 'recovery model' by comparing two psychological treatments which were specifically adapted for those with a more chronic disorder (Cognitive Behavior Therapy (CBT-SE) and Specialist Supportive Clinical Management (SSCM-SE)). The hallmark and defining feature of this study, was that for the first time symptom reduction was not designated as a primary outcome measure. Weight gain was actively promoted but the primary goal was an enhanced quality of life. Both treatment arms were successful in promoting change and by the 12th month follow-up period, those patients receiving CBT-SE had lower Eating Disorders Examination global scores as well as a higher readiness to recover than those receiving SSCM-SE. However, the standout feature was the remarkably low treatment attrition rate of 13 % which to our knowledge is one of the lowest ever reported. We need to rethink our treatment strategies by drawing upon the patient's strengths and competencies rather than merely paying attention to what is wrong with them. Undertaking treatment with a poorly motivated, chronically ill patient where loneliness, despair and an empty sense of self prevail, poses unique challenges for clinicians. As Strober has cautioned, such a therapeutic endeavor requires a temperament capable of enduring hours of "...sameness, respect for solitude, the ability to face frailty and profound sickness with relative ease and the ability and willingness to explore the wounds and deprivation of a life passed by". It is also so important to never lose the sense of hope as some (albeit few) go on to make a complete recovery. Because of the plight of those afflicted with SE-AN [researchers and clinicians are now pushing the frontiers of science by exploring new and bold avenues of investigation such as deep brain stimulation and transcranial magnetic stimulation [As we delve into this brave new world, it is important not lose sight of the first rule of medicine *primum non nocere*. Some people with SE-AN are so desperate to seek relief for their untold misery that they will agree to almost anything that promises relief from their suffering and despair. The ethical debate has already begun as to whether interventions such as deep brain stimulation is in fact offering hope to the hopeless or merely exploiting the vulnerable There is now more than ever before a compelling need to bring such new ideas and emerging data to the fore in a timely fashion so that replication of the most promising new data can occur and the ethical considerations widely debated. This keynote address will high light the plight of those suffering from SE-AN and attempt to deliver a road map as to how we best move forward in the years to come.

**Key Words:** Severe and enduring anorexia nervosa, Chronic anorexia nervosa, Persistent anorexia nervosa, Recovery model in anorexia nervosa, Palliative care in anorexia nervosa

**Mr. Stephen Touyz** is an Professor of Clinical Psychology. His major research interests are in the areas of clinical psychology, psychiatry, neuropsychology and behavioural medicine. He has gained strong international recognition for studies reporting on body image disturbance in patients with anorexia and bulimia nervosa as well as specific aspects relating to the treatment of these disorders.

### **VAN ELBURG ANNEMARIE, Utrecht University, Utrecht, The Netherlands: How to handle mental incompetency in treatment?**

AN is an illness with devastating impact on patient's lives, so it is remarkable that patients are typically reluctant to engage in treatment, especially when it has a clear focus on weight gain. Where onset of the disorder is triggered by genetic, psychosocial and interpersonal factors, changes in neural networks sustain the illness.

Altered values towards life and death in currently ill AN as opposed to recovered AN patients are found and the sense that AN is part of the personal identity instead of an acquired illness. These findings give rise to the question whether AN patients have sufficient decision making abilities regarding treatment or, in other words, possess adequate mental capacity to decide on treatment. A relevant question, only a patient with full mental capacity with regards to the medical issue at hand (usually about treatment advice) can refuse necessary (lifesaving) treatment according to most international health legislations. Assessment of mental capacity generally considers four abilities; the ability to understand information about one-self; the ability to appreciate this information; the ability to reason with this information and the ability to express a choice about treatment.

A semi-structured interview has been developed to aid clinicians in the assessment of mental capacity to

consent to treatment judging these abilities (MacCAT-T). To assess if the presence of diminished mental capacity to consent to treatment is relevant to treatment outcome, we conducted a longitudinal study. In this workshop results of this study will be combined with discussions about how to assess mental capacity and how to handle it in treatment.

**Annemarie van Elburg MD. PhD** is a professor of Clinical Psychopathology, especially Eating Disorders at the Faculty of Social Sciences of the University of Utrecht and works as a child and adolescent psychiatrist in top clinical center for Eating disorders, Rintveld, at Altrecht Mental Health Institute. Together with prof. Roger Adan of the Braincenter Rudolf Magnus, she founded the transdisciplinary research group URGE (Utrecht Research Group Eating disorders). She is board member of the Academy for eating Disorders, chairing the Membership and Recruitment Portfolio.

**Key Words:** Decision making, mental competency, treatment of mentally incompetent patient

### **BUTCHER GERHARD J., Trinity College Dublin, Dublin, Ireland: Self-Compassion and Eating Disorders**

Emotion regulation is often experienced through self-compassion - a positive and caring attitude of an individual toward the self, even when experiencing some sense of personal failure. As a consequence, those with high levels of self-compassion generally experience high levels of emotional well-being. In contrast, self-criticism, shame and self-disparaging statements are common features of those presenting with eating disorders and a lack of self-compassion is all too obvious. An increased experience of external shame and body image dissatisfaction also predicts a drive for thinness through decreased self-compassion (Ferreira et al, 2013; Braun et al., 2016).

Compassion-focused therapy (CFT) in the treatment of eating disorders shows promise in helping toward recovery (Gale et al, 2014; Hilbert et al, 2015; Kelly et al, 2017). With a focus on the work of Paul Gilbert and Ken Goss, this workshop will explore features of self-criticism common to eating disorders, including awareness and management of the critical inner voice; what a compassion-focused approach can look like and, how to incorporate and cultivate CFT into a treatment programme for eating disorders. Attendees are welcome to bring their own case experiences to this interactive workshop and all are encouraged to participate.

