



Format: Presentation

Date: January 24, 2020

Time: 8:30am-10:00am

Presentation Length: 1.5 Hours in a two day conference

Type: Lecture, interactive with Question and Answer

Training For: Staff of Hospitals, Medical Centers, Mental Health Clinics: General Medicine Physicians, Psychiatrists, APRN's, Psychologists, Counselors, Dietitians, Nurses, Mental Health Technicians

Presenters: Susan C. Mengden, PhD, CEDS-s

Presentation Title: "Utilizing DBT with Adolescents and Their Families in the Treatment of Eating Disorders"

Brief Description of Presentation:

Family-Based Therapy is currently the treatment of choice and the best practice for treatment of adolescents with eating disorders. There is growing research and evidence supporting the use of Dialectical Behavior Therapy with eating disorders. Dialectical Behavior Therapy modified for adolescents has found effectiveness for underlying emotion regulation dysfunction and modifications of DBT for eating disorders also show a history of success. Treatment modifications, adaptations and in-vivo implementation of Dialectical Behavior Therapy with eating disorders in multi-family and single-family sessions will be highlighted in this presentation.

Outline:

1. Introduction (5 minutes)
 - a. Learning Objectives
2. Body (75 minutes)
 - a. Evidence-Based DBT with eating disorders for adolescents
 - i. DBT applied to eating disorders
 - ii. Rationale for inclusion of family members in eating disorder treatment
 - b. DBT
 - i. What is DBT?
 1. Acceptance-Based theory
 2. Biosocial theory of DBT
 3. Emotional deregulation
 4. DBT assumptions

- ii. Treatment of integration of DBT for eating disorders
 - iii. Modification of DBT and skills
 - iv. Adaptations of SBT for adolescents
 - v. Dialectical dilemmas in eating disorders
 - vi. DBT skills for eating disorders and nutrition
 - 1. Diary card modifications
 - 2. Validation
 - a. Six levels of validation
 - 3. Behavioral chain analysis
 - vii. Case examples
 - viii. Steps in DBT treatment
3. Conclusion and questions (10 minutes)

Learning objectives:

Based on the content of the workshop participants will be able to:

- 1.) Describe the Dialectical Behavior Therapy Biosocial Theory for eating disorders
- 2.) Explain the DBT dialectical dilemmas for eating disorders
- 3.) List the six Dialectical Behavior Therapy dialectical dilemmas for parents of adolescents with eating disorders
- 4.) Discuss the six levels of validation used in Dialectical Behavioral Therapy

Professional Peer Review and Clinical Text Resources and Citations:

- 1. Pernell, A., Webb, C., Agar, P., Federici, A., Couturier, J. Implementation of Dialectical Behavior Therapy in a Day Hospital Setting for Adolescents with Eating Disorders; *Journal of Canadian Academy of Child and Adolescent Psychiatry*. 2019 Apr;28(1):21-29.
- 2. Macpherson, H., Cheavens, J., Fristad, M. Dialectical Behavior Therapy for Adolescents: Theory, Treatment Adaptations, and Empirical Outcomes. *Clinical Child and Family Psychology Review*. 2012 Dec.
- 3. Woodberry, KA, Popenoe, EJ (2008), Implementing Dialectical Behavior Therapy with Adolescents and Their Families in a Community Outpatient Clinic. *Cognitive and Behavioral Practice*, 15, 277-286.
- 4. Wisniewski, L and Ben-Porath, D. (2015) Dialectical Behavior Therapy and Eating Disorders: The Use of Contingency Management Procedures to Manage Dialectical Dilemmas. *American Journal of Psychotherapy*, 69, (2), 129-140.
- 5. Rathus, J and Miller, A. (2015). *DBT Skills Manual for Adolescents*. Guilford Press, New York, NY.

Statement of possible risk:

It is possible that participants, as a byproduct of attending this training, will have an opportunity to look at themselves and apply principles into their own lives, as well as those they treat. Therefore, there is always potential that participants could experience a mild degree of emotional discomfort as they look in the emotional mirror in application of these principles in their own lives.



