Allie Outram
Psychotherapist & CBT-E Practitioner

Training Workshop 1

Understanding disordered eating and how to work therapeutically with clients.

Workshop Outcomes

1. To increase awareness and knowledge of the causes, risk factors, signs and symptoms of eating disorders.
2. To gain an understanding of how therapy can help discover the root causes that underlie disturbed eating habits and weight control behaviours.
3. To explore both client and therapist-related factors that affect therapy.

The workshop will be informative, practical and interactive. A variety of experiential exercises and case studies will be used to emphasise the main areas covered.

Content

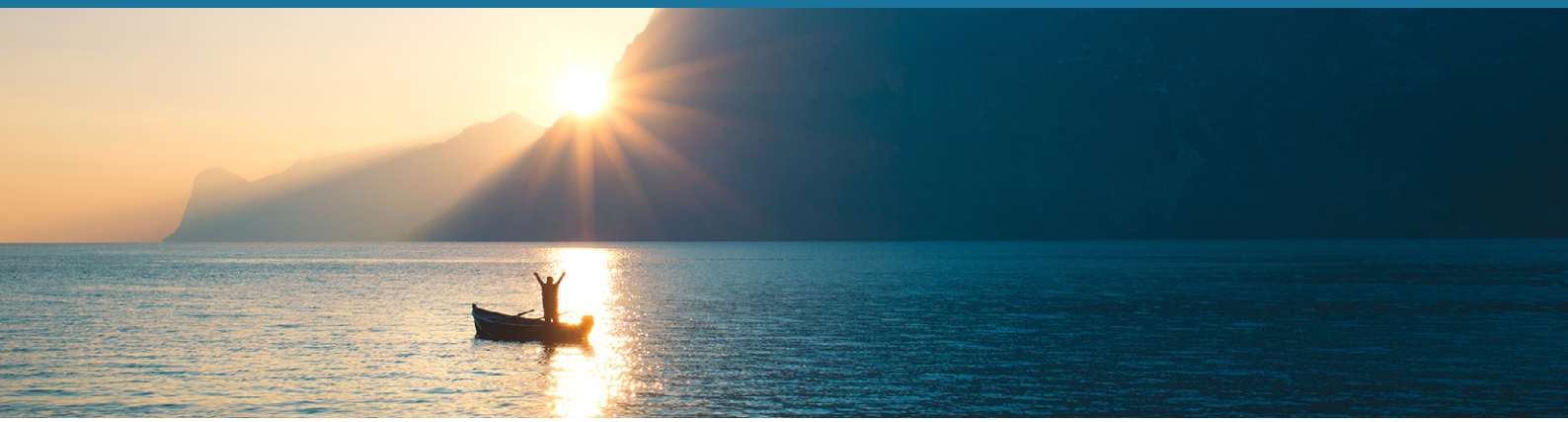
- The challenges of working with eating disorders. Ambivalence, risk issues, comorbidities, and the addiction tree are discussed.
- The why behind the what of eating disorders. An exploration of the adaptive functions of eating disorder symptoms and the meaning behind the behaviour.
- What causes eating disorders. There are multiple interweaving factors that collide causing distress. These comprise the external world (i.e. the social, political and cultural sphere) and the internal (i.e. the emotional, psychological and subjective). The external and internal feed each other. I delve deeper into the troubling picture of today's young girls who are at the receiving end of damaging messages about womanhood. I also clear up misconceptions about anorexia: that it is solely about a desire to appear thin; that it is cured once the individual has been persuaded to eat; and that parents, in particular mothers, are to blame.
- The different types of disordered eating namely: Anorexia Nervosa; Bulimia Nervosa; Binge Eating Disorder; Orthorexia; Type 1 diabetes with disordered eating (T1DE); Avoidant and Restrictive Food Intake Disorder (ARFID); Bigorexia; and Relative energy deficiency in sport (RED-S).
- Factors affecting therapy. The counselling relationship is intimately affected by factors such as power, authority, difference, diversity, age, sex, disability, and a range of other social issues. The two participants are attuned to many dimensions in which they can perceive each other as either similar or different. Both of these perceptions can be helpful or destructive to the therapist relationship in quite complex ways. There is no doubt that clients with eating disorders evaluate therapists' body size and speculate on their relationship with food. This will be explored and discussed.
- A brief introduction to CBT-E.

6-hour CPD Certificate issued.

Please visit my website and use the contact form to enquire about booking details, prices, dates and times. Thank you.

www.allieoutram.co.uk

Allie Outram
Psychotherapist & CBT-E Practitioner



Training Workshop 2

CBT-E (2-Day Course)

Workshop Outcomes

Training therapists in how to implement a specialised psychological treatment like CBT-E typically involves three components:

1. Attending an introductory workshop given by an expert in the treatment concerned. I will provide a thorough overview of the intervention and its strategies and procedures.
2. Reading of written material describing the treatment. I will give you access to the 18 modules used ahead of the training so that you can familiarise yourself with the content.
3. Supervision in implementing the treatment from someone proficient in it. I will offer ongoing supervision to ensure that you deliver the best quality of care with feelings of competence.

CBT-E is the abbreviation for "enhanced cognitive behaviour therapy" and is one of the most effective treatments for eating disorders. It is a "transdiagnostic" treatment for all forms of disordered eating including anorexia nervosa, bulimia nervosa, and binge eating disorder. CBT-E isn't a "one-size-fits-all" programme. It is highly individualised and the therapist creates a specific version to match the exact eating problem of the person receiving treatment.

Current status of CBT-E

Where CBT-E was delivered well the evidence suggests that with individuals who are not significantly underweight (the great majority of adult cases) about two-thirds of those who start treatment make a full recovery. This recovery appears to be well-maintained. Many of the remainder have also improved but not to this extent. The response rate is somewhat lower in patients who are substantially underweight and fewer complete treatment. It was the first psychological treatment (for any mental disorder) to be strongly endorsed by UK's independent and highly regarded National Institute for Health and Care Excellence (NICE).

A description of CBT-E

When working with people who are not significantly underweight, CBT-E generally involves an initial assessment appointment followed by 20 treatment sessions over 20 weeks, lasting 50 minutes each.

There are 18 modules that provide clear scientific information about eating disorders and outline physical consequences, mental and personality changes, and their impact on work and social life. We look at common maintaining factors, establish weekly weighing, and use self-monitoring to understand patterns of eating as well as other disordered thoughts and behaviours. Using behavioural experiments to test out fears, we take steps towards eating regularly, adequately, and including feared foods as part of recovery. Binge eating, purging, and driven exercise are addressed before body checking and body avoidance interventions are introduced. We examine the role negative core beliefs play in maintaining eating disorder behaviours and provide strategies to challenge them.

Towards the end, the emphasis shifts to the future. There is a focus on dealing with setbacks and maintaining the changes that have been obtained. We also implement a robust relapse prevention action plan.

12-hour CPD Certificate issued.

Recommended reading
Fairburn, C.G. (2008). Cognitive Behavior Therapy and Eating Disorders. Guilford Press.

Please visit my website and use the contact form to enquire about booking details, prices, dates and times.
Thank you.

www.allieoutram.co.uk