**Key Words:** Eating disorder, Self-criticism, Self-compassion

**Butcher Gerhard, MSc** is an accredited Cognitive Behavioural Psychotherapist and gained his CBT qualifications and experience at the Bethlem/ Maudsley Hospitals in London under Prof. Isaac Marks and his team at the Psychological Treatment Unit. He subsequently obtained his MSc at the University of Surrey, UK. Following qualification in the United Kingdom, Gerry practiced for many years as a CBT Therapist in Dublin, before setting up a full-time private practice. Gerry initiated and ran the Eating Disorders in-patient treatment programme in two Dublin hospitals. Gerry is an honorary lecturer and supervisor of trainees on the Cognitive Behavioural Psychotherapy training course attached to Trinity College, Dublin and also lectures at University College, Dublin on the Diploma in Psychotherapy Course. He previously taught on related courses at the Royal College of Surgeons in Ireland and taught an Eating Disorders course at the University of Ulster, Northern Ireland, from 2004-2006 and more recently for the Irish Health Service Executive in 2014-2015. Gerry has also delivered eating disorders training workshops in a variety of settings. Gerry Butcher is currently chair of the Irish National Association for Cognitive and Behavioural Therapy, has been a member of the British Association for Behavioural and Cognitive Psychotherapy for more than 30 years, and is on the steering committee of the European Council on Eating Disorders and manages their website. Gerry lives in Dublin and is married with three adult children.

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 14<sup>th</sup> Pre-Congress Clinical Workshop / Teaching Day

**NIVA PIRAN, University of Toronto, Toronto, Canada: Adolescent Girls' Body Experience: A Drop with No Return?**

Research suggests that, unlike among boys, the drop in body esteem found in girls during early puberty is never fully reversed, leading to a life long gender gap in body esteem. Early puberty is an important phase of development, as it comprises girls' first encounter with living in women's bodies. The workshop aims to describe the multiple facets of change to girls' body experiences during adolescence, beyond the drop in body esteem. Further, the workshop will address the complex social processes that relate to the changes in adolescent girls' body experiences. In particular, the workshop will focus on protective social factors and ways to utilize them to facilitate a positive transition during adolescence. Workshop participants' own reflections will be invited to deepen the discussion and to consider the different social factors that operate in varied social contexts.

**Key Words:** Embodiment, Body Esteem, Objectification, Adolescence, Qualitative

**NIVA PIRAN, University of Toronto, Toronto, Canada: Older Women and their Bodies: Positive Possibilities**

While some research suggests a decline in older women's body esteem, other research points at a shift in older women's body experience involving a greater focus on the appreciation of health and on body functioning. The workshop will examine the different dimensions of experience older women share when describing their body experiences and the importance of being attuned to these different dimensions. Further, the workshop will discuss with participants the ways in which social factors shape the different body journeys of older women. The workshop will also focus on possibilities that open for older women to live in their bodies positively. Participants' experiences and reflections will be invaluable in broadening the discussion and examining implications to health promotion.

**Key words:** Embodiment, Body journey, Self-care, Older women, Qualitative

**Dr. Niva Piran** is a clinical psychologist and Professor at the Ontario Institute for Studies in Education of the University of Toronto. Concurrently, for 15 years, she was also the Body Image Consultant to the National Ballet School of Canada. Prior to joining the university, she was the Clinical Director of the Day Hospital Program at the Toronto Hospital. Professor Piran is a Fellow of the Academy of Eating Disorders and of the American Psychological Association. She is the co-editor of three books on the treatment and prevention of eating disorders: *A Day Hospital Group Treatment Program for Anorexia Nervosa and Bulimia Nervosa*, *Preventing Eating Disorders: A Handbook of Interventions and Special Challenges*, and *Preventing eating-related and weight-related disorders: Collaborative Research, Advocacy, and Policy Change*. Professor Piran is also internationally recognized for her innovative work on body image development and on embodiment. She is the recipient of multiple research and mentorship awards, such as the Florence Denmark Distinguished Mentorship Award of the American Association of Women in Psychology and the Lori Irving Award for Research Excellence in Eating Disorders of the National Eating Disorder Association. Her research has been continuously supported by the Social Sciences and Humanities Research Council of Canada. In her keynote address and workshops, Professor Piran will share material from her recent book, *Journeys of Embodiment at the Intersection of Body and Culture: The Developmental Theory of Embodiment*.

## **HOEK HANS W., Parnassia Academy, Den Haag, The Netherlands: How to use the DSM-5 in daily practice**

This workshop provides a general overview of the basics and the metastructure of the DSM-5 and a more detailed discussion of the rationale for the changes in the feeding and eating disorder category in DSM-5 compared to DSM-IV. Throughout the DSM-5 the influence of development, gender and culture on the presentation of psychiatric disorders has been given more weight than any previous edition of the DSM. The DSM-5 has eliminated the prior DSM multi-axial system and the chapter “Disorders Usually First Diagnosed During Infancy, Childhood or Adolescence”, which included feeding disorders. As a result of the lifetime approach of DSM-5, the two separate categories are integrated into a single category “Feeding and Eating Disorders”. The session will consist of an interactive introduction of the DSM-5 in general and then focus on the Feeding and Eating Disorder category by one of the DSM-5 Work Group Eating Disorders members. After the introduction some cases with an eating disorder will be discussed and classified according to the DSM-5 criteria by the participants.

**Key Words:** Eating disorders, feeding disorders, classification, DSM-5, DSM-IV

**Hans W. (Wijbrand) Hoek** is a clinical psychiatrist. He is Professor of Psychiatry at University Medical Center Groningen, the Netherlands and has an adjunct position as Professor of Epidemiology at Columbia University, New York, USA. He is based in The Hague where he is director of the psychiatric residency program and chair of the Parnassia Academy. Hans Hoek participated in the revision of DSM-5 as member of both the DSM-5 Eating Disorders Work Group and the DSM-5 Impairment and Disability Study Group. He is chair of the workgroup revising the Netherlands guidelines for eating disorders.