Format: Presentation

Date: January 24, 2020

Time: 10:15am-11:45am

Presentation Length: 1.5 Hours in a two day conference

Type: Lecture, interactive with Question and Answer

Training For: Staff of Hospitals, Medical Centers, Mental Health Clinics: General Medicine Physicians, Psychiatrists, APRN's, Psychologists, Counselors, Dietitians, Nurses, Mental Health Technicians

Presenters: Elizabeth A. Joy, MD, MPH, FACSM

Presentation Title: "Treating Eating Disorders Across the Care Continuum"

Brief Description of Presentation:

People affected by eating disorders are seen by practitioners across the entire care continuum - ambulatory care, emergency care, hospital care, residential/partial hospitalization, and intensive outpatient care. This presentation will provide an overview of care provided in various settings with an emphasis on multidisciplinary outpatient care, where the majority of patients are seen. Additionally, the presentation will cover in greater detail Intermountain Healthcare's updated Eating Disorder Care Process Model, and ECHO (Extension for Community Healthcare Outcomes) program, which aim to educate members of the multidisciplinary team to provide evidence based best practice to patients at risk and with eating disorders.

Outline:

1. Introduction(20 minutes)
 - a. Statistics
 - i. Prevalence of Eating Disorders in the US- Adult
 - ii. Prevalence of Eating Disorders in the US- Adolescent
 - iii. Intermountain Healthcare Eating disorder Care Process Model
2. Body (60 minutes)
 - a. Discussion and Questions Screening
 - i. Screening for Eating Disorders
 - ii. Diagnostic criteria
 - iii. Treatment Continuum
 - iv. Intermountain Project ECHO
 - b. Multidisciplinary Care
 - i. Team

- ii. Coordinated Care vs. Co-located Care
 - iii. Rounds
 - iv. Role of team members
 - c. Athletes and Eating Disorders
 - i. Female athlete Triad
 - ii. Energy availability defined
 - iii. Risk Assessment
 - d. Multidisciplinary outpatient Care
 - i. Treatment continuum
 - ii. Coordinated Care
 - iii. Patient refusal of care
 - iv. Levels of care
 - v. Transitioning back to outpatient care
3. Conclusion (10 minutes)

Learning objectives:

Based on the content of the workshop participants will be able to:

1. Explain how to develop programs and processes within their own practices and institutions to assist patients with eating disorders as they transition between different levels and areas of care
2. Describe how to help patients with eating disorders navigate transitions in care
3. Explain how to access the Intermountain Eating Disorder ECHO Program to expand their knowledge and share their knowledge regarding the care of patients with eating disorders.

Professional Peer Review and Clinical Text Resources and Citations:

1. Udo T. Prevalence and Correlates of DSM-5–Defined Eating Disorders in a Nationally Representative Sample of U.S. Adults. *Biological Psychiatry* September 1, 2018; 84:345–354.
2. Swanson SA, et. al. Prevalence and Correlates of Eating Disorders in Adolescents. *Arch Gen Psychiatry*. 2011;68(7):714-723.
3. LA, et. al. Sim Eating Disorders in Adolescents With a History of Obesity. *Pediatrics* 2013;132:e1026–e1030.
4. Currie A. Sport and Eating Disorders - Understanding and Managing the Risks. *Asian Journal of Sports Medicine*, Vol 1 (No 2), June 2010: 63-68.
5. Rosen DS, et. al. Clinical Report—Identification and Management of Eating Disorders in Children and Adolescents. *Pediatrics* 2010;126:1240–1253.
6. Joy EA. Advancing Multidisciplinary Team Care. *Fam Pract Manag*. 2013 Jul-Aug;20(4):8.

Statement of possible risk:

It is possible that participants, as a byproduct of attending this training, will have an opportunity to look at themselves and apply principles into their own lives, as well as those they treat. Therefore, there is always potential that participants could experience a mild degree of emotional discomfort as they look in the emotional mirror in application of these principles in their own lives.



Format: Presentation

Date: January 24, 2020

Time: 12:45pm – 2:15pm

Presentation Length: 1.5 Hours in a two day conference

Type: Lecture, interactive with Question and Answer

Training For: Staff of Hospitals, Medical Centers, Mental Health Clinics: General Medicine Physicians, Psychiatrists, APRN's, Psychologists, Counselors, Dietitians, Nurses, Mental Health Technicians

Presenters: Melissa Taylor, LMFT, CEDS-S; Jennifer Gill, RD, CEDRD; Michelle Smith, APRN

Presentation Title: “What to Expect When You are Expecting: Expecting Mothers with Eating Disorder Concerns”

Brief Description of Presentation:

This workshop highlights the research on pregnancy and eating disorders. It will discuss the risks to mother and baby if a mother engaged in her eating disorder while pregnant and implications post-delivery for the child. It will also review research about nutritional concerns and attachment between mother and baby post pregnancy. Finally, it will review interventions that can help patients remain focused on recovery while pregnant and post-delivery. These interventions will focus on the areas of fertility, body image, dietary, and attachment.

