Outline

Disordered Eating Treatment With Gender Expansive Clients

Conceptual model for integrative treatment of gender dysphoria and disordered eating

Limitations of research and potential

Key concepts and terminology

Trauma, Gender Dysphoria & **Disordered Eating**

Trauma in the gueer community Reframing gender dysphoria as a coping mechanism

IFS for gender dysphoria and trauma Disassociation and body disconnection

Building body awareness with resistant

Integration of Gender Identity into Disordered Eating Treatment

Neuroscience of being othered Gender performance and the

development of core beliefs Shifting core beliefs from broken to empowered

Gender identity as an expression of core values

Utilizing gender dysphoria as a tool in gender identity development

The role of disordered eating in a gendered society

Navigating Emotions with Gender Dysphoria

Emotions in relationships

Microaggressions, microinvalidations, microassaults

Coping with misgendering

Emotions on the journey

Grief associated with transition Grief associated with recovery from

Emotions regarding body image

Internal mirror

Expanding language to express body dysphoria

Reframing & problem-solving body dissatisfaction

Problems with traditional cisgender disordered eating treatments

Gender Presentation Beyond Physical Appearance

Deconstructing body image in the queer community

Passing privilege

Androgeny ideal

Trans media representation

Client empowerment through social

Alleviating Gender Dysphoria through presentation

Body sculpting and compulsive exercise

Medical transition and hormonal weight gain

Gender euphoria

Diagnosis & Treatment

Should I diagnose gender dysphoria?

Empowering diagnosis

Model for treatment planning

What recovery with gender dysphoria looks like

The Role of a Therapist

How do I talk to clients if I don't have lived experience?

Creating space for gender exploration

Examining your disordered eating treatment for cisgender, heteronormative bias

Case Conceptualization

A client resists gaining weight because it triggers gender dysphoria and suicidal ideation

Client diagnosed with binge eating disorder who felt more comfortable with their body when they were larger

Transgender client with anorexia feels they are physically in danger when they don't pass as a woman

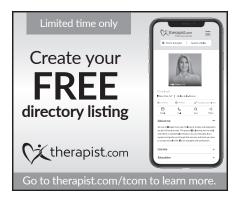
Live Webinar Schedule (Times listed in Eastern)

8:00 Program begins

11:50-1:00 Lunch Break

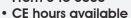
4:00 Program ends

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FEATURING

CHRIS SHERMAN, LPC, LGPC, E-RYT 200, CPT, GFI

- Learn how traditional disordered eating treatment can be problematic for gender expansive clients
- Integrate gender identity into disordered eating treatment
- Reframe gender dysphoria into a powerful coping mechanism

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Body Image, Disordered Eating, and Gender Identity

I used to think of gender dysphoria as a wall that I could not get around when working with clients with disordered eating. A restrictive client would tell me, "I can't gain weight or my gender dysphoria will get really bad". I would nod because I had experienced that in my own life, and I did not know how to move forward.

Disordered eating is an epidemic in the LGBTQ community, with up to 75% diagnosed or suspected of having (age 13-24) were diagnosed/suspected of having an eating disorder (Trevor Project, 2018). Clients may say, "I want to stop binge eating, but in a smaller body, I get misgendered" or "All the laws are changing. If I'm not thin enough to pass as a woman, I will be beat up or killed as I walk down the street". As clinicians, we don't know what to say, because we are afraid that it's true.

Changing body size or shape through food and exercise may be a way of shaping the body so that it feels more congruent to the client's internal mirror. But sometimes this process of crafting the body gets in the way of life. Clients might fixate on food, obsess about exercise, fear small body changes, or avoid social situations due to body image concerns.

Sometimes gender dysphoria can be seen as a hopeless diagnosis. Instead, let's empower clients to see gender dysphoria as a powerful coping mechanism! This strong coping mechanism is developed through trauma and lived experience. It shows us who we are, how to safely show up in social situations, and how to present authentically to the world. When utilized effectively, this coping skill can help people beat disordered eating and navigate life in their bodies.

This practical seminar is loaded with conceptual frameworks, practical exercises, and conversation topics that you can use immediately with gender expansive clients. If you are tired of feeling defeated by the wall of gender dysphoria in disordered eating recovery register now!

I look forward to seeing you there!

Chris Sherman



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Meet Your Speaker



Chris Sherman, LPC, LGPC, E-RYT 200, CPT, GFI,

(they/them) is a therapist specializing in the intersection of eating disorders, neurodivergence, and gender dysphoria. Chris has over 10 years of experience working with eating disorders in a variety of settings: residential, out-patient, and community-based non-profits. Their professional experience at both institutions and grass roots organizations gives them perspective on how traditional treatments

often fail vulnerable populations. Their lived experience as a gender expansive, neurodivergent human drives their passion for providing effective clinical care for those with intersecting, marginalized identities.

Chris is an educator, therapist, advocate, and researcher who has conducted trainings and published on eating disorders and autism. They see clients in Washington DC and Maryland at Monarch Wellness & Psychotherapy.

Speaker Disclosure:

Financial: Chris Sherman has employment relationships with Monarch Wellness & Psychotherapy, St. Coletta of Greater Washington, Capitol Hill Sport & Health, Resilient Me, DeHenzel Training Systems and District Flow Yoga. They receive a speaking honorarium from PESI, Inc. They have no relevant financial relationships with ineligible organizations.

Non-financial: Chris Sherman has no relevant non-financial relationships.

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