

# EFT Applications for Addictions and Eating Disorders

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EFT Gathering 2012 York – Monday 30<sup>th</sup> January, 10am-5pm

See [ww.EFTevents.com](http://www.EFTevents.com) for booking

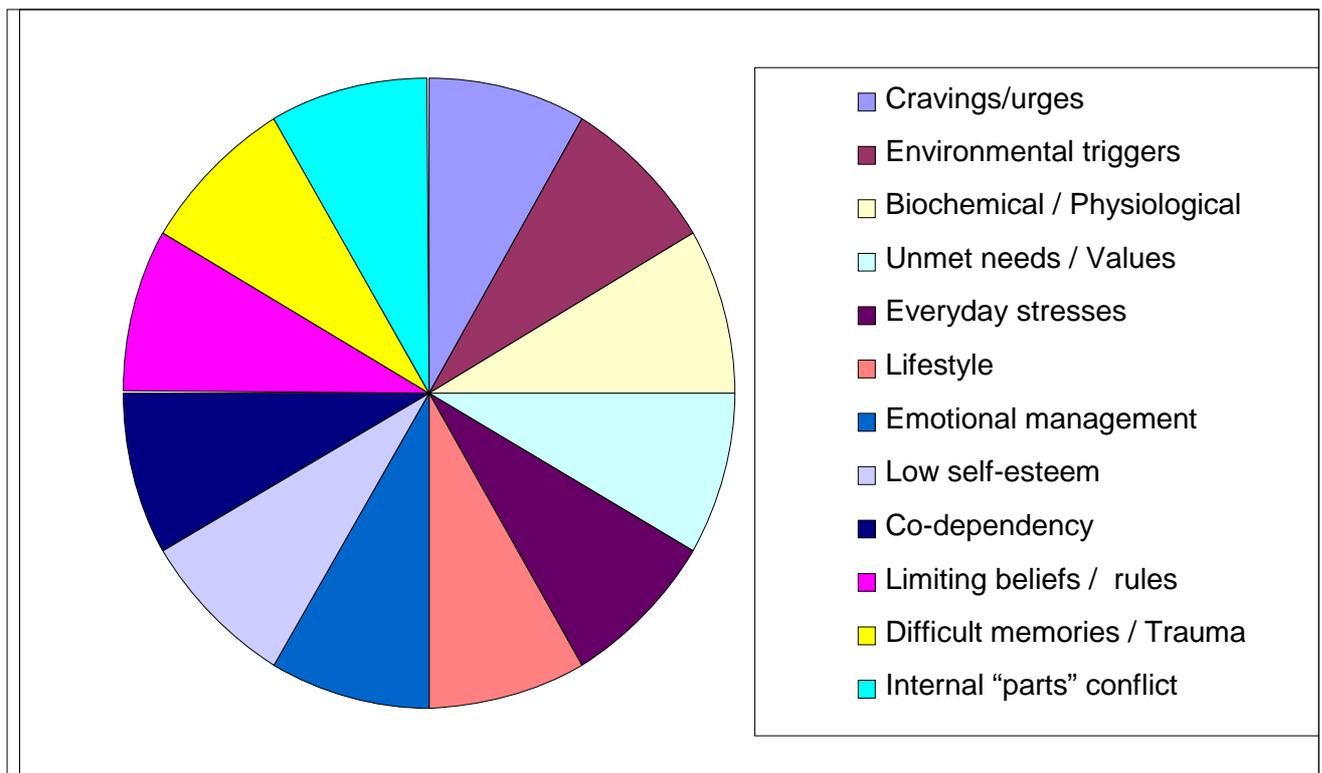


Fig.1 Addictions & Eating Disorders "Pie" (Adapted from Deanne Jade's Eating Disorders "Pie")

As addictions and eating disorders are usually highly complex problems incorporating numerous interlinked issues, even experienced practitioners can sometimes be unsure of where to start and how to apply EFT to certain aspects. Below is a brief overview of my general suggestions of which EFT approaches you could use for certain clusters of aspects (though please note that each client is unique and individual and my recommendations may not apply in all cases!). Full manual will be provided at the workshop.

**Cravings and Urges** Using standard EFT procedure (adjusting the self-acceptance phrase as necessary – many clients with eating disorders and addictions have a sense of self-loathing and self-hatred and may have a difficulty with the standard set-up wording), tap on the experience of the craving in the moment, or use the questions to elicit the more detailed qualities of the physical sensation of the craving – I use an adapted version of Paul Lynch's Colour of Pain protocol. You can also "put" the

craving or the urge into a Magic Buttons Bear or another healing toy, and have a conversation / dialogue with it; get the client to draw it on paper and tap on the drawing and any changes in it, etc.

**Withdrawal Symptoms, Physical Issues & Pain** Use any approaches for pain and physical issues—e.g. Chasing the Pain, Colour of Pain (Paul Lynch), Imagineering (Gwyneth Moss). If associated memories come up, use the Movie Technique and/or Story Technique to process these (if it is safe to do so).

**Stress management / Emotional regulation** Teach client to use standard EFT protocol for themselves on a day-to-day basis, tapping on any emotions coming up during the day. Quantity of tapping is important and shouldn't be restricted because of uncertainties about "quality", i.e. finding the right words to tap with; even mechanical tapping without specific focus can be helpful if the client does a lot of it.

**Triggers** Use standard EFT protocol to tap on any triggers to the addictive or compulsive behaviour, describing the trigger in detail and pinpointing the key aspects – if these link to specific memories, use one or more of the Trauma approaches (e.g. Movie Technique, Story Technique) to process these – but only if it is safe to do so.