Outline:

This presentation will discuss research regarding pregnancy and postpartum issues while struggling with an eating disorder.

1. Emotional and dietary concerns expectant mothers face when struggling with an eating disorder will be discussed. (30 minutes)
2. Research of medical risks that can occur for babies and mothers when an eating disorder is occurring during pregnancy will be reviewed. (30 minutes)
3. Clinical, dietary and medical interventions to help mitigate effects of an eating disorder (30 minutes)

Learning objectives:

Based on the content of the workshop participants will be able to:

1. Describe emotional and physical risks clients face while pregnant while struggling with an eating disorder.

2. Explain risks to the baby both in utero and after delivery when the mother has an eating disorder.
3. Describe clinical interventions to assist patient with fertility, body image concerns, dieting, and attachment during and after pregnancy.

Professional Peer Review and Clinical Text Resources and Citations:

1. Abraham, S.F., Pettigrew, B., Boyd, C., Russell, J., & Taylor, A. (2005). Usefulness of amenorrhoea in the diagnoses of eating disorder patients. *J Psychosomatic Obstet Gynaecol.* 26:211-215.
2. Algars, M, Huang, L, Von Holle, A.F., Peat, C.M., Thornton, L.M., Lichtenstein, P., et al. (2014). Binge eating and menstrual dysfunction. *J Psychosomatic Res.* 76:12-22.
3. Anderson, A.E. & Ryan, G.L. (2009). Eating Disorders in the Obstetric and Gynecologic Patient Population. *Obstetric & Gynecology:* 114: 1353-1367.
4. Boone, L. (2013). Are attachment styles differentially related to interpersonal perfectionism and binge eating symptoms? *Personality and Individual Differences.* 54: 931-935.
5. Brown, A., Rance, J., & Warren, L. (2015). Body image concerns during pregnancy are associated with a shorter breast feeding duration. *Midwifery.* 31:80-89.
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7. Bulik, C.M., Von Holle, A., Siega-Riz, A.M., Torgersen, L, Lie, K.K., & Hamer, R.M. et al (2009). Birth outcomes in women with eating disorders in the Norwegian Mother and Child cohort study (MoBA). *International Journal of Eating Disorders.* 42(1):9-18.
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11. Chinello, A., Dolci, V., Galli, C.M., Faggioli, S.C., Tugnoli, E., & Zappa, L.E. (2016). Pregnancy and anorexia nervosa: Will, weight, and feelings. *Journal of Psychology and Psychotherapy Research:* 3, 24-29.
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13. Dakanalis, A., Timko, C.A., Zanetti, M., & Rinaldi, L., et al. (2014). Attachment insecurities, maladaptive perfectionism, and eating disorder symptoms: a latent mediated and moderated structural equation modeling analysis across diagnostic groups. *Psychiatry Research,* 215(1), 176-184.
14. Datta, J. Palmer, M.J., Tanton, C., Gibson, L.J., et al. (2016). Prevalence of infertility and help seeking among 15000 women and men. *Human Reprod.* 31(9):2108-18.
15. Delicate, A., Ayers, S., & McMullen, S. (2018). A systematic review and meta-synthesis of the impact of becoming parents on the couple relationship. *Midwifery.* 61:88-96.

16. Domar, A, Gordon, K, Garcia-Velasco, J et al. (2012) Understanding the perceptions of emotional barriers to infertility treatment: a survey in four European countries. *Human Reproduction*, 27: 1073–9.
17. Easter, A., Solmi, F., Bye, A., Taborelli, E., Corfield, F., Schmidt, U., Treasure, J., ... Micali, N. (2015). Antenatal and postnatal psychopathology among women with current and past eating disorders: longitudinal patterns. *European eating disorders review : the journal of the Eating Disorders Association*, 23(1), 19-27.
18. Easter, A., Bye, A., Taborelli, E., Corfield, F., Ulrike, S., Treasure, J., et al. (2013). Recognising the symptoms: how common are eating disorders in pregnancy" *European Eating Disorders Review*, 21(4), 340–344.
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21. Farstad, S. M., McGeown, L., & von Ranson, K. M. (2016). Eating disorders and personality, 2004-2016: A systematic review and meta-analysis. *Clinical Psychology Review*, 46, 91–105.
22. Franko, D.L, Spurrell, E.B. (2000). Detection and management of eating disorders during pregnancy. *Obst Gynecol*: 95:942-6.
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50. Torgersen, L., Ystrom, E., Haugen, M., et al. (2010). Breastfeeding practice in mothers with eating disorders. *Matern. Child Nutr.* 6, 243-252.
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Format: Presentation