## **BAILER URSULA, Medizinische Universität Wien, Wien, Austria: Neuroimaging bei Essstörungen – die Relevanz der Neurobiologie für Patienten und Therapeuten**

Im Laufe der letzten 15 Jahre hat die Forschung im Bereich des Neuroimaging auch bei Essstörungen deutlich zugenommen. Ergebnisse aus volumetrischen Untersuchungen bei Anorexia nervosa und Bulimia nervosa zeigten Volumensänderungen in Gehirnregionen, die in der Regulation von Nahrungsaufnahme und Selbstwahrnehmung eine wichtige Rolle spielen. Die Integrität der weißen Substanz in limbischen Schaltkreisen, welche eine Rolle bei der Nahrungsaufnahme, aber auch bei der Emotionsverarbeitung haben, scheint reduziert zu sein. Ergebnisse der funktionellen Magnetresonanztomographie (fMRT) zeigen eine Beteiligung von Regelkreisen des Belohnungssystems in der Wahrnehmung von Nahrungsstimuli. Hier ist insbesondere die Beteiligung der Inselregion und des Striatums zu nennen, welche zu übermäßigem Essen bzw. auf der anderen Seite zum restriktiven Essen beitragen könnten.

Im Rahmen des Vortrags werden mögliche klinische Implikationen dieser bildgebenden Verfahren beleuchtet und daraus ableitbare mögliche therapeutische Interventionen diskutiert. Hierzu zählen nichtinvasive Verfahren, wie realtime fMRI oder EEG neurofeedback, repetitive transkranielle Magnetstimulation, oder auch invasive Verfahren wie die tiefe Hirnstimulation. Ebenfalls werden psychologische Therapieformen, die gezielt auf Gehirnvorgänge abzielen, in ihrer klinischen Anwendbarkeit bei Essstörungen diskutiert. Praktische Anwendbarkeit und ethische Aspekte der einzelnen Interventionen werden diskutiert.

**Key Words:** Neurobiologie, neuroimaging, funktionelle Magnetresonanztomographie, tiefe Hirnstimulation

Univ.-Prof.in Dr.in med. **Ursula Bailer**, FAED

Univ.-Klinik für Psychiatrie & Psychotherapie, Med Uni Wien, University of California, San Diego, Dept. of Psychiatry; Fachärztin für Psychiatrie und Psychotherapeutische Medizin; Leiterin der Spezialambulanz für Essstörungen der Univ.-Klinik für Psychiatrie und Psychotherapie, Wien; Vizepräsidentin der ÖGES; Vorstandsmitglied der Academy for Eating Disorders (AED); Associate Editor BMC Psychiatry

**Kongress Essstörungen 2016 / Eating Disorders Alpbach 2016**  
13<sup>th</sup> Pre-Congress Clinical Workshop / Teaching Day

**FAIRBURN CHRISTOPHER, Oxford, UK: Body Checking, Body Avoidance and Feeling Fat  
Parts 1 and 2**

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.

**Keywords:** Eating Disorders, emotion, integrative cognitive-affective therapy

**Chris Fairburn** is Professor of Psychiatry at the University of Oxford. He directs the well-known Centre for Research on Eating Disorders at Oxford (known as CREDO). Professor Fairburn views himself primarily as a clinician – someone who accidentally got caught up in research. He has two main interests: the nature and treatment of the eating disorders; and the development and evaluation of psychological treatments. He has an international reputation in both fields.

**BUTCHER GERARD, Cognitive Solutions Clinic, Dublin, Ireland: Integrative Cognitive-Affective Therapy (ICAT) for Eating Disorders**

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:

Present a brief review of the integrative cognitive-affective therapy (ICAT) model

Identify its common links with CBT-E

Present the cornerstones of ICAT treatment

Outline the four phases of ICAT that are required for effective treatment

Demonstrate the practical aspects of delivering ICAT

**Keywords:** Eating Disorders, emotion, integrative cognitive-affective therapy

**Butcher Gerard, MSc** is an accredited Cognitive Behavioural Psychotherapist and gained his CBT qualifications and experience at the Bethlem/Maudsley Hospitals in London under Prof. Isaac Marks and his team at the Psychological Treatment Unit. He subsequently obtained his MSc at the University of Surrey, UK. Following qualification in the United Kingdom, Gerry practiced for many years as a CBT Therapist in Dublin, before setting up a full-time private practice. Gerry initiated and ran the Eating Disorders in-patient treatment programme in two Dublin hospitals. Gerry is an honorary lecturer and supervisor of trainees on the Cognitive Behavioural Psychotherapy training course attached to Trinity College, Dublin and also lectures at University College, Dublin on the Diploma in Psychotherapy Course. He previously taught on related courses at the Royal College of Surgeons in Ireland and taught an Eating Disorders course at the University of Ulster, Northern Ireland, from 2004-2006 and more recently for the Irish Health Service Executive in 2014-2015. Gerry has also delivered eating disorders training workshops in a variety of settings. Gerry Butcher is currently chair of the Irish National Association for Cognitive and Behavioural Therapy, has been a member of the British Association for Behavioural and Cognitive

Psychotherapy for more than 30 years, and is on the steering committee of the European Council on Eating Disorders and manages their website. Gerry lives in Dublin and is married with three adult children.

**ROBINSON PAUL, Mental Health Trust, London, United Kingdom: Specialist Supportive Clinical Management for Eating Disorders: SSCM-ED – a first line treatment for eating disorders?**

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 randomised 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 it 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 Eating Disorders as long as supervision is available. In the workshop, SSCM-ED will be taught and delegates will practice the different interventions required

**Keywords:** anorexia, bulimia, therapy, first-line, evidence-based

**Dr. Robinson Paul MD** is a consultant research psychiatrist in St Ann's Hospital North London. He is a founder member of the Faculty 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). He has recently completed an RCT of Mentalization Based Therapy (MBT-ED) in patients with Eating Disorders and symptoms of Borderline Personality Disorder.

