

Concurrent Treatment of Addiction & Disordered Eating in Women

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Blown Away...





Picking up the pieces....

Bloom where you're blown?...



FOOD & ADDICTION

A Comprehensive Handbook

SECOND EDITION



Edited by

ASHLEY N. GEARHARDT, KELLY D. BROWNELL,
MARK S. GOLD, AND MARC N. POTENZA

Learning Objectives



Name three *advantages of concurrent treatment of addiction and disordered eating in women.*



Describe the *importance of skills practice for changing behaviors.*



List three ways to *integrate CBT and the 12* into the lives of women with addiction and disordered eating.

EATING DISORDERS, DSM-5-TR

Anorexia Nervosa
RESTRICTION
AN-R, AN-BP

Bulimia Nervosa
RECURRENT BINGE,
COMPENSATORY
PURGE

Binge Eating Disorder
RECURRENT BINGE,
NO PURGE, SHAME &
LOSS OF CONTROL

EATING DISORDERS, DSM-5-TR

ANOREXIA NERVOSA

.6-.8% lifetime prev.

5% mort q10yrs

Suicide 18x > matched
comparison

BULIMIA NERVOSA

.46-1.5% lifetime pr.

2% mort q10yrs

30% SI

10-15% switch AN

Crossover common

BINGE EATING DISO.

1.25-3.5% lifetime prev.

Prolonged risk, ?rate

25% SI

Comorbidity: SUD in Eating Disordered Pts

Up to 50% w/ED misuse A&D

*(5x > gen pop, often
EtOH/cannabis binges)*

10.1% w/ED (esp. B-P) have SUD

BED

23-68% report SUD, esp. men

19.9% lifetime prev. of AUD

AN

16% have SUD

10% have AUD**

Comorbidity: Disordered Eating in SUD Pts

UP TO 35% w/SUD or who misuse A&D also have ED (11x > gen pop)

30.1% of women in treatment for AUD have ED

Women w/BED have 1.5-fold increased lifetime prevalence of AUD

***What's the best way
to treat addiction &
disordered eating in
women?***



Everything I read said something like...

1. Separate (mostly outpatient)
2. Sequential, starting with the most severe
3. Concurrent--same time, same place, same people

Ending with the speculation that concurrent was probably best if you could find/access, etc....

PROBLEMS...

- Staff with different backgrounds, training, ideologies, methods
- Poor communication across specialties, lack of understanding/respect/trust, active dislike
- Difficult patients w/many issues, different motivation levels/insights for each, lots of psychopathology/PDs
- Healthcare system choked w/stigma, inequity, weird reimbursement priorities, “bed assignments”

Things I Learned Along the Way...

Hard is not the same as impossible.

New is not the same as wrong.

Change is not the end of the world....

Manualized treatments exist for ED and addiction...

- CBT-E (Christopher Fairburn LITERALLY wrote the book on eating disorders as cognitive disorders)
- CAT (*Comprehensive Addiction Treatment*), other mindfulness-based protocols, some for relapse, others for co-occurring personality disorders, specific substances or behaviors, etc.

“70yo Woman Gives Birth to Triplets...”



***90 Ways in
90 Days*** is a
manualized
add-on to
be used...

**In any treatment
setting or level**

**By any well-trained
therapist**

**To patients at any
motivation level**

***What are the advantages of
concurrent treatment?***

People w/comorbid SUD/ED have...

- **HIGHER MORTALITY, WORSE PROGNOSIS**
- **Higher treatment dropout**
- **Worse cognitive function/more psychopathology**
- **Worse clinical condition/more symptoms in general**
- **More dysfunctional personality traits, e.g., impulsivity, PD**

We treat concurrently to...

Keep them in treatment and alive!

**Address common psychiatric comorbidities to
reduce relapse risk, improve function**

What is the importance of skills practice in behavior change?

A high jumper in mid-air, performing a Fosbury Flop over a bar. The athlete is wearing a green and yellow leotard and white sneakers. The background is a clear blue sky. The text "Importance of Skills Practice..." is overlaid in white, bold font across the center of the image.