Date: January 24, 2020

Time: 2:30pm – 4:30pm

Presentation Length: 2 Hours in a two day conference

Type: Lecture, interactive with Question and Answer

Training For: Staff of Hospitals, Medical Centers, Mental Health Clinics: General Medicine Physicians, Psychiatrists, APRN's, Psychologists, Counselors, Dietitians, Nurses, Mental Health Technicians

Presenters: Evelyn Tribole, MS RDN CEDRD-S

Presentation Title: "Intuitive Eating in the Treatment of Eating Disorders: Navigating Issues of "Food Addiction"

Brief Description of Presentation:

Can you really be addicted to food? This presentation will explore food addiction research including the Yale Food Addiction Scale, rat studies on sugar, and human research. Other explanations for loss of control eating will be discussed, including the gaps in research and science silo mentality. Finally, based on the evidence to date, the implications for eating disorder treatment and recovery within the frame of Intuitive Eating (Making Peace with Food) will be discussed.

Outline:

1. Intuitive Eating : (30 minutes)
 - A. Framework
 - B. Research & Benefits
 - C. Interoceptive Awareness

- II. Food Addiction (60 minutes)
 - A. What's in a name?
 1. Loss of Control Eating
 2. Compensatory Eating
 3. Binge Eating
 - B. Biological and Correlates of Binge Eating
 1. Food Restriction

2. Fasting
3. Dieting
4. What the Research Shows

C. Food Addiction Theory

1. The Famous Rat 'Sugar Addiction' Study
2. Limitations of Food Addition Studies
3. Activities that also use Reward Neural Pathways
4. Other Explanations for Dopamine-Reward Response
5. Other Reasons for Altered Reward Pathways'

D. Prevalence in US

1. Anorexia Nervosa
2. Bulimia Nervosa
3. Binge Eating Disorder
4. Dieting
5. 'Food Addiction' Yale Food Addiction Scale

E. Yale Food Addiction Scale 1.0 and 2.0

1. How it Was Developed and validated
2. Similarities to Consequence of Dieting
3. Issues:
 - a. Proxy for: trauma, eating disorders, psychiatric comorbidity
 - b. Misleads direction for research and treatment
 - c. Weight Stigma and bias in the research

F. Studies showing eating 'forbidden food' does not increase overeating.

G. Self-Perpetuating Food Addiction Cycle

III. Treatment (30 minutes)

- A. Psycho-bio education
- B. Nutrition Rehabilitation
- C. Intuitive Eating
- D. Emerging Research

Learning objectives:

Based on the content of the workshop participants will be able to:

1. Describe 3 reasons why a person may have loss of control eating, unrelated to 'addiction'.
2. List 3 limitations of Food Addiction Theory.
3. Describe why making peace with food (principle 3 of Intuitive Eating) is integral to eating disorder recovery.

Professional Peer Review and Clinical Text Resources and Citations:

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3. Andrew R., M. Tiggemann, L. Clark. 2016. Predictors and health-related outcomes of positive body image in adolescent girls: A prospective study. *Developmental Psychology* 52(3): 463-474.
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Statement of possible risk:

It is possible that participants, as a byproduct of attending this training, will have an opportunity to look at themselves and apply principles into their own lives, as well as those they treat. Therefore, there is always potential that participants could experience a mild degree of emotional discomfort as they look in the emotional mirror in application of these principles in their own lives.

**Format:** Presentation**Date:** January 25, 2020**Time:** 8:30am -10:00am**Presentation Length:** 1.5 Hours in a two day conference**Type:** Lecture, interactive with Question and Answer**Training For:** Staff of Hospitals, Medical Centers, Mental Health Clinics: General Medicine Physicians, Psychiatrists, APRN's, Psychologists, Counselors, Dietitians, Nurses, Mental Health Technicians**Presenters:** Bennet E. Davis, MD**Presentation Title:** "Understanding Pain: How Medical Physicalism Has Failed Us"**Brief Description of Presentation:**

This presentation illuminates a way out of the opioid crisis. Dr. Davis builds on what we know about pain to explain why so many "chronic pain patients" have pain *without tissue damage* that responds to opioids. This population is defined then compared and contrasted to people with painful tissue pathology and to "addicts" with opioid use disorder. Dr. Davis suggests that undiagnosed trauma, especially developmental trauma, is at the root of chronic pain without tissue pathology, and he reviews validated CDC statistics on the prevalence of severe psychological trauma in America, research into the physical health effects of psychological trauma, recent research into exactly who is being prescribed the majority of opioid in America.

