Welcome, your facilitator will be:
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Technology assisted addiction and eating disorder recovery. Built on research, made with compassion.

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Presented by
Alyssa H. Kalata, PhD.
Webinar Learning Objectives

- Describe at least 2 effective methods for assessing eating disorders and SUDs, and how to use this information to make recommendations for an appropriate level of care.
- Describe strategies for increasing and sustaining motivation for change.
- Describe at least three treatment strategies that can be used to effectively treat eating disorders and substance use disorders concurrently.

Dispelling Myths

Polling Question 1

Approximately what percentage of the patients with whom you work are diagnosed with an eating disorder?

- A. 0-10%
- B. 10-20%
- C. 20-30%
- D. 30-50%
- E. 50-100%
Comorbid EDs and SUDs

Prevalence and Severity

- 35% of individuals with a substance use disorder will also meet criteria for an eating disorder (CASA, 2003)
- Individuals diagnosed with a substance use disorder who also have a comorbid eating disorder tend to present with a greater severity of substance use

- 50% of individuals who are diagnosed with an eating disorder will also meet criteria for a substance use disorder (Holderness, et al, 1994)
- Individuals diagnosed with an eating disorder who also have a comorbid substance use disorder tend to present with worse eating disorder symptomology

- 50% of individuals who are diagnosed with an eating disorder will also meet criteria for a substance use disorder (Holderness, et al, 1994)
- Individuals diagnosed with an eating disorder who also have a comorbid substance use disorder tend to present with worse eating disorder symptomology

- Individuals with comorbid eating disorders and substance use disorders also tend to have more severe medical complications, additional and more severe psychiatric comorbidities, and higher rates of suicide and suicide attempts

Screening

Eating Disorders
- SCOFF, Eating Disorder Screen for Primary Care (ESP), The Questionnaire on Eating and Weight Patterns-5 (QEWP-5)

Substance Use Disorders
- Alcohol: CAGE, AUDIT (10 Questions), AUDIT-C (3 Questions), TWEAK
- Other Substances: Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)

SCOFF

Eating Disorder Assessment Tool

SCOFF: Screening for Current Eating Disorders

1. Do you feel you ever eat relatively small amounts and then make yourself throw it up by induced vomiting, or use laxatives or diuretics, or other methods of intentional weight loss?
2. Do you worry that your body does not appear to be as thin as you feel it should be?
3. Do you ever preoccupy yourself with thoughts about food, eating, or body weight?
4. Do you find it hard to control your eating?
5. Do you feel guilty and bored by the food you eat?

SCOFF is a self-report screening tool widely used to detect eating disorders. Scores of 3 or more are associated with a diagnosis of an eating disorder (anorexia nervosa, bulimia nervosa, binge eating disorder). Positive results indicate the need for further evaluation and treatment.
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**Quantitative Assessment**

- Eating Disorders Examination - Questionnaire (EDE-Q)
- Eating Disorder Inventory-3 (EDI-3)
- Diagnostic Survey for Eating Disorders (DSED)
- Bulimia Test Revised (BULIT-R)
- Single Eating Disorder Test (SET-7)

**Substance Use Disorders**

- Alcohol: Michigan Alcohol Screening Test (MAST)
- Alcohol Dependence Scale (ADS)
- Other Substances: Drug Abuse Screening Test (DAST), Tobacco, Prescription Medications, and Other Substance Test (OPPS), ‘Clinical Institute Withdrawal Assessment for Alcohol and Benzodiazepines’ (CIWA-Ar), Clinical Opiate Withdrawal Scales (COWS)

**Laboratory Tests**

- General Recommendations: Urinalysis with toxicology screening, Blood chemistry studies, EKG
- Laboratory Tests related to medical consequences of substance use, tests for infectious diseases

**Qualitative Assessment**

- Explore function of ED and SUD
- Behaviors and symptoms to consider asking about:
  - Restricting (food and fluid), drinking excessive fluids, purging* via vomiting or via laxatives
  - Bingeing
  - Use of diuretics, emetics, enemas, and caffeine
  - Frequency, intensity, and type of physical activity
  - Body image distress, body checking, mealtime behaviors (e.g., chewing and spitting, hiding food, cutting up food into small pieces, difficulties with pacing, food rituals, fast foods)
- Provider qualities when conducting qualitative assessment
- Obtain collateral information when feasible

For More Information:

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The Importance of Multidisciplinary Assessment and Treatment