Importance of Skills Practice...



PRACTICE is essential for any human growth, change, or endeavor because it...

- **binds thought to action like nothing else can, and...**
- **Builds strength, and melds thoughts, feelings, and actions into a strong foundation for success**

BUT.

YOU HAVE TO KEEP DOING IT!

Every. Dang. Day....

12-Step and CBT...

- *PRACTICE* specific, structured skills to manage behaviors, thoughts, & emotions
- *PRACTICE* guided, orderly skills in direction of mastery & letting go
- *PRACTICE* time-honored sayings & methods to **STICK THE LANDING** in the brain

**Define the
problem,
define the
practice...**

**Stinkin'
thinkin'**

**Cognitive
distortion**

Fallacious Thinking Examples, ED/SUD...

- Overfocus on body size and shape (eg, A&D as “the” solution)
- Unrealistic ideas about food & the body (eg, consequences)
- Incorrect notions about cause & effect
- ABSTINENCE VIOLATION EFFECT (“I screwed up. Today is ruined. Might as well give up and binge → continued regression/relapse.”)
- “I can’t, I’ll never, I’ll always...”

Similar Tools, Similar Pathway to Change...

**BREAK the cycle →
CREATE the change**

***“If you want
something to
change, you have
to change
something...”***

Try on new behaviors...

CBT is directive.

So is 12 step.



Change distorted thoughts little by little, and...

“CBT it”

“Work the steps”



Over time, it gets better.

Practice makes better....

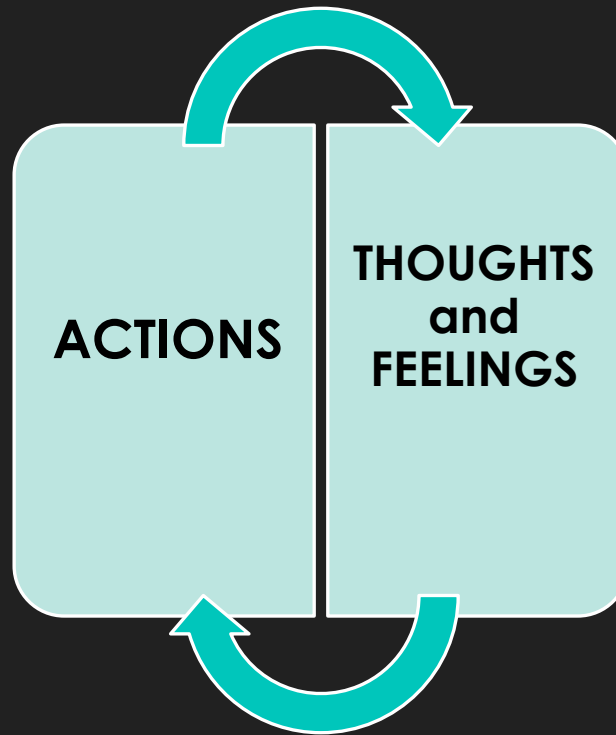
Ditto.

How Compulsive Thinking Works...

- Well-practiced, automatic, lightening fast
- Irrational, not logical, rigid, often wrong
- Hard to recognize, bring to conscious awareness
- Absolute, all-or-nothing, circular
- Overgeneralized, avoidant, self defeating

***How do we efficiently
integrate CBT & 12-Step to
help women with addiction
and disordered eating?***

Similar Foundational Ideas...