Outline:

“More than the pharmaceutical companies, it is the way western medicine teaches us to think about pain that has fostered overprescribing of opioid. Our concept of pain has had other consequences, it has led us to assume that the recent increase in overdose deaths is the consequence of an epidemic of addiction. But our nation’s response, which should work if we are in fact dealing with a crisis of addiction, has backfired: reducing prescription opioid and introducing addiction resources has not stemmed the crisis. Just the opposite, CDC statistics show that the crisis has deepened. We must be missing something. Perhaps the way we view pain has not only led us into an overprescribing disaster, perhaps it is preventing us from finding the way out.

This presentation illuminates a way out. Dr. Davis (30 minutes) builds on what we know about pain to explain why so many “chronic pain patients” have pain *without tissue damage* that responds to opioids. This population is defined then compared and contrasted to people with painful tissue pathology and to “addicts” with opioid use disorder. Dr. Davis (45 minutes) suggests that undiagnosed trauma, especially developmental trauma, is at the root of chronic pain without tissue pathology, and he reviews validated CDC statistics on the prevalence of severe psychological trauma in America, research into the physical health effects of psychological trauma, recent research into exactly who is being prescribed the majority of opioid in America. The inexorable conclusion (15 minutes) is that we are not faced with a crisis of addiction but rather one of misdiagnosed and inappropriately treated developmental psychological trauma. Dr. Davis proposes this conclusion as the explanation for the failure of our current approach to the opioid crisis. Trauma informed diagnosis and treatment is required to solve the crisis, and Dr. Davis ends with a description of how this might look.”

Learning objectives:

Based on the content of the workshop participants will be able to:

1. Describe the 4 types of pain
2. Describe how knowledge of which type(s) of pain a patient has affects treatment
3. Describe a new approach to the opioid crisis and barriers to it, based on the definition of pain presented today

Professional Peer Review and Clinical Text Resources and Citations:

1. Heath B, Wise Romero P, and Reynolds K. A Review and Proposed Standard Framework for Levels of Integrated Healthcare. Washington, D.C.SAMHSA-HRSA Center for Integrated Health Solutions. March 2013
2. Davis M et al. Prescription Opioid Use Among Adults with Mental health Disorders in the United States. J Am Board Family Med 2017; 30:338-401; <http://jabfm.org/content/30/4/407>
3. CDC/NCHS, National Vitals Statistic system/ mortality. CDC WONDER, Atlanta GA: US Department of Health and Human Services, CDC; 2016; <https://wonder.cdc.gov/>
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12. <https://www.gao.gov/assets/520/511464.pdf>

Statement of possible risk:

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Format: Presentation

Date: January 25, 2020

Time: 10:15am – 11:45am

Presentation Length: 1.5 Hours in a two day conference

Type: Lecture, interactive with Question and Answer

Training For: Staff of Hospitals, Medical Centers, Mental Health Clinics: General Medicine Physicians, Psychiatrists, APRN's, Psychologists, Counselors, Dietitians, Nurses, Mental Health Technicians

Presenters: Katherine Zavodni, MPH, RD, CEDRD, CD

Presentation Title: "Eating Disorder Professionals Leading the Way: Promoting Healing and True Health in a Disordered World"

Brief Description of Presentation:

This presentation will discuss our role as eating disorder clinicians in educating and guiding the healthcare field toward higher sensitivity to environmental triggers of eating disorders, specifically related to obesity treatment and prevention campaigning, both clinical and environmental. We will discuss how the current mainstream rhetoric surrounding health and nutrition can be harmful, and not just to our clients and patients with eating disorders. Evidence based strategies and resources will be presented to support clinicians to practice a non-diet, Health At Every Size™ approach, promoting eating disorder awareness and prevention throughout our sphere of influence, and bringing a health positive message to our patients and communities

Outline:

- I. Introduction--The Tension and the Conflict (15 minutes)
 - a. the eating disorder “lens”
 - b. perceived role as a health care provider
 - c. the meaning of “healthy” and the disordered eating spectrum
- II. Body (60 minutes)
 - a. the weight centric paradigm
 - i. not effective--weight tends to accelerate, long term sustained weight loss doesn't exist in the literature (9)
 - ii. harmful--contributes to body dissatisfaction, psychosocial distress, and disordered eating; widespread weight stigma (2, 5, 6, 8, 9, 12)
 - iii. current state of the evidence--weight centrism is shape shifting (7,8)
 - iv. body size not a reliable marker for metabolic health (13)
 - b. the weight inclusive paradigm
 - i. HAES (1, 4, 10, 11)
 - ii. clinical tools (citation 3)
 1. Jessica--Universal Precautions
 2. Biological Diversity: Set point theory, Growth Chart data
 3. Intuitive Eating--Tribole and Resch
 4. Mindful Eating--Michelle May, Megrette Fletcher
 5. Restrict/Binge cycle--untangling reasons for eating in the absence of hunger
 6. Priorities in treatment
 7. Ellyn Satter: Normal Eating definition, Division of responsibility, macronutrient/glucose curves
 8. Minnesota Starvation Experiment
 9. Hunger Scale
 10. Role of Structure
 - iii. for eating disorder treatment as well as the broader population
- III. Conclusion (15 minutes)
 - a. we are all on a journey, unlearning weight stigma takes a long time
 - b. resources and support

Learning objectives:

Based on the content of the workshop participants will be able to:

1. Recite 3 ways that mainstream, weight centric care causes harm
2. List the 5 principles of the Health at Every Size™ model
3. List 3 tools and resources that can be used to support weight inclusive practice

Professional Peer Review and Clinical Text Resources and Citations:

1. Bégin C, Carbonneau E, Gagnon-Girouard MP, et al. Eating-Related and Psychological Outcomes of Health at Every Size Intervention in Health and Social Services Centers Across the Province of Québec. *Am J Health Promot.* 2019 Feb;33(2):248-258.
2. Christoph MJ, Loth KA, Eisenberg ME, Haynos AF, Larson N, Neumark-Sztainer D. Nutrition Facts Use in Relation to Eating Behaviors and Healthy and Unhealthy Weight Control Behaviors. *J Nutr Educ Behav.* Mar;50(3):267-274.
3. Homan KJ and Tylka TL. (2018). Development and exploration of the gratitude model of body appreciation in women. *Body Image.* 2018 Feb 8;25:14-22.
4. Carbonneau E, Bégin C, Lemieux S, Mongeau L, Paquette MC, Turcotte M, Labonté MÈ, Provencher V. (2017). A Health at Every Size intervention improves intuitive eating and diet quality in Canadian women. *Clin Nutr.* 36(3):747-754.
5. Duarte C., Ferreira C., Pinto-Gouveia J., Trindade I.A., Martinho A. 2017. What makes dietary restraint problematic? Development and validation of of the Inflexible Eating Questionnaire. *Appetite.* 114:146-154.
6. Anderson LM, Reilly EE, Schaumberg K, Dmochowski S, Anderson DA. (2015). Contributions of mindful eating, intuitive eating, and restraint to BMI, disordered eating, and meal consumption in college students. *Eat Weight Disord.* Aug 5.
7. Tylka, T.L., Calogero, R.M., & Danielsdottir S. (2015). Is intuitive eating the same as flexible dietary control? Their links to each other and well-being could provide an answer. *Appetite* 95: 166-175.
8. Linardon J, Mitchell S. (2017). Rigid dietary control, flexible dietary control, and intuitive eating: Evidence for their differential relationship to disordered eating and body image concerns. *Eat Behav.* 26:16-22.
9. Mann T1, Tomiyama AJ, Westling E, Lew AM, Samuels B, Chatman J. Medicare's search for effective obesity treatments: diets are not the answer. *Am Psychol.* 2007 Apr;62(3):220-33.
10. Tracy L. Tylka, Rachel A. Annunziato, Deb Burgard, et al., "The Weight-Inclusive versus Weight-Normative Approach to Health: Evaluating the Evidence for Prioritizing Well-Being over Weight Loss," *Journal of Obesity*, vol. 2014, Article ID 983495, 18 pages, 2014.
11. Bacon L, Aphramor L. Weight science: evaluating the evidence for a paradigm shift [published correction appears in *Nutr J.* 2011;10:69]. *Nutr J.* 2011;10:9.
12. Puhl R, Suh Y. Health Consequences of Weight Stigma: Implications for Obesity Prevention and Treatment. *Curr Obes Rep.* 2015 Jun;4(2):182-90.
13. Tomiyama, AJ, Hunger, JM, Nguyen-Cuu, J., & Wells, C. (2016). Misclassification of cardiometabolic health when using body mass index categories in NHANES 2005-2012. *INTERNATIONAL JOURNAL OF OBESITY*, 40(5), 883-886.

