**Trauma-informed Approach to Eating Disorders Utilizing EMDR, Gestalt and Ego State/Parts Therapies.**

 **with Andrew Seubert, LMHC, NCC**

 **EMDRIA-approved Consultant and Trainer.**

**DAY ONE - THE COURAGE TO FEEL**

***Content:***

 **It is my experience that therapists don’t necessarily understand emotions and why we have them. Nor are they always able to experience their own feelings and work with their own emotional lives.**

 **Day One will be experiential, as well as didactic. Information and skills will first be applied personally (we can’t take our clients where we haven’t gone ourselves) and then clinically.**

 **Content will include, but will not be limited to (1) understanding why we have emotions and appreciating them, (2) learning a four-step approach to working with feelings, (3) learning a body-based strategy for managing and containing emotions, (4) practice (self-application), and (5) clinical applications that focus on treating shame and anxiety.**

 **This first day will be interactive and experiential. On each day, time will be allotted for Q&A and case consultation. Attention at the start will be to explore how emotions are approached in the Malaysian culture and if and how this material might need be adapted.**

***Skills:***

1. **Practice mindful awareness**
2. **Learn a four-step strategy for emotional competence and honesty**
3. **Practice body and breath-based emotional containment**
4. **Learn the messages and the intention of various emotions**
5. **Learn body-based strategies in helping clients tolerate affect and overcome emotional phobias (awareness, breath, imagery-bassed titrating and containment), particularly regarding shame and anxiety.**

**Recommended reading: Seubert, A. (2008*). The Courage to Feel* : *The power and freedom of emotional honesty.***

**DAY TWO - A RELATIONAL MODEL FOR WORKING WITH EGO STATES/PARTS**

***Content:***

**Dissociation is always present in working with eating disorders (EDs). Although a number of approaches exist for ego state/parts work, this workshop offers a relational approach. Participants will be learn and practice four elements in this approach, summarized in the acronym: RUG-C.**

 **These elements are (R) recognition and acknowledgment of parts, (U) understanding of the intention and purpose of each part, (G) expressing gratitude for the job each part has done and begin to establish common goals, and (C) establish collaboration to achieve client goals. Examples (case studies and videos) will demonstrate the use of RUG-C with EDs.**

***Skills:***

1. **Learn traditions of “parts” work**
2. **Practice recognition of and contact with parts**
3. **Develop resources with parts**
4. **Achieve internal collaboration**
5. **Resolve internal blaming**
6. **Work with negative introjects**
7. **Achieve attachment repair via parts work**
8. **Problem solve internal blocks.**

**DAY THREE - TRAUMA-INFORMED EMDR APPROACH TO EDs - PHASES 1 & 2**

***Content:***

**Day three is devoted to the various aspects of evaluation (Phase 1) and preparation (Phase 2) of clients with EDs. Again, as mentioned above, the influence of cultural values must be considered.**

 **ED treatment is always the work of a “village”, and this is particularly true of the evaluation phase in which medical assessment must go hand in hand with the psychotherapeutic. A basic understanding of the connection between gut and brain, the body’s relationship to food, as well as of the kinds of testing required, is necessary.**

 **History taking must include a trauma history, since trauma either can be the cause of, or can at least exacerbate, an ED. History taking must also include the history of the family/culture relationship to food and an attachment history. The case formulation, the fulcrum of the evaluation phase, which follows must make sense of the ED, rather than make an enemy of it.**

 **Goals and a treatment plan grow organically out of the case formulation and must begin with more achievable and acceptable goals for the client, leaving the larger ED goals for later. Yet, one must typically address present issues and stability before proceeding to addressing the trauma history.**

 **Preparation includes the typical attention to stability, skills and resources and short-term successes. Particular to ED treatment is the need to apply skills and resources to the addictive aspects of an ED. It is also the phase in which therapist needs to understand the dissociated parts of the client’s inner world and win collaboration with the parts most attached to the ED.**

***Skills:***

1. **Learn the basic relationship between the body, gut/brain, and nutrition.**
2. **Learn the necessary medical tests that are typically missed.**
3. **Review history taking for a client with ED.**
4. **Learn a template for developing a case formulation and learn how to deliver it to the client.**
5. **Learn the preparation skills that often need to be taught often at the start of the evaluation.**
6. **Review skills and resources as they pertain to EDs.**
7. **Experience examples of working with ED parts via videos.**
8. **Learn the use of “movies” (imaginal role play) to give context to skills and resources and to support short-term successes and some control over the ED.**

**Required reading :**

 **Seubert, A. (2018, in press). Becoming Known: A relational model utilizing Gestalt and Ego State assisted EMDR in treating eating disorders. *Journal of EMDR Practice and Research.* NY: Springer Publishing.**

**Recommended reading:**

**Seubert, A. & Virdi, P. (Eds). 2018. *Trauma-informed Approaches to Eating Disorders.* N.Y.: Springer Publishers.**

**DAY FOUR - TRAUMA-INFORMED EMDR APPROACH TO EDs: PHASES 3&4**

***Content:***

**Phase 3 (trauma processing) will focus on target selection and, importantly, on how to integrate ego state/parts work with EMDR processing before, during and after the processing. Attention will be given to managing symptomatic return because of processing memories that are related to the ED.**

 **Phase 4 (re-evaluation and integration) will address the question of “where to next” and the reality of ongoing triggers and future challenges. The very difficult aspect of redefining one’s identity without an ED and how this new Self version can be integrated into the familial and cultural world of the client is also of paramount importance at this stage of treatment.**

***Skills:***

1. **Identify typical triggers to be addressed in EDs before processing memories.**
2. **Organize target memories according to symptoms**
3. **Learn to integrate ego states with EMDR, before, during and after processing.**
4. **Learn specific resources for support of ego states.**
5. **Recognize and address identity loss and re-definition of Self after reducing the power of the ED.**

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