**Common
Cognitive
Errors
(Fallacies =
Stinkin'
Thinkin')**

1. Denial

2. Emotional
reasoning

3.
Overgeneraliza-
tion

4. Polarization

5. Catastrophizing

6. Negative
filtering

7. Avoidance

8. Blaming

9. Fair universe
fallacy

10. Always-right
fallacy

11. Fortune telling

12. Heaven's
reward fallacy

90 WAYS Integrates CBT and the 12 Steps to Foster Concurrent Change in Women with Both Disorders...

01

**Teach Steps
& CBT
strategies**

02

**Use
examples
from SUD &
ED**

03

**Bind with
common-
sense life
lessons**

04

**Common to
both
problems...**

90 Days = 12 Weeks & 6 Days...

1. BEGIN

2. EXPLORE

3. DIG DEEPER

4. IT'S A BRAIN THING

5. TOOLBOX

6. STEPS

7. WOMEN, POWER, AND STIGMA

8. CONDITIONS FOR HEALING

9. RELATIONSHIPS

10. BODY IMAGE

11. FENCES AND GATES

12. RELAPSE

HOLD ON AND LET GO

DAY 90 THE GOOD GOODBYE

“Dr. G, can you be born without a rational adult? I don’t think I have one...”

“I just realized why I don’t have any coping skills! I only ever used drugs!”

In CBT & variations like DBT or TA, people learn to “CBT” their problems instead of engaging in addiction or eating disordered behaviors.

A Day in the (90 Ways) Life...