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Format: Presentation

Date: January 25, 2020

Time: 12:45pm-2:15pm

Presentation Length: 1.5 Hours in a two day conference

Type: Lecture, interactive with Question and Answer

Training For: Staff of Hospitals, Medical Centers, Mental Health Clinics: General Medicine Physicians, Psychiatrists, APRN's, Psychologists, Counselors, Dietitians, Nurses, Mental Health Technicians

Presenters: Samuel S. Lample, MA, LPC, CEDS

Presentation Title: "Relationship Over Theory: The Heart and Soul of ACT in Finding Freedom from ED"

Brief Description of Presentation:

This presentation takes a deeper look into Acceptance and Commitment Therapy or ACT and how the principles of psychological flexibility are successfully applied to treating eating disorders. Although ACT is used in many treatment programs across the country, its presence, concepts and usefulness are still a mystery to many. ACT is founded upon Relational Frame Theory (cognitive) and Functional Analytic Psychotherapy (relational). It is in the understanding of these two ideas that reveals how ACT is intended to move a person from their head, to being more heart and soul driven by their values and relationships.

Outline:

1. Introduction(30 minutes)
 - a. ACT Assumptions
 - b. 6 Principles of Psychological Flexibility
 - c.6 Principles of Psychological Rigidity
2. Body (50 minutes)

- a. Relational Frame Theory Principles
 - b. Adaptive Peak Model
 - c. Functional Analytic Psychotherapy targets: social connection, anxiety, avoidance
 - d. Functional Analytic Psychotherapy approach: Awareness, Courage and Love
3. Conclusion (10 minutes)
- a. The Call to Valued Living

Learning objectives:

Based on the content of the workshop participants will be able to:

1. Describe the difference between psychological flexibility versus psychological rigidity and how to employ defusion techniques to help patients/clients learn to tolerate pain.
2. List at least 3 ways in which problems with language create and maintain psychopathological features of eating disorders.
3. Recite the 3 focal points of Functional Analytic Psychotherapy, their connection to eating disorders and strategies or techniques to address each

Professional Peer Review and Clinical Text Resources and Citations:

1. Holman, G. Kanter, J., Tsai, M. & Kohlenberg, R. (2017). *Functional Analytic Psychotherapy Made Simple: A Practical Guide to Therapeutic Relationships*. Oakland, CA: New Harbinger
2. Villatte, M., Villatte, J., & Hayes, S. (2016). *Mastering the Clinical Conversation: Language as Clinical Conversation*. New York, NY: The Guilford Press
3. Levin, M., Luoma, J. & Haeger, J. (2015). Decoupling as a Mechanism of Change in Mindfulness and Acceptance: A Literature Review. *Behavior Modification, 39(6)*, 870-911.
4. Heffner, M., Sperry, J., Eifert, J., & Detweiler, M. (2002). Acceptance and Commitment Therapy in the treatment of an adolescent female with anorexia nervosa: A case example. *Cognitive and Behavioral Practice, 9(3)*, 232-236.
5. Parling, T., Cernvall, M., Ramklint, Hogren, M. & Ghadari, A. (2016). A randomised trial of Acceptance and Commitment Therapy for Anorexia Nervosa after daycare treatment, including five-year follow-up. *BMC Psychiatry, 16*, 272-280.

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Format: Presentation

Date: January 25, 2020

Time: 2:30pm-4:30pm

Presentation Length: 2 Hours in a two day conference

Type: Lecture, interactive with Question and Answer

Training For: Staff of Hospitals, Medical Centers, Mental Health Clinics: General Medicine Physicians, Psychiatrists, APRN's, Psychologists, Counselors, Dietitians, Nurses, Mental Health Technicians

Presenters: Nicole Hawkins Ph.D. CEDS-S

Presentation Title: "Dirty Little Secrets: Pervasiveness of Pornography and Plastic Surgery and How They Impact Body Image"

Brief Description of Presentation:

There is a vast body of literature on the influence of different types of media exposure on women's body image. The majority of the research to date has focused on conventional forms of media (i.e., print, television, movies), and there limited research on how the "new media" that is largely driven by the evolution of the internet that is affecting women and men. Specially, this presentation will focus on two rapidly growing trends in media that many in our society shy away from or are reluctant to talk about. The first is erotic media, this presentation will examine how exposure to these images are influencing women and men's perceptions of their bodies and view of attractiveness. The presentation will discuss the rates of pornography in the United States and the pornography viewing patterns and how this influences women and men's perceptions of their bodies. The presentation will also focus on men's viewing habits and the impact on their partner's body image. The second type of media to be addressed is social media, there is growing evidence that it is a new driver for cosmetic surgery as woman aim to improve their body satisfaction by getting a nip and tuck. This presentation addresses the new trends and rates in cosmetic surgery and how women are striving for "selfie perfection" and seeking cosmetic surgery in increasing numbers. Discussion will address if going under the knife is truly leading to increased body satisfaction and self-esteem. Finally, implications for mental health professionals that work with women struggling with body image issues will be discussed.

Outline:

- I. 15 minutes: Introduction: There is a vast body of literature on the influence of different types of media exposure on women's body image. The majority of the research to date has focused on conventional forms of media (i.e., print, television, movies), and there limited research on how the "new media" that is largely driven by the evolution of the internet is affecting women.

2. 45 minutes: Pornography: Specially, this presentation will focus on two rapidly growing trends in media that many in our society shy away from or are reluctant to talk about. The first is erotic media and how exposure to these images are influencing women's perceptions of their bodies and view of attractiveness.
 - a. Pornography is medium of appearance-related pressure that is rarely considered in body image research (Tylka, 2014). Pornography use has increased the past two decades due to the internet, which provides unprecedented anonymity and accessibility and affordability.
 - b. Discuss the rates of pornography use in the United States.
 - c. Pornography viewing patterns of women and how this influences women's perceptions of their bodies.
 - d. Research in the 1980's generally concluded that pornography decreases satisfaction with the bodies (Kenrick et al, 1989; Zillmann & Bryant, 1988) However, recent research has indicated that viewing pornography does not impact women's satisfaction with their breasts but there is a large association between penis-size dissatisfaction for men (Cranney, 2015). Research indicates that viewing pornography affects men's body image in a number of ways.
 - e. Focus on men's viewing habits and the impact on their partner's body image.
3. 45 minutes: Social Media/Cosmetic Surgery: The second type of media to be addressed is social media, there is growing evidence that it is a new driver for cosmetic surgery as woman aim to improve their body satisfaction by getting a nip and tuck. This presentation addresses the new trends and rates in cosmetic surgery and how women are striving for "selfie perfection" and seeking cosmetic surgery in increasing numbers.
 - a. Discuss the top five trends in cosmetic surgery.
 - b. Presentation will address if going under the knife is truly leading to increased body satisfaction and self-esteem.
 - c. Focus on surgery outcomes and what variables predict improved body satisfaction.
 - d. Discuss if which types of surgery predict better outcome.
4. 15 minutes: Conclusion. Finally, implications for mental health professionals that work with women struggling with body image issues are discussed.
 - a. Implications for treatment for men and women will be presented.

Learning objectives:

Based on the content of the workshop participants will be able to:

1. Describe the current pornography view rates of women and men in this country.
2. Analyze the research on how viewing pornography impacts women's satisfaction with their bodies and how their partners' viewing habits impact their body image.
3. Describe the latest research on cosmetic surgery and if surgery can positively affect women's body satisfaction and self-esteem.

Professional Peer Review and Clinical Text Resources and Citations:

1. Bridges, A.J. Sun, C.F., Ezzell, M.B., Johnson, J. (2016). Sexual scripts and the sexual behavior of men and women who use pornography. *Sexualization, Media & Society*, 2, 1-14.
2. Cingi C., Songu M., Bal C., (2011). Outcomes research in rhinoplasty: Body image and quality of life. *American Journal of Rhinol Allergy*, 25, 263-267.

3. Klaasessen, M.J., Petter, J. (2015). Gender (in) equality in internet pornography: A content analysis of popular pornographic internet video. *The Journal of Sex Research*, 52, 721-735.
4. Iannantuono, A.C., Tylka, T.L., (2012). Interpersonal and intrapersonal links to body appreciation in college women: An exploratory model. *Body Image*, 9, 227-235.
5. Makin, D.A., Morczek, A.L. (2015). The dark side of internet searches: A macro level assessment of rape culture. *International Journal of Cyber Criminology*, 9, 1-23.

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