



FORUM

Fall/Winter 1995

Welcome from Our Guest

Editor, Ellen Parham, Fh.D.

At the spring conference we decided to start a practice of using guest editors for the AHELP newsletter. I volunteered to do the first stint in that capacity. I am a professor of nutrition at Northern Illinois University. In planning the content of this issue, I have frankly used a nutrition perspective. I view this approach, not as writing to the nutrition professionals in AHELP, but rather as writing from them. The various articles represent perspectives that we of the nutrition community would like to share with our colleagues from other disciplines.

If you should feel that you are getting an overdose of nutrition in this issue, take heart; the next issue will have a new guest editor. Will it be you? Members interested in editing a future issue should contact Joe McVoy.

Marcia Hutchinson is Managing Editor; she does the planning, final editing, formatting, and production. If you would like to make a contribution to the next newsletter, or to list any announcements, please send them to Marcia. Lizbeth Binks is general assistant. Thanks to them and to the various AHELP members who wrote pieces, allowed themselves to be interviewed, contributed ideas, and critiqued pieces.

Susan, We Have This Baby

Coming.... by **Ellen Parham, Ph.D.**

“Is being against dieting more like opposing nuclear testing or C-sections?”

In posing this question at the spring AHELP meeting, Dr. Susan Wooley demonstrated once again her ability to cut through confusion and frame issues succinctly. She pointed out that those supporting less use of Caesareans have to recommend alternative means of delivery. The

baby is coming and we have to deal with it. On the other hand, those protesting nuclear testing have only to demonstrate the dangers of such activity. They don't have to come up with an alternative.

Dr. Wooley suggested that the common mission of AHELP members best fits the protesting-nuclear-testing model. It is not true that unless you can come up with something better, "you have no right to criticize." We insist on honesty about the dangers and ineffectiveness of weight loss treatments and feel that we have, not only the right, but also the responsibility to criticize. Such critical examination has led to the non-diet concept: dieting doesn't work, it may make matters worse, why not abandon it?

Ok, we in the nutrition field are with you so far. Even though many of us bear the professional title of dietitian, we have no problem with facing the reality that diets have got to go. Obviously, however, we are not ready to translate non-diet as non-dietitian. And we seem to have this baby we have to deliver. We often work with people who are quite ill. We are expected to help them get better. It is this responsibility to address physical health problems that I identify as the baby we have to deliver.

When a physician refers a patient with poorly controlled diabetes, elevated blood pressure, or sky-high blood lipids, it isn't very effective to say "Let me tell you about what doesn't work." We're going to be held accountable for the delivery of help that improves the wellbeing of our patients. We know that there are ways to help fat people feel better about themselves and to start living the lives they desire without the prerequisite of slenderness. Can we achieve comparable goals related to physical health? Our challenge is to discover ways to deliver this baby without resorting to the old fat-phobic dieting ways that covered up the inadequacies of interventions and encouraged patients to blame themselves for their failures*.

(Continued on page 4)

From the Director... Joe McVoy, Ph.D.

This issue of our newsletter marks a major change in our organization. The past year has been one of hibernation. Other than our excellent 1995 conference last May, we have attempted little as an organization. Much of this was related to my own time constraints and the loss of important administrative and telephone support. I returned to Blacksburg this August to a position that allows me more time to nurture AHFLP as well as my own life.

We now have administrative support and dedicated contributions of AHELP members that allows us to move forward more actively. This issue of the newsletter exemplifies this point. It is the result of the work of Ellen Parham and Marcia Hutchinson. Marcia accepted the role of managing editor for the newsletter to be published biannually. Ellen is our first guest contributing editor. Each issue will bear the personality and focus of a member willing to take responsibility for that issue's contents. This will insure that each issue maintains excellence of content and stability of schedule. Ellen and Marcia deserve our sincere appreciation for their efforts.

I foresee our primary tasks over the next year as continued nurturance of our supportive networking environment as well as being a source of information for our members and the general population. We must also continue to enhance our identity as a professional voice for treatment of large people.

Some exciting developments: We will soon have a page on the Internet which can rapidly disseminate information to and among members. It should be in place by December 1. Also by December we will offer a comprehensive book and video service, stocking copies of publications you recommend. They will be available to those who cannot attend national meetings. Members will receive a 20% discount. Early next year we will begin to offer 1-day regional meetings to bring our message to members and others who couldn't participate in our national meetings. The first meeting is being planned for Philadelphia with the assistance of Lynn McAfee. If you would like one in your area, please call me.