1

MANUAL

Quote

Core elements

Daily reading, CBT-style practice

2

PERSONAL JOURNAL

Morning Map

Daily Tracker

Recovery Recap

+4 *intermittent Skill Sheets*

3

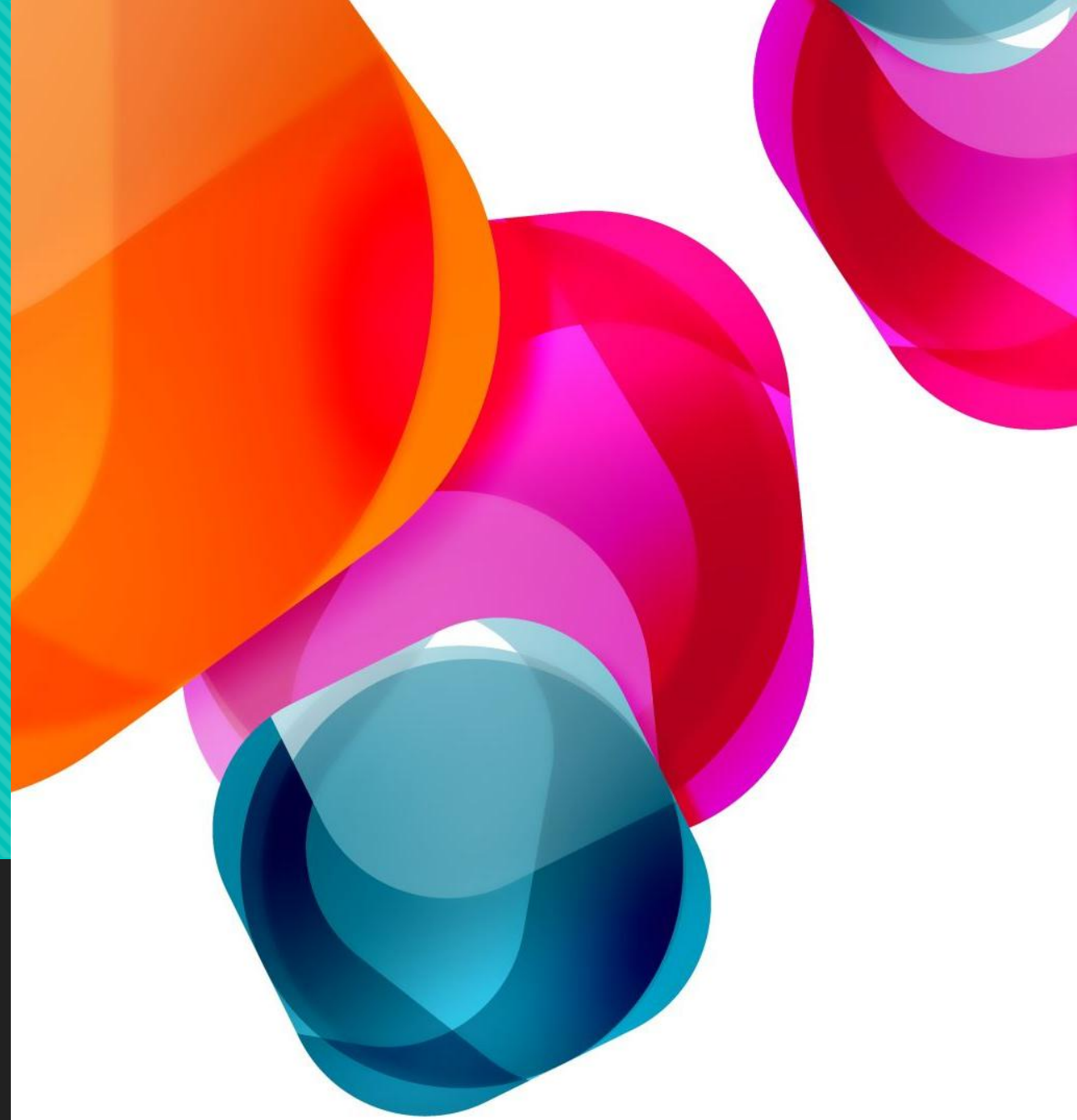
GROUP WORKBOOK

3 structured, topic-matched groups per week

1 designed for fam/friends

90 WAYS IN 90 DAYS...

MANUAL



Date _____

CORE PRINCIPLE:

Thinking of your eating disorder as an illness can reduce shame.

CORE GOAL:

Explore the concept of eating disorder as a medical illness that needs treatment.

CORE SKILL:

Increase mental flexibility.

“I overeat and throw up just like my dad used to drink. It’s out of control but I can’t make anybody see I need help just like he did.”

—Anita

DAY 27: Eating Disorder as Abusive Relationship...

Day 27

Eating Disorder as Abusive Relationship

Date _____

CORE PRINCIPLE:

Eating disorders can be conceptualized as abusive relationships.

CORE GOAL:

Imagine your eating disorder as an abusive relationship to help separate symptom from self.

CORE SKILL:

Use the relationship metaphor to move beyond mistakes in thinking that come from your eating disorder.

"I used to have this boyfriend that was my eating disorder on legs. He would act so sweet and then act really mean. Everybody said he was crazy, but I couldn't see it."

—Deanne

Deanne made the comment that gets us started today when her therapist asked her to consider whether she'd ever had a relationship that reminded her of her eating disorder. Deanne is a creative thinker who uses symbols and metaphors a lot in her work, but denial made it hard for her to see that her eating disorder was hurting her, though she had been hospitalized several times and had lost a relationship and a job because of it. Conversely, Deanne was very aware of her long-

“Try-Ons:” 90 Ways Lingo for Daily Practices...

ers do the same.

This process of exploration, recognition, growth, consolidation, and reaching out is a good description of how human beings (hopefully) mature as we move through life. Many things can get in the way (eating disorder and addiction, to name two...) but healing and growth always involve these elements. Is it easy? No. Is it possible? Absolutely! At first, Victoria thoroughly despised Step One. “The Powerless Word” (powerless) left her feeling vulnerable—as if she were back in her childhood abuse. Once she found a way to reframe and embrace Step One, she turned it into a power tool for her recovery and found it liberating.

TRY IT ON...

Fret not! This try-on is shorter than it looks. The comments make it look long but are there to keep you on track.

1. *We admitted we were powerless over alcohol (eating disorder)—that our lives had become unmanageable.*

COMMENT: Because of her trauma history, Victoria couldn't deal with Step One as is so her therapist helped her restate it: “I admit that there was nothing I could do about a lot of what has happened to me, including my eating disorder, and that these things have made my life unmanageable.” Victoria could then claim one of the positives of Step One—less shame.

Stepping on ED...

Made a decision to turn our will and our lives over to the care of God as we understood Him.