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12<sup>th</sup> Pre-Congress Clinical Workshop / Teaching Day

**SCHMIDT ULRIKE, King's College London; London, United Kingdom: A Clinical Introduction to the Maudsley Model of Anorexia Nervosa Treatment (MANTRA)**

(in English language)

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.

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### **SKÅRDERUD FINN, Oslo, Norwegen: 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.

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**Kongress Essstörungen 2014 / Eating Disorders Alpbach 2014**  
11<sup>th</sup> Pre-Congress Clinical Workshop / Teaching Day

**MEGAN JONES, Stanford, USA: Integrating Obesity and Eating Disorders Prevention in Schools and Communities.**

(in English language)

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

**MEGAN JONES, Stanford, USA: The Science and Practice of Improving Body Image**

(in English language)

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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**BUTCHER GERARD J., Dublin, Ireland: “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 programme 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

**Selected References**

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**BUTCHER GERARD J., Dublin, Ireland: Bringing Prevention Principles into Your Practice**

(in English language)

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

**Butcher Gerard J., 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](http://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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**Kongress Essstörungen 2013 / Eating Disorders Alpbach 2013**  
10<sup>th</sup> Pre-Congress Clinical Workshop / Teaching Day

**WIMMER-PUCHINGER BEATE, MICHAELA LANGER, Wien, Österreich: Prävention von Essstörungen: Hotspots und Settings.**

(in German language)

Genauso wesentlich wie die therapeutische Behandlung von Essstörungen ist die präventive Arbeit. Es gilt, Risikofaktoren zu minimieren und Schutzfaktoren zu fördern und das auf persönlicher Ebene, in der (Klein)Familie, dem sozialen Nahraum und auf breiter gesellschaftlicher Basis. Auf familiärer Basis muss das Augenmerk darauf liegen, selbstsichere Kinder groß zuziehen, die ihren Selbstwert nicht über Aussehen, Schlankheit und Angepasst-Sein definieren und zu konstruktiven Konflikt- und Problemlösungen fähig sind. Weiters bedarf es in Kindergarten und Schule institutionalisierter Maßnahmen, die auf (Körper-)Selbstwertstärkung abzielen und – wesentlich angesichts der tausenden Bilder von idealisierten und retuschierten Körpern in den Medien – Kinder und Jugendliche in kritischer Auseinandersetzung mit Medien zu unterrichten. Ebenso sind wichtige Bezugspersonen wie KindergärtnerInnen, Lehrkräfte, SporttrainerInnen darin zu schulen, bei Kindern die Entwicklung einer positiven Körperwahrnehmung zu fördern und Körperstigmatisierung und körperbezogenen Spott wahrzunehmen und entschieden dagegen aufzutreten. Da Essstörungen eine logische Übertragung unserer gesellschaftlichen Wertvorstellungen auf eine individuelle Ebene sind - leistungsorientiert, konkurrenzierend, perfektionistisch, ehrgeizig, exzessiv und übertrieben - , müssen daher selbstwertstützende und körperbejahende Maßnahmen auch in einem gesellschaftlichen Rahmen sowie global stattfinden. Der Workshop gibt einen Überblick auf national und international bestehende Präventionsarbeit in den verschiedenen Settings Familie, Kindergarten, Schule und deren Evaluation sowie Präventionskampagnen, die gesellschaftliche Körper- und Schönheitsideale hinterfragen und zu verändern versuchen.

**A.o. Univ. Prof Dr. Beate Wimmer-Puchinger:** Frauengesundheitsbeauftragte der Stadt Wien seit 1999 und Leiterin des Wiener Programms für Frauengesundheit; Universitätsprofessorin am Institut für Psychologie der Universität Salzburg sowie Gastprofessorin im In- und Ausland; Klinische und Gesundheitspsychologin. Seit 1978 in Frauengesundheitsforschung und Prävention in unterschiedlichen Funktionen tätig: Aufbau und Leitung des Ludwig-Boltzmann-Institutes für Frauengesundheitsforschung, Aufbau und Leitung der WHO-Modellprojekte Frauengesundheitszentren (F.E.M. und F.E.M. Süd) sowie Aufbau der Psychosomatik-Ambulanz in der Semmelweis-Frauenklinik. Wissenschaftliche Leitung zahlreicher Forschungsprojekte und Verfasserin zahlreicher Buchbeiträge, wissenschaftlicher Fachartikel sowie mehrerer Fachbücher. Vorstandsmitglied mehrerer Fachgesellschaften: International Society of Psychosomatic Obstetrics and Gynaecology (ISPOG), Interdisziplinäre Gesellschaft für die psychische Gesundheit von Frauen und Genderfragen (GPGF), Österreichische Gesellschaft für Familienplanung (ÖGF).

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**Mag.<sup>a</sup> Langer Michaela:** Stellvertretende Leiterin des Wiener Programms für Frauengesundheit. Klinische und Gesundheitspsychologin mit Schwerpunkt Frauengesundheit. Seit 1998 in Frauengesundheitsförderung und Prävention in unterschiedlichen Funktionen tätig: wissenschaftliche

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

## **HILBERT ANJA, Leipzig, Deutschland: Psychotherapie bei Kindern und Jugendlichen mit Essanfällen**

(in German language)

Essanfälle ohne kompensatorische Maßnahmen zur Gewichtskontrolle (z. B. selbstinduziertes Erbrechen) treten im Kindes- und Jugendalter häufig als Loss of Control (LOC) Eating auf und gehen mit einer erhöhten Psychopathologie, Übergewicht und Adipositas einher. Essanfälle scheinen zur Regulation negativen Affekts relevant zu sein und zeigen sich im Kontext einer erhöhten Impulsivität und ungünstiger familiärer Bedingungen (z. B. negative Interaktionen). Die Kinder und Jugendlichen leiden unter ihrem oftmals erhöhten Gewicht, Hänseleien und abwertenden Kommentaren, und ein niedriges Selbstwertgefühl und sozialer Rückzug können die Folge sein. Spezifische Ansätze zur Behandlung von Essanfällen im Kindes- und Jugendalter befinden sich derzeit in der Entwicklung. Dabei zeichnet sich ab, dass die kognitive Verhaltenstherapie und die Interpersonelle Psychotherapie nicht nur Essanfälle und die assoziierte Psychopathologie reduzieren, sondern auch eine überproportionale Gewichtszunahme verhindern können. In diesem Workshop werden diagnostische und therapeutische Ansätze in der Behandlung von Essanfällen bei Kindern und Jugendlichen vertiefend dargestellt.