Collectively we have been a profound influence on the national view of dieting and the dieting industry. Our membership is, in fact, a "Who's Who" in the nondieting movement. But we have not been as successful in stimulating major research-based studies that will eventually provide the findings necessary to support our clinically-based arguments. I see this as a critical task in our organizations' future, for without this evidence we will be increasingly dismissed as the "anti" organization who are against dieting and drug use but who do not have a definable and viable alternative for treatment. I hope that during the coming year we can give more emphasis to stimulating research into our various clinical approaches. This will be one of the themes of our 1996 conference.

We are an organization of pioneers. Susan Wooley was the first professional to question the dieting paradigm. Pat Lyons and Debby Burgard were first in emphasizing the importance of improving the health of large women through physical activity. Marcia Hutchinson was one of the first in America to teach the importance of body acceptance. Janet Polivy and Peter Herman

AHFLP FORUM

Managing Editor Marcia G. Hutchinson, Ed.D.

Director Joe NicVoy, Ph.D.

Guest Editor Ellen Parham, Ph.D.

The Association for the Health Enrichment of Large People is a clinical organization dedicated to:

- Professional exchange advancing societal acceptance, personal empowerment, and appropriate professional treatment of fat people.
- Research that furthers the understanding of factors that both enhance and undermine the health of fat men, women, and children
- Professional and societal education about the inappropriateness and health risks of weight reduction dieting.:

redefined the hunger process and inspired many of the advancements in the way we deal with dieting and binge eating. Jane Hirschmann and Carol Munter were among the first to develop a viable model to deal with binge eating. Increasingly, other AHELP members have creatively brought forward new ideas and methods for helping large men and women improve their health and sense of self. Recently Cheri Erdman and Carol Johnson have joined the many others including Susan Kano, Terry Garrison, Linda Omichinsky, Wayne Miller, Roy Schroeder, Laura Rose as authors providing valuable alternatives to large men and women. With this base to move from I look forward to where we collectively will go in 1996. ☺

Rewriting the Weight Chapter: Some Thoughts

by **Michele Grodner, Ed.D., CHES**

Although advocating a new weight paradigm that supports size acceptance seems intellectually simple for us to accept, certain situations complicate implementation in professional practice. For example, as the lead author for a new college level textbook on nutrition and diet therapy for nursing students, I was in the position to implement our new paradigm by creating a revolutionary chapter on body size as opposed to previous traditional nutrition weight chapters that simply instruct on how to lose weight.

Faced with this task, I decided to approach Ellen Parham to be the contributing author for this chapter. Traditionally, every nutrition text has a chapter on weight loss techniques. Oddly, this is the only chapter that is usually written directly to the reader assuming that the reader wants/needs to lose weight. This textbook chapter would be different.

We struggled as to how to present the new weight paradigm, but still address issues of choosing health-providing foods without weight as the guiding post. We wanted nurses to know that bodies come in all sizes and in all levels of health. We talked about body size in terms of body fat composition rather than weight. Issues of family genetics and cultural perceptions of beauty in relation to body size were additional components, as well as the issue of what and how we should eat to achieve healthful lifestyles that leading to nutritional intakes of health-promoting foods. Tuning in to our internal cues of hunger provides means for life span nutrition and health goals. While potential health problems associated with obesity were honestly discussed, the myths of their development were also explored. Boxes on special topics included: Social Issues—Dealing with our own prejudice (fat phobia among health professionals); Culture Considerations — Valuing body size (some cultures value rotund bodies); Myth — One size fits all (NAAFA guidelines for health professionals about treating fat people with respect — one size gown does not fit us all!).

Since this was a diet therapy text as well, I had to address the concern that there are times when weight loss may be medically indicated and/or restricted intake of certain types of food

may be part of the medical nutrition therapy. Restricting caloric intake was so little a part of my mind-set, that I actually forgot all about a section on modified caloric dietary patterns until after the eight diet therapy chapters had already been planned. Consequently, an appendix was added titled, “Kcalorie-Restricted Dietary Patterns.” Its introduction clearly notes that for some individuals, regardless of dietary and lifestyle changes, original weight levels may be retained.

