

# Treating Jewish Patients with the Unified Treatment Model



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## Jewish Community – Interactions

Jewish Rituals and Eating Disorders (not about blame)



Case Example	Challenging Practice
Miriam	Shabbat meals
	Jewish holidays with family
Leeby	Keeping kosher
	Fast days
	Jewish guilt/ Perfectionism
Rena	Trauma in large religious family
	Panic attacks on Shabbat

# Jewish Community – Interactions

## Jewish Rituals and Eating Disorders (not about blame)

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*What are some of the Jewish practices or ideas that can be triggering for someone who has an eating disorder?*

- Keeping kosher - rigidity in eating and normalization of restriction
- Jewish Holidays and Fast Days - cycles of feasting and fasting
- Passover
- Sabbath Observance- focus on food, limits on availability of resources, alter schedule and meal timing, and create need for emotional tolerance skills
- Marriage and children- getting married young, shidduch crisis, birth control, large families
- Mikvah- body image, OCD
- Jewish guilt- perfectionism, rigidity, absence of options
- Holocaust

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# Jewish Community – Interactions

## Jewish Rituals and Eating Disorders (not about blame)

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Some patients who are suffering from eating disorders may use faith as an excuse to perpetuate the eating disorder.

- It's against my religion
- I can't eat that (not kosher)
- I'm not supposed to have that- In order to be holy I need to deny myself pleasures (thinking traps)

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# The Unified Treatment Model

## Engaging Acquiring Transforming (EAT)

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### Engaging

- Relationship with therapist
- Understanding the UT concepts and buy-in (Emotional Awareness- see next slide)
- Motivation
- Values
- Role of avoidance

### Transforming

- Specially designed exposures to build tolerance for body image, food, and social settings

### Acquiring

- Apply concepts
- Exposure based activities
- Build tolerance of emotional experience and physical sensations

# The Unified Treatment Model

## Engaging Acquiring Transforming (EAT)

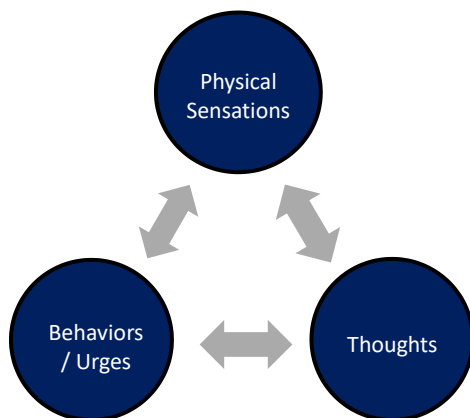
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### Engaging

#### Emotional Awareness

- Function of emotions
- Primary vs secondary emotions
- 3-Component Model/ ARC
- Appraisals and Downward Arrow
- Cognitive Flexibility

## 3 Component Model



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## ARC- Antecedent Response Consequence

Date & Time	Antecedents <i>(Situation &amp; Triggers)</i>	Responses 3 Component Model			Consequences <i>(What happened next?)</i>
		Thoughts	Physical Sensations	Behaviors & Urges	
	Immediate:				Short-term:
	Earlier:				Long-term:
	Immediate:				Short-term:
	Earlier:				Long-term:

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# Downward Arrow Form

Automatic Appraisal: \_\_\_\_\_



If this were true, what would it mean about me? Why does this matter to me? What would happen if this were true? What next?

Underlying Appraisal: \_\_\_\_\_



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Underlying Appraisal: \_\_\_\_\_



If this were true, what would it mean about me? Why does this matter to me? What would happen if this were true? What next?

Core Belief: \_\_\_\_\_

# Examples

	<b>Challenges</b>	<b>Ideas</b>
Shabbat	Food, meals, family, sabbath observance	Day of rest, mindfulness and present in the moment,
Passover/Seder	Matzoh, 4 cups wine, meal plan changes	Freedom, 4 affirmations
Chanukah	Donuts, latkes, oil	Light in the darkness, miracles, gifts
Mikvah	Body image, OCD, trauma	Ritual and spiritual cleansing, relax and renew

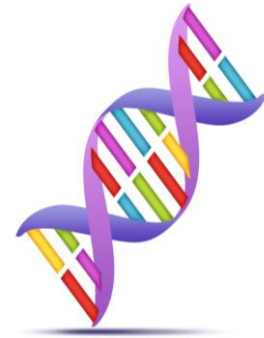
What does it mean to you?  
 What do you want to get out of it?