Psychotherapy
- Assessment
- Family Therapy
- Group Therapy
- Individual Therapy

Nutrition Therapy
- Assessment
- Determining EBW
- Determining Meal Plan
- Education
- Family Therapy
- Support

Psychiatry
- Assessment
- Risk Management
- Medication Management
- Psychotherapy

Primary Care
- Assessment
- Managing Medical Conditions
- Parental Care

Additional Services
- Case Management
- Dental Services
- Support Groups

Determining Level of Care
- Practice Guidelines for the Treatment of Patients With Eating Disorders (Third Edition):
  - Assessment of the following domains:
    - Medical status
    - Suicidality
    - Weight as percentage of healthy body weight
    - Motivation to recover, including cooperative, insight, and ability to control obsessive thoughts
    - Co-occurring disorders (substance use, depression, anxiety)
    - Structure needed for eating/gaining weight
    - Ability to control compulsive exercise
    - Purging behavior (laxatives and diuretics)
    - Environmental stress
    - Geographic availability of treatment program

Current Levels of Care in the Treatment of Eating Disorders
- Medical Acute Crisis
- Inpatient (IP)
- Acute Residential (RES)
- Partial Hospitalization (PHP)
- Intensive Outpatient (IOP)
- Outpatient (OP)

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Case Vignette

Alice is a 27-year-old, Caucasian, cisgender female who works as a server during the breakfast and lunch shift in a fast-paced restaurant. She is single, however has a roommate who works second shift. Alice lives in a major metropolitan area. She has an appointment with her primary care physician today for her annual physical. In reviewing information obtained by nursing staff, her physician notices that Alice has lost 60 pounds since her last annual physical, and she still falls within the “overweight” category per her BMI. In gathering further information, her physician finds that 50 of the 60 pounds Alice has lost have been lost in the past three months. Alice shares with her physician that she has received a lot of compliments about her weight loss, and fully intends to continue to lose weight. Her physician reviewed other vitals taken by the nursing staff, and notices that her blood pressure is 85/55 mgHg. Her physician decides to ask further questions and finds that Alice is drinking Diet Coke throughout her shift, and at most, will have a garden salad with fat free balsamic vinaigrette, if she has time to eat on her shift. Alice reports that she typically eats a dinner consisting of fish or chicken, either grilled or baked, with salted steamed vegetables, typically broccoli. She reports that sometimes she is too tired after work to cook, and may skip dinner and go straight to bed.

Polling Question 2

What level of care would you guess would be recommended for this patient?

A. Medical Acute Crisis
B. Inpatient (IP)
C. Residential (RES)
D. Partial Hospitalization (PHP)
E. Intensive Outpatient (IOP)

Concurrent Treatment

Whenever possible, treat the eating disorder and substance use disorder concurrently

Multidisciplinary Approach

Assessment and treatment should be done by a multidisciplinary team

Appropriate Level of Care and Length of Stay

Treat both eating disorders and substance use disorders at the right level of care; use existing guidelines to determine when to change levels of care.
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**Case Conceptualization**

- **Function of Behaviors**
  - Weight Loss
  - Decreasing Negative Affect
  - Increasing Positive Affect

- **ED Behaviors**:
  - Restricting
  - Compulsive Exercise

- **Substances**:
  - Caffeine
  - Tobacco
  - Insulin
  - Thyroid Medications
  - Stimulants
  - Laxatives and Diuretics

- **ED Behaviors**:
  - Restricting
  - Bingeing
  - Purging
  - Compulsive Exercise

- **Substances**:
  - Alcohol
  - Psychoactive Substances

**Disorders of Undercontrol vs. Disorders of Overcontrol**

- **Examples of Undercontrol Behaviors**:
  - Bingeing
  - Purging
  - Substance Use
  - Impulsive SIB or Suicide Attempts
  - Emotional Lability

- **Examples of Overcontrol Behaviors**:
  - Rigidity
  - Perfectionistic Behaviors
  - Compulsive Planning
  - Masking Emotional Expression
  - Avoiding Novelty
  - Making Social Comparisons
  - Avoiding the Limelight

**Polling Question 3**

What is your theoretical orientation?