### **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.

**Anja Hilbert Prof. Dr.**, Diplom-Psychologin. A. Hilbert ist Professorin für Verhaltensmedizin am Integrierten Forschungs- und Behandlungszentrum (IFB) Adipositas-Erkrankungen der Universitätsmedizin Leipzig. Sie ist psychologische Leiterin der IFB Adipositas-Ambulanz und Leiterin der zugehörigen Studienambulanz. A. Hilbert ist psychologische Psychotherapeutin und Supervisorin Verhaltenstherapie. Wissenschaftlich beschäftigt sie sich insbesondere mit psychosozialen Aspekten und Interventionen bei Adipositas und Essstörungen im Erwachsenenalter sowie im Kindes- und Jugendalter. Sie ist Autorin von über 100 wissenschaftlichen Publikationen, Herausgeberin mehrerer Fachzeitschriften und hat vielfach Drittmittel zum Thema eingeworben. Derzeit ist A. Hilbert die Präsidentin der Deutschen Gesellschaft für Essstörungen.

**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:**

- Hilbert A., Schöbi D. Czaja J. & Hartmann AS (in press) Natural course of preadolescent loss of control eating. *Journal of Abnormal Psychology*
- Rudolph A. & Hilbert A (2013) Postoperative behavioral management in bariatric surgery: A systematic review and meta-analysis. *Obesity Reviews*. doi: 10.1111/ obr.12013
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### **HAY PHILIPPA, Sydney, Australien: 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.

### **HAY PHILIPPA, Sydney, Australien: 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. Hay Philippa:** 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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**Kongress Essstörungen 2012 / Eating Disorders Alpbach 2012**  
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**LACEY HUBERT, London, UK: When CBT fails: New and Old Treatment Approaches**

(in English language)

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. Its 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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## **NEUMARK-SZTAINER DIANNE, Minnesota, 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.

## **LEVINE MICHAEL P., 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 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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**Kongress Essstörungen 2011 / Eating Disorders Alpbach 2011**  
8<sup>th</sup> Pre-Congress Clinical Workshop / Teaching Day

**NICHOLLS DASHA, 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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**ROBINSON PAUL, 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 result is that eating disorders has been left behind the rest of psychiatry. 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. Robinson Paul, 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](http://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](http://www.marsipan.org.uk)), and the College lead on producing a curriculum for training in the emerging sub-specialty of Eating Disorders Psychiatry.

### **Robinson Paul, 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](http://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](http://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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**WAGNER GUDRUN, Wien, A: Internet-basierte Behandlung der Bulimia nervosa – Chancen und Grenzen**

(in German language)

In diesem Workshop stellen wir SALUT-BN vor, ein internet-basiertes, begleitetes Selbsthilfeprogramm für Menschen, die an Bulimia nervosa leiden. Dieses Programm wurde 2002 vom Universitätsklinikum Genf und NETUNION, Lausanne, entwickelt und ist in mehreren Sprachen verfügbar. Eine Reihe von klinischen Studien hat die Wirksamkeit dieses Programmes bestätigt und eine signifikante Verringerung der Essanfälle sowie der kompensatorischen Maßnahmen sowie der essstörungsspezifischen Komorbiditäten gezeigt. Die Ergebnisse der publizierten Studien sowie unserer eigenen Studie werden dargestellt und diskutiert. Das Programm basiert auf der kognitiven Verhaltenstherapie und besteht aus 7 Modulen, die Beispiele, Übungen und Zusammenfassungen beinhalten. Die Nutzung des Programmes ist für einen Zeitraum von 4-6 Monaten möglich, wobei ein wöchentlicher E-Mail Kontakt zwischen Therapeut und Klient stattfinden soll. Die sieben Module samt Übungen werden im Workshop vorgestellt und anhand eines Fallbeispiels online demonstriert. Im Anschluss sollen Möglichkeiten und Grenzen dieser Methode diskutiert werden.

**Mag. rer. nat Wagner Gudrun:** Klinische Psychologin und Gesundheitspsychologin, Univ.-Ass. an der Medizinischen Universität Wien, Mitarbeiterin in der Ambulanz für Essstörungen an der Kinder- und Jugendpsychiatrie AKH MedUniWien. Mitglied der Österreichischen Gesellschaft für Essstörungen (ÖGES). Durchführung von Forschungsprojekten an der MedUniWien u.a. zum Thema Langzeitevaluierung internetbasierter Selbsthilfeprogramme zur Behandlung der Bulimia nervosa. In Kooperation mit der Univ.-Klinik für Kinder- und Jugendheilkunde MUW Forschungsprojekte zu spezifischen Themenbereichen Jugendlicher mit chronischen Erkrankungen. Über 20 peer-reviewte wissenschaftliche Publikationen zu Essstörungen und kinderpsychiatrischen Themen.

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**Kongress Essstörungen 2010 / Eating Disorders 2010**  
7<sup>th</sup> Pre-Congress Clinical Workshop / Teaching Day

**VANDERLINDEN JOHAN, Loeven, Belgien: 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. heart 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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**SANTONASTASO PAOLO und FAVARO ANGELA, 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 km<sup>2</sup>), 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.