Perhaps the final note to this tale should be the reaction of the nutrition reviewers. Nutrition reviewers often tend to be quite critical of each other’s work. The comments on all the other chapters of the text were extensive. Only this chapter that presented an innovative approach won the praise of the reviewers. The future is ours.

Michele Grodner is Associate Professor and Nutrition Coordinator at the Department of Community Health, William Paterson College, Wayne, New Jersey 07470.

Note: The text, **Foundations and Clinical Applications of Nutrition: A Nursing Approach** by Grodner and Anderson is available January 1996 (Mosby/ St.Louis). ☺

Review:

by Lizbeth Binks, Ph.D., Clinical Psychologist

“Contraversy **About the Treatment of Obesity: Criticisms or Challenges?**” Daniel S. Kirschenbaum & Marian L. Fitzgibbon **Behavior Therapy**, 26, 43-68, 1995.

In scientific endeavor, disagreement is normal, even desirable. It leads to new ideas and growth. It is in this spirit that the new paradigm emerged. But it is also in this spirit that it has been answered, by Kirshcnbaum and Fitzgibbon in the article. We must answer back.

The article initially does a quick, superficial review of the new paradigm literature and, focusing on the social problems reported with fatness, concludes that it’s still easier to lose weight than to change society. They then do an excellent review of the ‘medical risks’ of fatness from generally-accepted studies. It looks overpowering. They do acknowledge inherent methodological problems such as smoking as a confounding variable, but fail to point out none of these studies has controlled for dieting as the cause of the problems. Also, they want to recombine obesity data with mortality factors (Continued on page 4)

What Professional Societies in Nutrition Are Saying about Weight

by Ellen Parham, Ph.D.

At the spring AHELP meeting those members participating in the breakout discussion group for nutritionists and dietitians reported a sense that non-dieting was being increasingly accepted, but that there were still many who reacted to the idea with anger and fear. Among some of the professional societies there are beginning to be signs of questioning the old dieting approaches.

SCAN, a practice group of the American Dietetic Association, devoted to sports, cardiovascular, and wellness concerns has broadened its perspective to include disordered eating. According to SCAN leader, Nancy King, the group has defined disordered eating as “characterized by eating without regard for internal hunger and satiety clues and/or physical needs, and may involve counter compensatory behaviors to manipulate weight. Restrained eating, repeated dieting, diet-induced obesity, compulsive eating, bulimia nervosa, and anorexia nervosa are included in this category.”

SCAN’s annual conference in March was devoted to the theme of disordered eating. Both size acceptance and non-diet perspectives were enthusiastically received by the participants. When the American Dietetic Association involved more than several thousand dietitians in the annual meeting this fall, both the traditional dieting approach and the new weight paradigm were in evidence. C. Everett Koop was there promoting his “Shape Up America” campaign (session sponsored by Weight Watchers), but two days earlier Dayle Hayes, Nancy King, and Karin Kratina had led a four-hour sell-out workshop entitled “If Diets Don’t Work, What Can a Nutrition Professional Do?” Among the exhibitors were Linda Omichinski with her **HUGS** materials, Dayle Hayes with her Body Trust video, and the Renfrew Center. **The Healthy Weight Journal** was on display in several places. (We won’t mention the exhibit with the fake fat and the many promoting weight loss products.

According to ADA board member Dayle Hayes, the materials promoting the 1996 National Nutrition Month won’t use the word “diet”. Instead the phrase “eating style” will be used.

The Society for Nutrition Education (SNE) has chartered a new division, Nutrition and Weight Realities. This division is dedicated to providing support and direction for nutrition educators in discovering ways to incorporate the new weight

paradigm into their work. It advocates nutrition education that “opposes fat phobia, deals honestly with the difficulties of long-term maintenance of weight loss, accepts the goal of health rather than slenderness, and the rights of heavy people to make decisions about their own goals and behaviors.” SNE declined the invitation to partner on Koop’s Shape Up America campaign. SNE can be reached at (800)-235-6690.☺

Review (Continued from page 3)

(diabetes, hypertension) because of the belief that fatness causes these conditions. This line of reasoning fails to recall that these data were originally and deliberately partialled out (3 studies cited) when someone remembered that correlation does not imply causation, a fundamental rule of statistics. The authors want to keep a “tight” definition of fatness, i.e. 30% over “ideal” body weight. By enlarging the subject pool for any reason, they will find more medical problems.