COMMENT: Some women have no problem with the idea of God but don't like the assumption of male gender for the Divine. Rewrite examples might be: *Made a decision to turn my will and my life over to the care of the Divine.* Or: *Decided to turn my will and my life over to the care of the strong life force that flows through me and all living things.* Are you getting the idea? Free your mind to move from resistance to something new. Have fun with it. The rewrites can bring depth and creativity to your recovery.

- a. Read Step Three aloud slowly and note your immediate reactions. Pick a word or phrase from it that conveys a positive quality for your life in recovery and write it here:
-

- b. If you can't relate to a positive quality in the step, try a rewrite. Keep as close to the original as you can and still make it okay or useful for you.
-

4. *Made a searching and fearless moral inventory of ourselves.*

COMMENT: I love the idea of taking on a problem in a "searching and fearless" way. Imagine how the world could change if we all did that! Committing to change takes courage as you look inside, "down where it's tangled and dark," as a Bonnie Raitt song puts it, "down where the demons are parked." The demons of pain and suffering from old wounds can interfere with your journey to happiness and freedom. A moral inventory is a list of things done or not done that are not in line with your belief system. Ask yourself: Do I treat myself and others with respect and kindness? Does the way I live reflect my beliefs?

- a. Read Step Four aloud slowly and note your immediate reactions. Pick a word or phrase from it that conveys a positive quality for your life in recovery and write it here:
-

**“Hey! Dr. G!
Help! I lost my
marble.... Can I
have two?”**

Day 31

Mindfulness and Motivation

Date _____

CORE PRINCIPLE:

Increasing mindfulness increases motivation.

CORE GOAL:

Simple routines to increase motivation can help you stay mindful when the going gets tough.

CORE SKILL:

Learn to reboot your motivation using a new skill sheet.

*“Hey, Dr. Gross! Help! I lost my marble.
Need another one stat! Can I have two?”*

—Rhonda

I must not have been very mindful as I walked into my office that day because I almost stepped on the little piece of paper Rhonda had pushed under my door. Today’s starter quote is what she had written on it. Rhonda was in residential treatment for alcohol use disorder and binge eating disorder. At her admission interview, I told her that she could expect to feel like she was losing all her marbles for at least the first two weeks. I told her this was normal, no cause for alarm, and gave her a marble from the jar on my bookcase. I joked she should keep it handy in case she needed a spare.

If you live with an eating disorder long enough, it takes over your life. You may not know it has taken over until you start trying some-
thing different. Sometimes life



90 WAYS IN 90 DAYS...

PERSONAL JOURNAL

90 Ways in 90 Days Personal Journal is a collection of recovery tracking tools...

FEELINGS CHEAT SHEET

Key words are in **bold** and related words follow in parentheses. This is not every feeling in existence, of course, but it can help you get started or unstuck. As you think of words that express your emotions more specifically, write them in the margin for future use.

Abandoned (rejected - neglected - left out) **Agitated Alone** (lost - isolated - disconnected - homesick) **Ambivalent** (indecisive - uncertain) **Angry** (mad - annoyed - irritated - infuriated - furious - enraged) **Anxious** (nervous - worried - jumpy - tense - uneasy) **Ashamed** **Bad Betrayed** (abused - deceived - cheated) **Bitter Bored** (empty - indifferent - disinterested - unimpressed) **Brave** (bold - courageous - fearless) **Burdened Calm** (relaxed - at peace - serene - tranquil) **Capable Cautious Checked - out** (dissociated - distracted - scattered) **Cheerful Clingy Comfortable** (content - satisfied) **Comforted** (soothed) **Competitive Concerned Confidant Confused** (puzzled - disoriented) **Connected** (close - involved) **Crazy** (chaotic - frantic - distraught - screwed up) **Creative Critical Criticized**

