Advances in Technology in the Addiction Profession, Part VI: Using Mobile Apps for Treating Co-occurring Eating & Substance Use Disorders

Presented by: Elissa Chakoff Martinez, MEd, EdS, LMFT
Objectives

❖ Describe at least two effective methods for treating eating disorders and substance use disorders.
❖ 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.

Eating Disorders

❖ Eating disorders (EDs) are serious but treatable mental and physical disorders.
❖ Approximately 1 in 10 females and 1 in 7 males experience an eating disorder by the time they are 40 (Ward et al., 2019).
❖ 95% of first-time occurrences before age 25.
❖ Highly prevalent in adolescence.
❖ Individuals with EDs may look healthy, but be extremely ill.
❖ EDs affect people of all ages, genders, ethnicities, body shapes, sexual orientations, and socioeconomic statuses.
❖ EDs seriously disrupt personal and family functioning.
❖ Individuals with eating disorders have increased risks for suicide and medical complications.

Substance Use Disorders

❖ 20.4 million people in the U.S. over the age of 12 experienced a SUD in the past year.
❖ 1.5% received treatment at a specialty facility in the past year.
❖ Bulimia Nervosa and Anorexia binge-purge type diagnoses are significantly related with SUD diagnoses.
❖ Comorbid EDs are associated with longer SUD recovery times and higher relapse rates.
❖ Certain ED behaviors such as binge eating and purging are significantly related to SUDs.
❖ Binge eating found among all SUDs.
❖ Some substances aid in weight loss, and can be misused in attempt to regulate weight and emotions.
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POLL QUESTION!

What is your familiarity level in treating comorbid eating disorders and substance use disorders?
1. Extremely familiar
2. Very familiar
3. Slightly familiar
4. Not familiar at all

IT’S TIME TO TALK ABOUT IT

ACCORDING TO THE NATIONAL CENTER ON ADDICTION AND SUBSTANCE ABUSE:

50% of individuals with eating disorders abused alcohol or illicit drugs, a rate 5x higher than the general population.

LEARN MORE: WWW.MYNEDIA.ORG

Co-Occurring EDs and SUDs

- Strong association between EDs and SUDs, starting in adolescence
- Most commonly Bulimia Nervosa and Alcohol Use Disorder
- Significant association between number of drinks consumed in one sitting and having/developing an ED
- Over 35% of those with SUD also experience an eating disorder
- Women with lifetime alcohol use disorders or nicotine disorder diagnoses are at a high risk of developing an eating disorder
- AUD and ND associated with compensatory behaviors of eating disorders
- Adolescent and young males with ED diagnosis are at risk of developing a SUD

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Symptom Similarities

❖ Biological links seen between food deprivation and reinforcing effects of substance use
❖ Associated with high novelty-seeking behaviors, behavioral disregulation, emotional disregulation
❖ Similar environmental factors experienced: childhood trauma
❖ Parental factors: lower parental educational levels, closer maternal relationships, poor modeling of relationship with substances and eating behaviors, maternal focus on weight and body shape
❖ Common underlying factor: lifetime history of depression
❖ Depressive symptoms are a predictor of future experiences of eating pathology and substance abuse (Measelle et. al., 2006)
❖ Substance abuse and eating disorders seen as distraction from depression

Why Treat SUD and ED at the Same Time?

❖ Treating both eating pathology and substance abuse are related to positive treatment outcomes
❖ If not, there is a risk of poor treatment outcomes in sequential treatment
❖ Increase and/or relapse of symptoms of one disorder while the other improves
❖ Symptoms of one disorder may interfere with progress of the other
❖ Continued risk of suicidality (higher risk among comorbidity than just SUD alone)
❖ Risk of relapse is greater

Treatment Approaches: Comorbid EDs and SUDs

❖ Treatment should be focused on SUD and ED, specifically
  ❖ Include personal, group and individual therapy
  ❖ Cognitive Behavioral Therapy (CBT)
  ❖ Targeting substance use and eating disorders
  ❖ Dialectical Behavioral Therapy (DBT)
  ❖ Improves retention rates
  ❖ Motivational Interviewing
  ❖ Useful prior to CBT, aim to increase engagement
  ❖ Behavioral Therapy, Community Reinforcement Approaches
  ❖ Long-term individual psychotherapy
  ❖ Once stabilization is achieved
  ❖ 12-step programs, concurrent with ED treatment
  ❖ Family Based Therapy (for adolescents)
Motivation is Key

- Rewards and reinforcers, during and outside of session
- Context-specific coping skill suggestion
- Autonomy, competence, relatedness (Peters et al., 2018)
- Links to behavior change
- Consideration of environmental and individual motivators

Clients need treatment that is available anytime, anywhere

Why Self Monitor?