The authors dismiss lightly the “paradoxical” findings of some studies that dieting seems to increase the risk of premature death (among other things), by saying that it simply “defies logic.” So much for scientific method. There are similar passing dismissals of those who criticize weight cycling as a by-product of diets.

Finally, the article asks, “are weight control treatments effective?” and comes up with pretty old answers (and lengthy justifications for the authors’ own areas of expertise). Yes, if the person has enough will power, if the program is intensive enough, if it includes long-term treatment with cognitive-behavioral psychology (their specialty) leading to the uncritical goal of obsessive-compulsive self-regulation,” lots of certain kinds of exercise, management of social environment (Hey! Didn’t they say to forget that earlier?) and, if necessary, a VLCD (very low calorie diet), hold the protein. Keep this up for life, but only measure its effectiveness after 1.5 years, and you might have something Yes like rampant eating disorders. Or some of those medical side effects

of dieting dismissed so quickly. Sorry, this material isn't new, or growthful. Same old, same old. ☺

Susan, We Have This Baby Coming...

(Continued from page 1)

About 25 years ago nutritional care was defined in part as “the application of the science and art of human nutrition in helping people select and obtain food for the primary purpose of nourishing their bodies in health or disease throughout the life cycle...” ** I assert that this rather traditional definition is not inconsistent with the goals of the new weight paradigm. We in nutrition do believe that what one eats matters.

*See fall edition of *Radiance* for article by Susan Lawrence Rich about the work of Dana Armstrong, RD and Allen B. King, MD using a new weight paradigm approach in working with persons with diabetes.

** Committee on Goals of Education for Dietetics. Dietetic Internship Council: Goals of the lifetime education of the dietitian. *J. Am. Dietetic Assoc.* 54:91, 1969. ☺

The First Taste of AHELP

Your first AHELP meeting—an intense and awakening few days. Two members who attended for the first time in spring of this year agreed to share their impressions. Karen Lindsay has degrees in food science and business and does free-lance consulting to the food industry about nutrition information on packaging and promotional materials. She lives in Bountiful, Utah. Edie Applegate is a registered and licensed dietitian and is Director of Nutrition Services at RockfordClinic of Rockford Health Services in northern Illinois. They were interviewed by Ellen Parham.

E.P.: What led to your decision to attend the AHELP conference?

Karen: I learned of AHELP from Joe McVoy at a meeting of the Society of Nutrition Education the year before. The seeds were sown there, but actually deciding to go was a scary process because I really had no conception of whether or not it would be worth the investment of time and money. I wanted to explore the professional op-

portunities that are available related to advancing the new weight paradigm. I wanted to meet people who were working in the area.

Edie: A colleague asked me to attend. Although attending was personally meaningful, my decision to attend was largely professional.

F.P.: What aspects of the meeting had the most impact?

Karen: The greatest impact came from the individuals I met—my roommate, those I met at meals, in classes, anywhere I went throughout the convention.

Edie: A number of the speakers opened new perspectives for me, especially Jeff Sobal and Paul Ernsberger. I learned of many resources for my clients.

E.P.: Did anything surprise you?

Karen: Perhaps the greatest surprise was that this convention brought up so many intense feelings for me personally. Many of these issues I thought I had worked through, but found that I had not completed the process. Although painful, it was healing.

Edie: I was surprised to learn how much wonderful work was being done. I hadn't expected the depth and breadth of the efforts that are being made.

E.P.: How has the experience changed things for you?

Karen: I am more willing to accept myself as I am and slower to make such intense, quick, self-condemning judgments. I do not feel nearly so alone in the emotional battle of being a large woman. I made some personal/professional friends and discovered lots of resources. I didn't know some professional opportunities existed until I met people who were living them. Recently I heard an offensive radio commercial with most unkind references to women of size. Before, I think I would have just had victim feelings; now I will probably write the station and request that they no longer air such comments.

Edie: I feel firmer and more confident about what I teach. I am feeling encouraged about the benefits of meeting with the physicians here and working with them to focus less on weight. They have the same frustrations we do, but they don't know what to do except to put their patients on diets. I think I can reach some of them. I'm going to do this. ☺

• Authors, We've Got Authors •

Congratulations to AHELP members who have recently produced new works:

Cheri Erdman: **NOTHING TO LOSE: A GUIDE TO SANE LIVING IN A LARGER BODY** (Harper San Francisco) is a classy volume that inspires the reader to take the risk of self-acceptance regardless of their size. As the title points out, the risk is not as great as it may seem.