Decisive Defeated Defective Defensive (on guard - closed - resistant) **Delighted Depressed Deserving Despairing Destructive Determined Devalued** (diminished) **Disappointed Discontented** (bothered - distressed - unsettled - upset - disturbed - unsatisfied) **Discouraged Disgusted Dishonest Disliked Disorganized Distant** (detached - shut down) **Embarrassed Emotional Encouraged Entitled** (privileged - one up - better than) **Excited** (thrilled - energized - eager) **Fascinated** (infatuated - enchanted) **Flustered Fragile Free Friendly Frustrated** (exasperated) **Giving** (generous) **Grateful** (thankful) **Greedy Grief - stricken** (sorrowful) **Grounded** (focused - settled - stable - solid - clear - aware - present) **Grumpy** (grouchy) **Guilty Happy** (pleased) **Helpful Helpless High Honored Hopeful** (optimistic)

Hopeless Horrified Humble Hurt (crushed - agonized) **Hysterical Ignored** (disregarded) **Important** (valuable) **Impressed Inadequate Inspired Interested** (attracted) **Intimidated Invaded Irritable Jealous** (envious) **Joyful** (elated - ecstatic) **Judged Lazy Lonely Loved** (cared for - taken care of - special) **Loving** (affectionate - caring - kind - compassionate) **Mean** (hostile - spiteful - violent - cruel - dangerous - aggressive - predatory) **Mindful Mischievous Miserable Misunderstood Needy Numb** **Oxyphobic Obsessed Open - minded** (willing) **Organized Over - stimulated Overwhelmed** **Panicky** (terrified - petrified) **Paranoid**

90 Ways Morning Map starts the day in recovery mode, checking emotional weather, forecasting risk to recovery...

WEEK 1
DAY 1

Date: _____

90Ways Morning Map

Circle the word that best describes your emotional weather as you begin your day.

Sunny

Cloudy

Misty

Rainy

Stormy

Last night I slept (*well—not so well*).

Today I look forward to: _____



Storm Warning!

Chance of a stress storm today:
(Category 1 = small threat, Category 5 = catastrophic threat)



Brief description of storm threat:

Estimated severity of risk to your recovery:

Very low — Low — Medium — High — Very High

Name two things you can do today to stay safe and at peace through the storm:

1. _____

2. _____

Name one person you would be willing to ask for support:

90Ways Daily Tracker:
Structured tracking of
thoughts, feelings,
behaviors & symptoms
to connect the dots
through the day...

WEEK 2
DAY 8

Date: _____

90Ways Daily Tracker

Time	Food/Drink	B / R / P / C?	Hunger/Sat	Body Idea	Feeling	Situation
			1-2-3-4-5	+ -		
6 am			1-2-3-4-5	+ -		
7 am			1-2-3-4-5	+ -		
8 am			1-2-3-4-5	+ -		
9 am			1-2-3-4-5	+ -		
			1-2-3-4-5	+ -		
10 am			1-2-3-4-5	+ -		
11 am			1-2-3-4-5	+ -		
			1-2-3-4-5	+ -		
noon			1-2-3-4-5	+ -		
1 pm			1-2-3-4-5	+ -		
2 pm			1-2-3-4-5	+ -		
			1-2-3-4-5	+ -		
3 pm			1-2-3-4-5	+ -		
4 pm			1-2-3-4-5	+ -		
5 pm			1-2-3-4-5	+ -		
			1-2-3-4-5	+ -		
6 pm			1-2-3-4-5	+ -		
7 pm			1-2-3-4-5	+ -		
			1-2-3-4-5	+ -		
8 pm			1-2-3-4-5	+ -		
9 pm			1-2-3-4-5	+ -		
			1-2-3-4-5	+ -		
10 pm			1-2-3-4-5	+ -		
			1-2-3-4-5	+ -		

90Ways Recovery Recap: Putting your recovery day to bed with balance, beauty, gratitude, & letting go...

WEEK 1
DAY 7

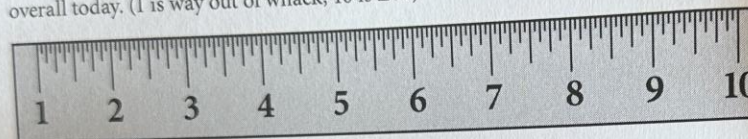
Date: _____

90Ways Recovery Recap



In *ideal* balance, body, mind, and spirit of a healthy woman work together. *Thoughts, feelings, and actions* flow freely from a sense of inner worth, and daily living matches *real self*.