**Favaro Angela 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’.

FAVARO A., TENCONI E., SANTONASTASO P. (2006) Perinatal factors and the risk of developing anorexia and bulimia nervosa. *Archives of General Psychiatry*, 63, 82-88.

FAVARO A., CAREGARO L., TENCONI E., BOSELLO R., SANTONASTASO P. (2009) Time trends in age of onset of anorexia nervosa and bulimia nervosa. *Journal of Clinical Psychiatry*, 70, 1715-21.

FAVARO A., TENCONI E., SANTONASTASO P. (2010) The interaction between perinatal factor and childhood abuse in the risk of developing anorexia nervosa. *Psychological Medicine*, 40:657-665.

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## **NASSER MERVAT, London, United Kingdom: Eating disorders: gender and culture sensitive interventions (Part 1 + Part 2)**

(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]**

**Culture and weight consciousness (1997)**, Routledge-Taylor & Francis Group. London-New York

**Eating disorders & cultures in transition (2001)**, Routledge-Taylor & Francis Group –London-New York

**The Female Body in Mind. The Interface between Women Bodies and Mental Health (2007)**, Routledge-Taylor & Francis Group. London-New York

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**Kongress Essstörungen 2009 / Eating Disorders 2009**  
**6<sup>th</sup> Pre-Congress Clinical Workshop / Teaching Day**

**LASK BRYAN, London, United Kingdom & Trine Wiig, Norwegen: 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 the about the fun of working with this age group.

**References**

B Lask & R Bryant-Waugh (2007) *Eating Disorders in Childhood and Adolescence*. Third edition. Routledge Press UK & USA

Bryant-Waugh R and Lask B (2004) *Eating Disorders: a Parents' Guide* (revised edition). Brunner – Routledge: London & New York

**WIIG TRINE, Norwegen & LASK BRYAN, London, United Kingdom: 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 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 team work 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:

Rachel Bryant-Waugh & Bryan Lask (2008) Essstörungen bei Kindern und Jugendlichen. Rat und Hilfe für Eltern. Verlag Huber, Bern

Bryan Lask (1987) Verhaltensstörungen bei Kindern. Orac Verlag, Wien

**Selected English books by Bryan Lask:**

Kenneth P. Nunn, Tanya Hanstock & Bryan Lask (2008) Who's Who of the Brain: A Guide to Its Inhabitants, Where They Live and What They Do. Publ. Jessica Kingsley

Bryan Lask (2007) Eating Disorders in Childhood and Adolescence: 3rd Edition. Publ. Routledge Chapman & Hall

Rachel Bryant-Waugh, Bryan Lask & Bryant-Waugh Ra (2004) Eating Disorders: A Parent's Guide: A Parents' Guide. Publ. Brunner-Routledge

Myra Bluebond-Langner, Bryan Lask, & Denise B. Angst (2001) Psychological Aspects of Cystic Fibrosis. Publ. Hodder Arnold

Susan R. Makin, Bryan Lask & Cathy A. Malchiodi (1999) More Than Just a Meal: The Art of Eating Disorders. Publ. Jessica Kingsley

Bryan Lask (1992) Childhood Illness: The Psychosomatic Approach Children Talking With Their Bodies: The Psychosomatic Approach - Children Talking with Their Bodies (Wiley Series in Family Psychology). Publ. John Wiley & Sons Ltd

Bryan Lask (1991) Children's Problems: A Parent's Guide to Understanding and Tackling Them (Positive Health Guide). Publ. Optima

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**RUSSELL GERALD, London, United Kingdom: Families and Family Therapy in Anorexia nervosa**

(Workshop conducted in English, slides in German)

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.

**Russell Gerald** 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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**Kongress Essstörungen 2008 / Eating Disorders 2008**  
5<sup>th</sup> Pre-Congress Clinical Workshop / Teaching Day

**VAN FURTH ERIC, Leidschendam, The Netherlands: Patient centred care for eating disorders**

(in English language)

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.

**VAN FURTH ERIC, Leidschendam: The Netherlands: Is there a future for residential treatment?**

(in English language)

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.centrummeetstoornissen.nl](http://www.centrummeetstoornissen.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](http://www.aedweb.org)

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**NOORDENBOS GRETA, 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?

**NOORDENBOS GRETA, 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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**Kongress Essstörungen 2007 / Eating Disorders 2007**  
4<sup>th</sup> Pre-Congress Clinical Workshop / Teaching Day

**WARDETZKI BÄRBEL, München, Deutschland: Gestalttherapie 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.

Das betrifft zum einen die dialogische Haltung, durch die Beziehungslernen stattfindet und die Erfahrung von Vertrauen und Sich –Einlassen ermöglicht. Durch die Erfahrungsorientiertheit der Gestalttherapie geht es vom rein kognitiven Erfassen zum Erleben und Fühlen. Da die Gestalttherapie im wesentlichen verständnisorientiert statt lösungsorientiert arbeitet, erwerben die Betroffenen Einsichten und Verständnis für sich, statt nach schnellen Lösungen von außen zu suchen. Die Betonung der Selbstverantwortung durch eigenes Handeln führt zu mehr Mut, Probleme nicht zu vermeiden, sondern sich mit ihnen zu konfrontieren und sie zu lösen. Der Aufbau von Selbstunterstützung verbessert die Fähigkeit, sich auf sich selbst verlassen zu können und stärkt das Selbstvertrauen.