Carol Johnson: **SELF-ESTEEM COMES IN ALL SIZES** spreads the message of self-acceptance that has characterized Carol's Largely Positive group. Her book is available from Doubleday.

Jane Hirschmann & Carol Munter: **WHEN WOMEN STOP HATING THEIR BODIES** (Fawcett-Columbine) picks up where **Overcoming Overeating** leaves off, exploring how "Bad Body Fever" locks women in the diet/binge cycle and promoting inner caretaking.

Francie Berg: **CHILDREN AND TEENS IN WEIGHT CONTROL** is a 33-page special report from the **Healthy Weight Journal**. The first part of the book documents the increasing incidence of obesity among young people and discusses the personal impact. The second part promotes a paradigm of 'trust, empowerment, self-

acceptance, and prevention." (\$11.95 from **Healthy Weight Journal**).

Linda Omichinski: **HUGS FOR TEENS** is a whole program of materials including facilitator guide with 8 lesson plans, a participant support package, a parent guide handbook, and the book **TAILORING YOUR TASTES**. The book itself (in which Heather Wiebe Hildebrand collaborates) is an interesting step-wise approach for changing eating styles to "prefer and enjoy eating foods that are lower in fat, sugar, or salt, and higher in fibre." Call for information: (800-565-4847).

Other books of interest:

W Charisse Goodman. **THE INVISIBLE WOMAN: CONFRONTING WEIGHT PREJUDICE IN AMERICA**. Gurze Books.

Carolynn Hillman. **LOVE YOUR LOOKS: HOW TO STOP CRITICIZING AND START APPRECIATING YOUR APPEARANCE**. Fireside: Simon & Schuster.

About those Nurses...

by **Ellen Parham**

You've probably heard about it and nauseam in the media: a longitudinal study of women enrolled in the prospective Nurses' Health Study (Manson, J. E. and others, *New England J. of Medicine* 333:677-85, 1995). Once again, the fat are found to be inferior. Did those reporting the article as a lead-in to one more barrage of pressure to diet even read it? As this review will show, some alternative interpretations are possible.

The first part is pretty much what the media reported: more than 120,000 women volunteered for the study in 1976; at that time they ranged in age from 30-55 years. Their self-reported 1976 weights and heights were used to classify them in BMI (Body Mass Index) groupings ranging from less than 19 to greater than 32 (equivalent to less than 90% to greater than

120% of "recommended weights"). years. Mortality data was collected from 1976 through 1992. It is important to bear in mind that the study does not report the current BMI of the women—all the associations are based on the weight for height in 1976.

The initial association of BMI category with relative mortality risk (compared to the mortality of the women in the lowest BMI group) produced the classic J-shaped curve: the lowest risk was found among women whose 1976 BMI was between 19.0 and 26.9. There was slightly increased risk among women with BMIs less than 19 and more sharply increased risk among those whose BMI exceeded 28.9.

The investigators then massaged the data in various ways that resulted in the disappearance of the increased risk among the lowest BMI group. When smokers, former smokers, and never-smokers were considered separately, the risk of the thin group was clearly related to smoking. Among women

Nurses...(Continued)

who had never smoked, relative risk began to rise with the 22.0-24.9 group and reached the level of 2.2 for the women in the heaviest group.

To further rule out the effect of illness that may have been undiagnosed at the time of entry, additional analysis was done on non-smokers whose weight was stable between 1976 and 1980; in this analysis only deaths occurring after 1980 were considered. These manipulations accentuated the association of BMI and relative risk, the heaviest group now had a relative risk 3.4 times that of the lightest group. Separating out the deaths by cause (cardiovascular disease, cancer, or other) showed that the association of BMI and mortality was much stronger for cardiovascular disease. In none of the analyses was there an effect of age.

Now comes the interesting part: the researchers asked subjects to report what they had weighed when they were 18 (12-37 years before the start of the study). The comparison between these weights and those reported in 1976 were used to classify the subjects as being weight stable, gaining a lot (more than 22 lb.), gaining a little, losing a little, or losing a lot. We are not told anything about whose weight changed, i.e., were the changes by the heavier women or among all categories? Women who had gained at least 22 lb. had a significantly increased mortality risk. On the other hand, women losing weight or gaining less than 22 lb. "did not have significant changes in mortality."