A. Psychoanalytic
B. Cognitive
C. Behavioral
D. Humanistic
E. Other
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**The Therapeutic Relationship**

<table>
<thead>
<tr>
<th>Anorexia Nervosa</th>
<th>Style that is relaxed, playful, responsive, flexible, curious</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Use Disorders</td>
<td>Discuss “butterfly attachment problem”</td>
</tr>
<tr>
<td></td>
<td>Create a “just in case” plan</td>
</tr>
<tr>
<td></td>
<td>Increase in-between session contact</td>
</tr>
</tbody>
</table>

**From an ED Standpoint...**

- Assists in addressing overvaluation of weight, shape, and size (when relevant) through increasing number and significance of other domains for self-evaluation

**From a SUD Standpoint...**

- Helps to address key triggers for substance use, like boredom and loneliness

**For Both EDs and SUDs**

- Sets the stage for developing discrepancy between values and current behavior (part of Motivational Interviewing)

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**Enhancing Motivation: Values-Based Work**

1. Enhancing Motivation: Values-Based Work

2. Enhancing Motivation: Commitment Strategies

   - Evaluating the Pros and Cons
   - Playing the Devil’s Advocate
   - Foot-in-the-Door/Door-in-the-Face Techniques
   - Connecting Present Commitments to Prior Commitments
   - Highlighting the Freedom to Choose and the Absence of Alternatives
   - Using Principles of Shaping
   - Cheerleading
   - Agreeing on Homework
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**CBT Change Procedures in DBT**

**Behavioral Skills Training**
- Does the patient have the requisite behavioral skills to regulate emotions, respond skillfully to conflict, and manage their own behavior?

**Exposure-Based Procedures**
- Are there patterns of avoidance, or are effective behaviors inhibited by unwarranted fears or guilt?

**Cognitive Modification Procedures**
- Is the patient unaware of the contingencies operating in the environment, or are effective behaviors exhibited by faulty beliefs or assumptions?

**Contingency Management**
- Are ineffective behaviors being reinforced, are effective behaviors followed by aversive outcomes, or are rewarding outcomes delayed?

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**Relapse Prevention**

- Cultivating and Sustaining Motivation (e.g. Pros and Cons, Connecting With Values)
- Maintaining Positive Changes
- Building and Maintaining Structure
- Addressing current and potential challenges, including triggers and high-risk situations
- Identifying warning signs
- Challenging disordered thinking
- Identifying and/or Creating a Support Network
- Addressing Lapses and Relapses

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### Resources

1. **NEDA**
   - National Eating Disorders Association: [https://www.nationaleatingdisorders.org/] (2020)
2. **The Alliance**
   - The Alliance for Eating Disorders Awareness: [https://www.alliancefordisorders.com/]
3. **PEAST**
   - Families Empowered and Supporting Treatment for Eating Disorders: [https://www.feast-ed.org/]
4. **AED**
   - Academy for Eating Disorders: [https://www.aedweb.org/home]
5. **IAEDP**
   - International Association of Eating Disorders Professionals: [http://www.iaedp.com/]

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### Summing It All Up

**Assessment**

Thorough multidisciplinary assessment is critical for patients with eating disorders and substance use disorders.

**Levels of Care**

Multidisciplinary treatment at the right level of care for the appropriate duration of time, ideally that targets both disorders concurrently, is key.

**Treatment Strategies**

Many therapeutic strategies from Dialectical Behavior Therapy (DBT) can be utilized to effectively target both eating disorder behaviors and substance use.

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### Polling Question 4

As a result of today’s webinar, I will…

A. Make changes to my current screening and/or assessment process
B. Use the APA guidelines to assist with level of care recommendations
C. Adjust my approach to case conceptualization with patients
D. Try a new treatment strategy that I learned about today
E. Other
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References


References (Continued)


ANY QUESTIONS?

Thank You!

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www.naadac.org/recommendations-eating-disorders-webinar

UPCOMING WEBINARS

April 21st, 2020
Peer Recovery Support Series, Section V: Supervision and Management
By: Kris Kelly, BS and Jaimie Nesteroff, MS, LCDC, and Wes Van Epps, BASC-II, PRC.

April 24th, 2020
Social Media and Ethical Dilemmas for
April 29th, 2020
Psychological First Aid During COVID-19
By: Fredrick Dombrowski, PhD, LMHC, CASAC, LPC, LADC, NCC, CDAP, MAC, BC-TMH, URBP, CACII, CCMS

May 1st, 2020
Advocacy Series, Session I: Shaping Policy and Practice Through Advocacy
By: Cynthia Monco Tuohy, BSW, NCAC II, CDC II, SAP and Tim Casey, Policy Advisor

May 13th, 2020
Energy Psychology Techniques for Reducing Stress and Addiction
By: Tricia Chandler, PhD, MA, LPC, MAC

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Thank you for joining!

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