*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 Wardetzki Bärbel:**

Weiblicher Narzissmus - Der Hunger nach Anerkennung. Kösel (1991, 2007 überarbeitete Neuauflage mit Hörbuch von der Autorin gesprochen)

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

Ohrfeige für die Seele. Wie wir mit Kränkung und Zurückweisung besser umgehen können. Kösel & dtv 2000. Mich kränkt so schnell keiner! Wie wir lernen, nicht alles persönlich zu nehmen. Dtv 2001

Erste Hilfe für die Seele. So schützen Sie sich gegen Kränkungen. 2003 (nur bei der Autorin erhältlich)

Kränkung am Arbeitsplatz. Strategien gegen Missachtung, Gerede und Mobbing. Kösel 2005

**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.

Sie arbeitet in freier Praxis als Psychotherapeutin, Supervisorin, Coach, Fortbilderin und Autorin in München. Von 1983-1992 war sie in der Psychosomatischen Klinik Bad Grönenbach tätig und entwickelte dort maßgeblich die Konzeption für die Therapie der Essstörungen. In diesem Zusammenhang entwickelte sie das Konzept des Weiblichen Narzissmus, mit dem sie auch promovierte und das unter dem Titel:

„Weiblicher Narzissmus – Der Hunger nach Anerkennung“ 1991 als Buch beim Kösel Verlag erschien. Im Herbst erscheint eine Neubearbeitung mit Hörbuch.

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

für die Seele – Wie wir mit Kränkung und Zurückweisung besser umgehen können“ Kösel 2000, „Mich kränkt so schnell keiner – Wie wir lernen, nicht alles persönlich zu nehmen“ Kösel 2001 und „Kränkung am Arbeitsplatz – Strategien gegen Missachtung, Gerede und Mobbing“ Kösel 2005. [info@baerbel-wardetzki.de](mailto:info@baerbel-wardetzki.de)

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**SASSAROLI SANDRA & RUGGIERO GIOVANNI, 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.

*Dieser Workshop gibt einen Überblick über die wesentlichen Aspekte einer kognitiven Therapie von Essstörungen mit Fokus auf die gestörte Wahrnehmung von Kontrolle. Die/der Therapeut/in sollte eine Strategie entwickeln, welche die Überzeugung erschüttert, dass das Ausmaß an Kontrolle durch die Patientin unzureichend ist, und dass nur absolute Kontrolle akzeptabel ist. Die grundlegenden Charakteristika der Behandlung sind: 1) Exploration und Einschätzung der wahrgenommenen Kontrolle; 2) Umstrukturierung der Überzeugung unzureichender Kontrolle; 3) kognitive und behaviorale Umstrukturierung des Wunsches und Zwanges nach absoluter Kontrolle; 4) Verhaltensänderung.*

**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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**POLLMER UDO, Gemmingen, Deutschland: Adipositas: Symptom oder Diagnose? / Obesity: symptom or diagnosis?**

(in German language)

Fachleute beklagen eine dramatische Zunahme von Übergewicht und prophezeien eine sinkende Lebenserwartung. Die aktuelle Datenlage stützt diese Untergangsszenarien allerdings nicht, auch wenn beim BMI Veränderungen beobachtet werden. Trotz aller Bemühungen, die befürchteten Trends aufzuhalten, sind bis heute sind alle Versuche, durch Kontrolle des Essverhaltens oder durch Ausdauersport das Gewicht zu manipulieren, gescheitert, sieht man einmal von Magersüchtigen und Bulimikern ab. Wenn eine Maßnahme, die von Abermillionen von Menschen über Jahrzehnte praktiziert wurde, immer wieder aufs neue mißlingt, sollten wir prüfen, ob vielleicht die zugrundeliegenden Theorien falsch sind – und nicht die Menschen. Adipositas ist ein Symptom und keine Diagnose. Der Hinweis an einen Patienten, er müsse abnehmen, ist etwa so hilfreich wie der Hinweis an einen Fiebernden er müsse abkühlen.

*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.*

**POLLMER UDO, Gemmingen, Deutschland: Essstörungen – etwa durch Prävention? / Eating disorders– perhaps because of prevention?**

(in German language)

Je mehr das hohe Lied des schlanken Körpers gepredigt wird, desto mehr Diätversuche, desto mehr jugendliche Raucher, desto höher der Alkoholkonsum und desto mehr Essstörungen. So finden wir uns der paradoxen Situation wieder, dass mit wachsender Aufklärung und Prävention die Störungen zunehmen. Die wichtigste Einstiegs-Ursache stellen nach wie vor Diäten dar, insbesondere in Verbindung mit Ausdauersport zum Zwecke der Gewichtskontrolle. Dass dies vor allem bei Kindern und Jugendlichen auslösende Faktoren sind, zeigen nicht nur die Berichte der Betroffenen, sondern auch epidemiologische Studien und Tierversuche. Es ist keine Kunst, juvenile Ratten mit Diät und Joggen in die Magersucht zu führen – ganz ohne Psychotricks. Lediglich die Bulimie funktioniert nicht bei der Ratte. Denn Ratten können sich nicht Erbrechen. Vorwerfen kann man den Aufklärern, Ernährungsberatern und Fitnesstrainerinnen nun wirklich nichts. Sie haben ja alles so gut gemeint.

*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

Prost Mahlzeit - Krank durch gesunde Ernährung, Köln 1994 (mit A. Fock, U. Gonder, K. Haug)

Lexikon der populären Ernährungsirrtümer. Frankfurt/Main 2001 (mit S. Warmuth)

Mythos Cholesterin – die zehn größten Irrtümer. Stuttgart 2002 (von U. Ravnskov, Hrsg. Pollmer)

Lexikon der Fitneß-Irrtümer Frankfurt/Main 2003 (mit G. Frank, S. Warmuth)

Food Design: Panschen erlaubt, Hirzel, Stuttgart 2007 (mit M. Niehaus)

**Udo Pollmer** ist Lebensmittelchemiker; langjährige Lehrtätigkeit an der Universität Oldenburg und der Fachhochschule Fulda im Fachbereich Ernährungswissenschaft. Er ist selbständig tätig als Wissenschaftsjournalist, Unternehmensberater und Dozent im In- und Ausland. Seit 1994 Wissenschaftlicher Leiter des Europäischen Instituts für Lebensmittel- und Ernährungswissenschaften e.V.; zahlreiche Publikationen sowie Beiträge in Printmedien, Radio und TV. Udo Pollmer gilt seit vielen Jahren als einer der populärsten und streitbarsten Ernährungsspezialisten im deutschsprachigen Raum. Er zeichnet sich dadurch aus, wissenschaftliche Erkenntnisse auch Betroffenen und Interessierten in allgemeinverständlicher Form zu präsentieren.