There is only one sentence in the whole nine-page article that mentions that losing weight did not reduce risk. The abstract reports the finding about weight gain, but says nothing about the effect of losing.

It is not really clear what this finding means. Remember that there was no observation of weight changes in the years ~from 1980-1992. We don't know the weight status before or after the weight change. Presumably the losses moved the subjects to a lower BMI category and their subsequent mortality risk was unchanged from that of others in that category. Consider this, however, given what we know about weight loss maintenance, it is extremely likely that the lost weight was regained (possibly with several gain/lose cycles) and yet there was no effect on mortality.

Clearly, this study gives no definitive in-

formation about the long-term benefits of weight loss or gain. Yet the media has had a field day in warning us all that we must delay not a moment in intensifying our weight loss efforts. ☹

Basic Tenets of Health at Any Size A Size Acceptance Approach to Health Promotion Challenges

People are often told that the only way they can be healthy is to lose weight. They are told they can achieve this by restricting calorie intake and by increasing physical activity. However, scientific studies document that 95% of persons who lose weight using this approach, regain the weight within a 5 years period, with most people regaining weight within the first year after treatment. After repeated unsuccessful attempts at weight loss, large people often conclude that health is not possible for them. Health professionals reinforce this conclusion by attributing weight regain to "backsliding" rather than to genetic and metabolic factors which are beyond the individual's control. Health professionals continue to pressure large people to lose weight. Instead of weight loss, this results in frustration, hopelessness, and a sense of helplessness. Only when health is measured in realistic ways will motivation be evident and health goals achieved.

Girls and women are especially vulnerable to self-deprecation and self-castigation for failure to achieve the mythological perfect body. An understanding of the natural process of growth and development can help alleviate female anxiety over increasing body fat during puberty and during other stages of the life cycle. An appreciation of the beautiful natural variations in body shapes and sizes can facilitate size acceptance and lead to a decrease in the prevalence of eating disorders and a willingness to sacrifice health for the sake of achieving this perfect body.

Our society unfairly assumes that people whose body size deviates too greatly from the norm, are not taking care of their bodies, i.e. they are eating a poor diet, are physically inactive, and/or do not care about their health. This is disrespectful and judgmental. Health professionals have a responsibility to objectively assess a person's health habits. Those which are positive, should be supported and reinforced. Those Basic Tenets which are harmful, should be changed using a consultation model in which the client

(Continued on page 8)

Basic Tenets (Continued from page 7)

has an opportunity to hear professional recommendations and ask questions. The professional may suggest alternate ways of accomplishing lifestyle changes, and can help the client consider ways to deal with barriers and obstacles to change. However, the client is ultimately responsible for deciding which actions to implement in order to accomplish change. Idealized social standards for the "perfect body" must be challenged so they become more realistic.

Tenets

- Human beings come in a variety of sizes and shapes. We celebrate this diversity as a positive characteristic of the human race.
- There is no ideal body size, shape, or weight that every individual should strive to achieve
- Every body is a good body, whatever its size or shape.
- Self-esteem and body image are strongly linked. Helping people feel good about their bodies and about who they are, can help motivate and maintain healthy behaviors.
- Appearance stereo typing is inherently unfair to the individual because it is based on superficial factors which the individual has little or

no control over.

- We respect the bodies of others even though they might be quite different from our own.
- Each person is responsible for taking care of his/her body. Good health is not defined by body size; it is a state of physical, mental, and social well-being.
- People of all sizes and shapes can reduce their risk of poor health by adopting a healthy lifestyle.

Conclusion

- Health promotion programs should celebrate the benefits of a healthy lifestyle. Programs should be accepting of and sensitive to size diversity. They should promote body satisfaction, and the achievement of realistic and attainable health goals without regard to weight change.

Developed by Dietitians and Nutritionists who are advocates of size acceptance coordinated by Joanne P. Ikeda, MA, RD, Nutrition Education Specialist, Department of Nutritional Sciences, University of California, Berkeley ☺

1996 ANNUAL CONFERENCE

A Call for Presenters

Mountain Lake, Virginia, November 1-2

The emphasis will be on networking and renewal. The focus is on pragmatic techniques for change and ways to validate these techniques. We seek to make this the most successful and accessible conference ever. There are tentative plans to publish many of the presenters' works in book form for clinicians.



**P.O. Drawer C
Radford, VA 24143**