- Routinize check-ins on thoughts, eating habits, urges, triggers, cravings, etc.
- Increases self-awareness of emotions, thoughts, behaviors and the relationship between them
- Keeps the client and treatment team up to date and connected
- Reinforces recovery-oriented changes
- Aims to facilitate generalization and continued use of cognitive and behavioral skills (Kazantzis & L’Abate, 2005)
- Poor homework compliance is a robust predictor of treatment engagement and outcomes
Self Monitoring is Best Practice

- Adherence to homework is associated with improved outcomes in CBT (Kazantzis et. al., 2002)
- The more consistent the monitoring, the better the treatment outcomes (Baker & Kirschenbaum, 1993)
- Self-monitoring food intake can decrease binge eating behaviors with no other interventions used (Latner & Wilson, 2002)
- High engagement for clients in early recovery from alcohol use disorder (Simpson et. al., 2005)

Our Best Practice is Not Engaging

- Focus on present and future, not past
- Weekly self-help meetings

The Good News!

We can engage clients in app-delivered interventions and connect providers with client progress data.
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Client-Smartphone Connection

- Search queries for stigmatized health issues are 5 times higher on cell phones than on desktop
- US consumers spend more time on apps than watching television
- 81% of US mobile subscribers are smartphone users
- 95% use their phone in restaurants
- Teens send on average 70 texts per day

Why Integrate Apps Into Client Care?

POLL QUESTION!

Apps can serve as a replacement for professional care in the treatment of eating disorders and substance use disorders.

1. True
2. False

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Introducing Apps to Clients

- Describe expectations
- Normalize or address concerns
- Discuss benefits that appeal to client
- Begin engagement during session
- Explain how the tool will be used in their care
- Review policy and procedures around technology (incorporate in paperwork)
- Reinforce this is not a replacement for therapy
- Establish technology boundaries (both with provider and other clients—when applicable)

What Do Clients Think About Apps?

- Feel held and more accountable
- Ease of use
- Feel more connected and understood by treatment provider
- Helps them stay on track
- Common concerns: fears around heightened preoccupations, fear of breaches of data, fear of judgment if logging honestly

Examples of How Apps can Support Treatment

- Self-monitoring for EDs and SUDs
- Trigger, craving, urge tracking
- Link to treatment teams for data sharing
- Guided meditations
- Sleep stories for improved sleep hygiene
- Specific mindfulness topics
- Meditative stretches and movement programs
- Track sober days
- Sobriety calculator
- Daily pledge tracker
- Access reasons why you quit’ reminder
What Should I Look Out For When Suggesting Mobile Apps?

- Walk a mile in your client's shoes
- Make sure the app is appropriate
- Evidence-based approaches
- Does this app mirror treatment interventions that align with any therapeutic approach?
- Has it been reviewed in studies, in peer-reviewed research?
- Is the app safe?
- Learn about security standards, HIPAA and HITECH Act Compliance of the apps
- Not safe to send patient information via regular email or text messages, but some apps comply with these standards
- Asynchronous support, not replacement
- Clients can use tools as a supplement, not replacement for therapy
- Integrates multiple diagnoses

QUESTIONS

Thank you! Any questions?

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By: Thomas P. Britton, DrPH, LPC, LCAS, ACS and Marc Turner, BA, MS

September 17th, 2021
Advancing Awareness in LGBTQ Care: Part III - Shaping Positive Responses for Historically "Invisible" LGBTQIA+ Populations
By: Raven E. Freeborn, LCSW, CNP
Facilitated By: Malcolm Horn, PhD, LCSW, MAC, SAP

September 24th, 2021
Advances in Technology in the Addiction Profession: Part VIII - Leveraging Technology to Enable and Enhance Clinical Supervision
By: Malcolm Horn, PhD, LCSW, MAC, SAP

A Gestalt View of the Latino Experience with Substance Use Disorders
By: Gerardo Wence-Munoz, LCPC, NCSC, NCC and Oscar Sida, LCPC, LCADC, CPGC

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