Circle the number on the ruler below that best represents how balanced you felt overall today. (1 is way out of whack; 10 is Zen)



Answer the following with regard to your day as a whole:

1. What did you find most useful for your recovery today?

2. Name one thing you found beautiful in this day.

3. What did you most enjoy about being a woman today?

4. Name one thing you are grateful for today.

Now, breathe deeply, give thanks
past as just

Intermittent Skill Sheets, Introduced Across the 90 Days, Matched to Topics/Themes...

1

***90Ways Slip
Check identifies
times of increased
relapse risk***

2

***90Ways
Motivation Reboot
enhances
motivation,
mindfulness &
focus***

3

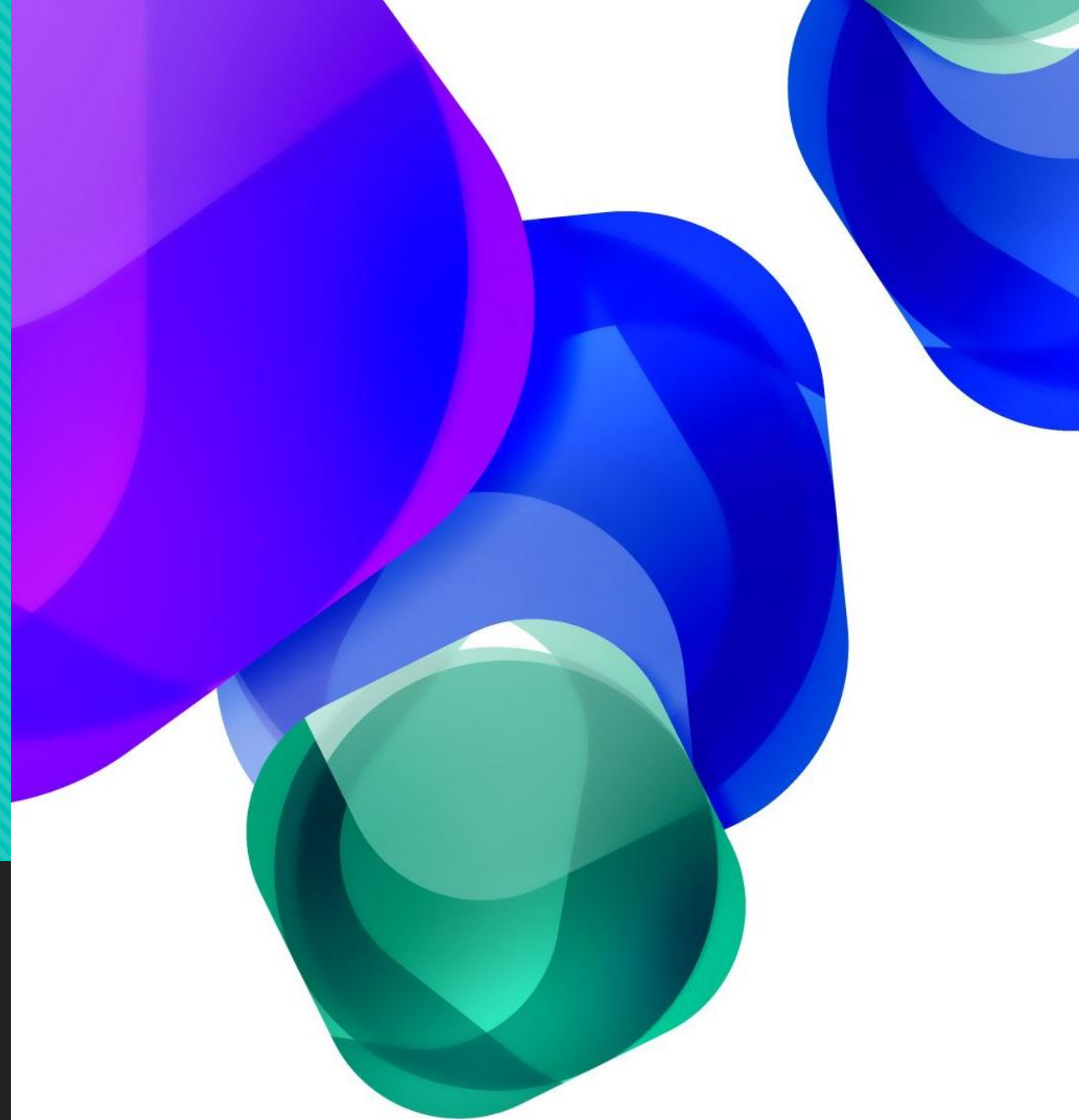
***90Ways
Abstinence
Contract specifies
& enhances
commitment to
self & recovery***