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**Kongress Essstörungen 2006 / Eating Disorders 2006**  
 3<sup>rd</sup> Pre-Congress Clinical Workshop / Teaching Day

**PROBST MICHEL, Leuven, Belgium: Körperbildtherapie in der ambulanten Behandlung von Essstörungen.**

(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 Bewusstsein 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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**GOWERS SIMON, 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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### **RATHNER GÜNTHER, Innsbruck, Österreich: Systemische Familientherapie bei Essstörungen.**

PatientInnen haben Familie: Dieser Leitsatz der Familienmedizin gilt bei jeder schwereren körperlichen oder psychischen Krankheit und Störung. Die Familientherapie hat sich in den Studien des Institute of Psychiatry in London als wirksame Therapieform bei adolescenten Anorexia nervosa-Patientinnen gezeigt. Die verschiedenen Modelle von Familientherapie (family therapy), Familienberatung (family counselling) und Multi-Familientherapie (multi-family treatment), die bisher bei Essstörungen, v.a. bei Anorexia nervosa angewandt wurden, werden vorgestellt.

Historisch hat sich die therapeutische Haltung zur Familie nicht nur in der Behandlung von Essstörungen geändert: von der Parentektomie über die anorexogene Mutter (bzw. Familie) und die Behandlung der Familie hin zur Einbeziehung der Angehörigen in die Behandlung, als wertvolle Behandlungsressource. Einzelne Behandlungszentren für Essstörungen haben sich darauf konzentriert, bei Anorexia nervosa nur Familientherapie ohne individuelle Psychotherapie anzubieten. Dies berücksichtigt aber die individuelle psychische Wirklichkeit der Betroffenen nur unzureichend.

In diesem Workshop wird das an der Innsbrucker Spezialambulanz für Essstörungen entwickelte Behandlungsmodell für Anorexia nervosa mit paralleler systemischer Familientherapie und systemisch-psychodynamisch orientierter Einzelpsychotherapie vorgestellt. Besonderes Augenmerk wird dabei auf die „Familienbriefe“ gelegt: Briefe jedes einzelnen Familienmitglieds an die Behandler (nach dem telefonischen Erstinterview und vor dem ersten Behandlungskontakt, der Familiensitzung). Individuelle Änderung bedingt familiäre Veränderung und setzt sie gleichzeitig voraus, im Sinne einer Koevolution.

**Günther Rathner Ph.D.** ist Univ.-Prof. für Medizinische Psychologie, Psychotherapie & Psychosomatik an der Medizinischen Universität Innsbruck. Er ist Psychotherapeut (Systemische Familientherapie, Klientenzentrierte Psychotherapie, Lehrtherapeut der Milan School of Systemic Family Therapy) und Klinischer & Gesundheitspsychologe und hat über 25jährige Erfahrung in der Diagnose, Therapie & Erforschung von Essstörungen bei Jugendlichen & Erwachsenen. Gründer & Leiter der Spezialambulanz Essstörungen an der Univ.Klinik für Kinder- & Jugendheilkunde Innsbruck (1984-2002), Gründer & Obmann des **Netzwerk Essstörungen** seit 1990; Präsident der **Österreichischen Gesellschaft für Essstörungen (ÖGES)** seit 2000; wissenschaftlicher Leiter von 14 Internationalen Kongressen Essstörungen in Alpbach/Ö; Convenor & Chairman **des 9<sup>th</sup> European Council on Eating Disorders (ECED) Innsbruck 2005** ([www.eced-innsbruck2005.at](http://www.eced-innsbruck2005.at)).

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**FERNÁNDEZ-ARANDA FERNANDO, 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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**EISLER IVAN, London, UK: Multiple family therapy: Making the connections. / Mehrfamilietherapie: 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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**KEY ADRIENNE, London, UK: Reproduction and Eating Disorders, a fruitless union: Putting theory into Clinical Practice. / Fruchtbarkeit und Essstörungen: Von der Theorie zur klinischen Praxis.**

(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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**VANDEREYCKEN WALTER, Leuven, Belgien: Selbstverletzung bei Essstörungen. / Self-injuries in Eating Disorders.**

(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.

**Walter Vandereycken, M.D.** ist einer der führenden europäischen Experten für Essstörungen. Er ist Professor für Psychiatrie an der Katholischen Universität Löwen (Belgien) und Chefarzt der Abteilung für Verhaltenstherapie an der Psychiatrischen Klinik Alexianen in Tienen (Belgien). Zahlreiche Publikationen in Fachzeitschriften und Autor mehrerer Bücher v.a. über Essstörungen (Geschichte, Untersuchungen, Behandlung). In deutscher Sprache liegen u.a. folgende Bücher vor: Wundermädchen, Hungerkünstler, Magersucht (2003), Magersucht und Bulimie (2003), Hypnose bei der Behandlung von Anorexie und Bulimie (1995), Die Behandlung der Bulimia nervosa (2002) und Verhaltenstherapeutische Psychosomatik (1995).

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**Kongress Essstörungen 2004 / Eating Disorders 2004**  
1<sup>st</sup> Pre-Congress Clinical Workshop / Teaching Day

**LACEY J. HUBERT, 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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**BUTCHER GERRY, 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 multi-disciplinary training course in eating disorders („Theory & Therapy of Eating Disorders“) in Ireland commencing in 2004.

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**FAIRBURN CHRISTOPHER G., Oxford, UK: Transdiagnostic Cognitive-Behavioural Treatment (CBT) for Eating Disorders / Transdiagnostische Kognitive Verhaltenstherapie (KVT) bei Essstörungen.**

(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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