# Unified Treatment Model (UT)

**Adaptation** of an existing empirically-supported evidenced based treatment  
(From the Unified Protocol - UP)

Adapted to:

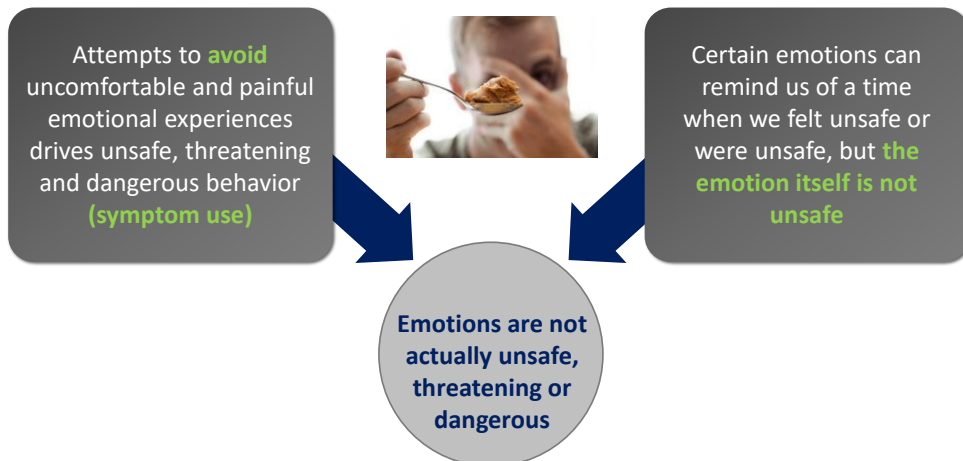
- Explicitly address ED symptomatology in examples
- Intentionally infuse relational principles into the treatment
- Recognize the cultural context from which our patients' pain emerges



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# Emotional Avoidance Is the Problem



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## Approach Mindset vs. Avoid Mindset



Lay out the rationale early in treatment.

All treatment decisions are based on this foundation

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## Adaptive Function of Emotions

Fear	→	escape, fight
Joy	→	continue behavior
Sadness	→	slow down, withdraw, submit
Anxiety	→	vigilant, focused
Anger	→	defend, attack
Disgust	→	back away

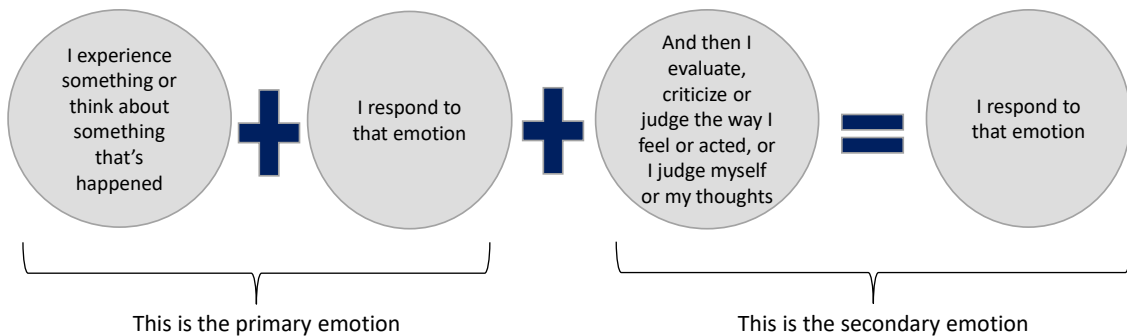


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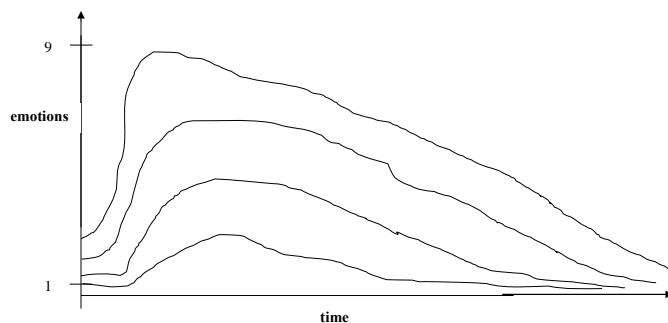
# We can have an “emotion about an emotion”, a secondary emotion

You have an emotion about an emotion when you judge your primary emotion as unacceptable. For example, “I should not have felt or reacted that way”.