**Trauma & PTSD** With single event trauma, use the Movie Technique and/or Story Technique, or tap on metaphor or body sensations. For severe and complex trauma, ensure the client has the resources to cope with the processing the trauma before addressing it directly, teach the client coping strategies and ensure you can keep them safe during the session (see my article *Client & Practitioner Safety Tips* [http://www.practicalhappiness.co.uk/media/download\\_gallery/Client%20&%20Practitioner%20Safety%20Tips.pdf](http://www.practicalhappiness.co.uk/media/download_gallery/Client%20&%20Practitioner%20Safety%20Tips.pdf) ). For some clients it may *never* be safe to approach the trauma directly, and we then have to work indirectly either through metaphor or processing emotions as they come up in the moment. Listen to the audio recording of Jessica Mor's presentation at EFT Gathering 2012 [www.eftevents.com/105\\_JessMor.mp3](http://www.eftevents.com/105_JessMor.mp3), which is an inspiring and moving account of Jess working with her own trauma indirectly.

**Family "Script" (e.g. family rules, beliefs, assumptions and myths around food, alcohol or other substances)** Use The Movie Technique and/or The Story Technique for significant memories that form the foundations of the "script". Encourage the client to use The Personal Peace Procedure on a regular basis.

**Limiting core beliefs & Assumptions/rules** Help client identify their limiting/negative core beliefs and assumptions/rules, and any events that led to their formation (we will be looking at a number of ways of doing this in the workshop). Use the Trauma approaches for the memories of these events, and encourage the client to use the Personal Peace Procedure on a regular basis.

**Fear, Anxiety, Grief, Anger, Guilt etc** Use standard EFT protocol for emotions coming up in the moment, and Trauma approaches to process any significant memories if these arise (if it is safe to do so).

**Client in Crisis / Intense or Overwhelming emotion** Tap continuously without words, with generalised phrases or with metaphor, using standard EFT points or a shortcut, or Four Point Trauma Clearer - or tap on client's fingers with their permission. Teach client to tap for overwhelming emotions and emphasize the importance of continuing tapping until relief is achieved.

**Internal Conflict / Ambivalence** Establish rapport and dialogue with conflicting personality parts – elicit a detailed description of each part, identify the “positive intention”, the need behind the behaviour, and mediate between the parts, help them negotiate, make peace and find alternative solutions. We will be looking at internal conflict and working with parts in detail during the workshop.

**Resistance / Denial** Use standard EFT protocol with client's exact words (e.g. “Nothing is going to help”, “Everyone is getting at me”, “I can't be bothered” – without trying to paraphrase, reframe or put a different spin on it. The resistance will typically soften and the client will come up with material to work on (often relating to the Internal Parts Conflict, as above).

**Hopelessness / Negativity** As far Resistance (above), use exact client's words with the standard EFT protocol, without trying to put a positive spin on them (see Andy Hunt's excellent article, *The Curse of Premature Reassurance* <http://www.practicalwellbeing.co.uk/2011/02/14/the-curse-of-premature-reassurance> ).

**Lapse / Relapse** Use the standard EFT protocol for the Abstinence Violation Effect (the “Sod it!” effect), guilt, shame, anger, frustration etc, following the lapse.

**Co-dependency / Relationship issues** Identify childhood experiences / attachment difficulties that feed into current issues – can use Trauma approaches to process these (if it is safe to do so) - great care must be taken as much distress is likely to be contained within these memories, and preparation / resource installation may be necessary to keep the client safe (see my article *Client & Practitioner Safety Tips* [http://www.practicalhappiness.co.uk/media/download\\_gallery/Client%20&%20Practitioner%20Safety%20Tips.pdf](http://www.practicalhappiness.co.uk/media/download_gallery/Client%20&%20Practitioner%20Safety%20Tips.pdf) )

**PERSISTENCE IS IMPORTANT.** Work with eating disorders and serious addictions is never a quick fix! Both you and the client have to persevere, and patience and persistence will pay off.

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EFT Gathering 2012 York - Post-conference workshop

**Monday 30<sup>th</sup> January 2012, 10am – 12pm, £65**

Bookings through the main EFT Gathering website  
[www.eftevents.com](http://www.eftevents.com)

Course content will include:

- Eating Disorders & Addictions "Pie" - aspects to pay attention to in addictive & compulsive issues.
- The Cycle of Change and how to deal with clients in denial and ambivalent clients.
- Exploring addictive Cravings and Urges to elicit deeper meaning and core issues.
- Working with Internal Conflict - eliciting Personality Parts, negotiation and mediation
- Using Magic Bears, drawings and other props in work with Addictions and Eating Disorders.
- Working safely with traumatised clients.
- Combining EFT with cognitive behavioural and other therapeutic approaches
- Diagnostic criteria for Eating Disorders & Substance Dependency.
- and more!

**Masha Bennett** has 10 years of experience of working in the fields of Drug & Alcohol Treatment, Criminal Justice and Mental Health. She used to run a drug rehabilitation programme at HM Prison Styal as a Drug Treatment Manager, is a UKCP Registered Psychotherapist and currently works as a psychological therapist in the NHS as well as running her private psychotherapy and training practice. She combines EFT with Neurolinguistic Psychotherapy, Cognitive Behavioural Therapy, EMDR (Eye Movement Desensitisation & Reprocessing), Hypno-Psychotherapy, Play Therapy and Sound Healing. Masha has taught EFT to health and care professionals in the UK as well as in Europe and Asia (Norway, Russia, Israel, Latvia, Lithuania, Slovenia, Kazakhstan) and is a regular guest trainer at The National Centre for Eating Disorders in London.