4

***90Ways Relapse
Autopsy allows
learning from
relapse behavior
by examining it in
a routine way***

90 WAYS IN 90 DAYS...

GROUP WORKBOOK



Each group opens with a short breath practice to connect and center, ends with...



Unfinished business, who's keeping track, goodbyes w/feedback and affirmations,



THEN...



Together, take a deep breath, exhale slowly, and say out loud:



"We will...go gently, live present, and breathe."

“Draw Your Dragon...”



WEEK SIX

GROUP 16

Stepping on Ed

Date _____

Open

Be still and breathe slowly and meditatively in and out together a few times to settle yourselves into the present moment. Think about how you feel. Introduce any new people and review the ground rules, then check in by giving each other a brief idea of what's going on in your lives and where you are emotionally.

Explore

The original *12 Steps for Alcoholics Anonymous* were developed by a couple of really smart alcoholic guys for (a) alcoholics, (b) men, and (c) in the 1930's. The dated, male-oriented language is sometimes troublesome for women. Rest assured, however, that many women have found comfort, freedom, and recovery with these steps. Today you will literally go step by step to share insights, ask questions, and work the steps. Those familiar with 12 Step process can share with those who aren't. Past experience or not, the more you read, claim, and share the steps, the more effectively you can use them to get to your new life.

Choose a step from the 12 listed one page over. Pick one you feel strongly about, whether positive or negative. Take turns reading your chosen steps out loud and use the following questions to stimulate discussion. Share ideas and feelings and consider together how to use them to advance your recovery.

1. What is your favorite word or phrase from your chosen step?

2. What feels right or not so right about this step for you?

3. What does this step mean? Restate it in your own words.

4. Which part of the step rings especially true for you and your eating disorder?

Example: My favorite word in Step One is "we." Women do not heal well in isolation. We need connection, especially when life has become unmanageable. Powerlessness is hard to admit, but anyone who's ever tried to change a longstanding habit, been addicted to something, or even made a New Year's Resolution knows how hard it is to change and stay changed. Step One is not about weakness. It's about the courage it takes to admit that we have a problem and need help. It's a paradox. True power lies in accepting the truth and surrendering to the need to do something different.

90 Ways in 90 Days: A Personal Workshop for Women with Disordered Eating **by Deborah V. Gross, MD**

90-day manualized 'plug and play' disordered eating program in 3-book set (manual, tracker, group workbook)

For treatment of women w/ED +/- addiction. Fits 90-day residential or IOP as is, or "stretch to fit" outpatient schedules

Motivated individuals can work on their own at home and/or extended care

90 Ways in 90 Days books available on Amazon

For program use special pricing available, contact Robert Scott at SeaStar Media 601-543-9823.

Proceeds benefit *McCoy House Extended Care for Women*

drdeb@DebMD.com OR dgross.jacksonms@pathwayhealthcare.com

Recommended Reading

- **Caroline Knapp (b. 1952, d. of lung cancer 2002)**
 - **Drinking: A Love Story**
 - **Pack of Two**
 - **Appetites: Why Women Want**

RESOURCES

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