**When we judge our primary/natural emotion, we often respond with not so helpful emotion driven behaviors.**

# Decrease in emotional intensity over time with repeated practice





## Patterns of learned behavior

View emotional experiences as **unwanted** and **intolerable**



Use symptoms to **avoid, control or suppress** the intensity of uncomfortable emotion



Our patients are **stuck in this short-term solution cycle** with their limited range of emotion regulation strategies

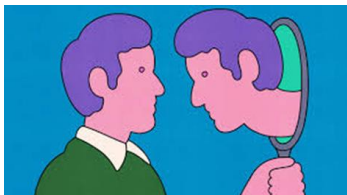
**Negative Reinforcement:**  
The GOOD feeling you get when you take something BAD away.



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## Why ARC?



Builds emotional awareness by helping us understand how emotional experiences unfold.

A first step is gaining a better understanding of when, where, and why your emotions are occurring.

Our brain in slow-motion

You can do this by looking more closely at your experiences, monitoring what is happening in the moment, as well as what happened before and what comes after.

**Goal of the ARC:** monitoring experiences → gaining a better understanding of these experiences → enabling you to respond more adaptively & realistically.

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# Understanding Cognitions & Automatic Appraisals

**Cognitions:** Thoughts and beliefs. All the things that run through your mind throughout the day. Your inner dialogue.

We all have thousands of cognitions, or thoughts, every day.

- We pay attention to some & tend to let others pass by.

**Appraisals:** Our interpretations. How we make meaning of the world around us.

**Automatic appraisals:** Thoughts just appear, sometimes seemingly out of nowhere.



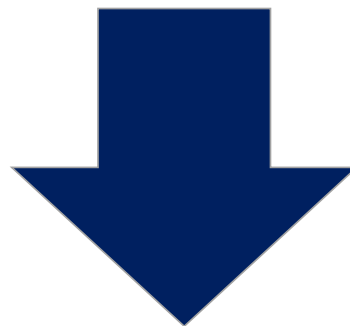
# Cognitive Appraisal & Re-appraisal



- Automatic appraisals:
  - Our thoughts are automatic
  - Our thoughts are subjective
  - Our thoughts can be judgmental
  - You can't "unthink" a thought
- Identify and re-evaluate thinking patterns
  - Recognize when you are falling in a thinking trap
- GOAL: Increase flexibility in appraisals. Open to possibilities beyond your initial, automatic thought

# The Downward Arrow

- Emotional exposure & awareness tool
- Bring insight and facilitate new learning
- May not be a “feel-good” experience at first
- Helps us understand why we interpret things the way we do
- Start with automatic appraisal
- “what would happen if this were true?”
- “what would happen next?” or “If this were true, what would it mean about me?”
- Follow arrow down, deepen intensity, arrive at core belief



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# Exposure

Facilitate corrective learning through:

- Distress tolerance
- Disconfirmation of expected negative outcomes
  - Including, “I must do X to avoid Y.”
  - Including, expectation of not being able to cope

**ALL Exposures are EMOTION Exposures**

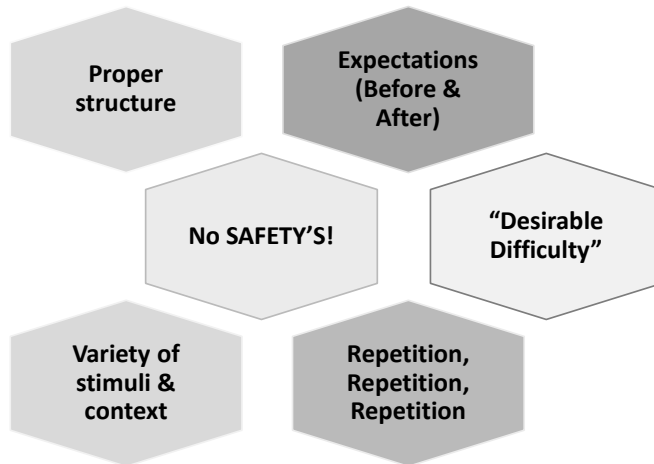
Stimulus can be internal or external

- Interoceptive
- Body Image
- Food
- Interpersonal/Social

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# Conducting Emotional Exposures



# Emotion exposures in salient contexts

PROCEDURE	Symptoms Experienced	Intensity	Distress	Similarity
Hyperventilation (____ seconds)				
Specific thoughts:		Did it get lower?	Was it lower or did it get lower faster?	To what:
Hyperventilation (____ seconds)				
Specific thoughts:		Did it get lower?	Was it lower or did it get lower faster?	To what:

## Teach our patients to become their own emotional expert

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## What we learned

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Case Example	Lesson Learned
Miriam	I can handle Shabbat dinner I don't want to teach niece same pattern
Leeby	Every meal does not have to be perfect It is not my fast day
Rena	Maybe I am worthy of being loved I can tolerate being uncomfortable

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