Chapter 7

Eating Disorders, Gambling, Shopping, and Other Behavioral Addictions
Eating Disorders

• The only one in this chapter related to a substance – food addiction.
  – All others, for example, Internet addiction are behavioral...
  – often clients in treatment for another disorder

• “Eating disorders start in brain”
  – USA Today – MedicineNet.com
  – Eating disorder genes

• 90% of anorexia and bulimia is found in females.

• Begins in adolescence

• 0.5% of girls and women are anorexic; 1-3% bulimic

• Role of media
  – 10 Xs more diet / weight loss than men’s
  – Average model – 5’ 11” and 115 pounds
  – Barbie doll
  – Web sites: Pro-ana or Pro-mia

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National Center on Addiction & Substance Abuse
CASA

- Girls (10-14) who diet more than 1 x week are 4 x’s to smoke
- Girls w/eating disorders symptoms 4 x’s likely to use inhalants & cocaine
- Hispanic girls ^likely than Caucasian & ^^^ higher than African-American
  - fast for 24 hours or
  - vomit or
  - use laxatives to lose weight
Anorexia

• Not eat

• DSM-IV-TR –
  – less than 85% body weight
  – Intense fear of weight gain
  – Amenorrhea in young women (miss 3 consecutive cycles)

• Physical signs similar to starvation
  – Cold intolerance
  – Lethargy
  – Constipation
  – Appearance of lanugo (fine body hair)

• 10% mortality rate
  – Suicide
  – Starvation
  – Electrolyte imbalance

• Average lifetime duration for anorexia in
Anorexia

- Linked with anxiety & compulsion
  - Correlated with perfectionism
  - Ritualism
  - High anxiety
  - Social phobia
  - Clinical depression

- Personality
  - Athletics-
    - gymnasts
    - 83% ballet dancers
  - Low self-esteem
  - Inability to handle stress
  - Cocaine use

- Related to obsessive compulsive disorder (OCD):
  - obsessive—recurring and persistent thoughts;
  - compulsions—ritualistic practices

- Lack of serotonin

- Can binge (to gain wt for doctor visit) then purge
Bulimia

- Bulimic behavior
  - Binge – purge (compensatory behavior)
  - Laxatives
  - Enema
  - Excessive exercise
  - Diuretics
  - Fasting

- Criteria
  - Binge & use of compensatory behavior an average of 2-4 times a week for 3 months

- Linked to:
  - Perfectionism
  - Early age of menstruation
  - Food-related obsession
  - History of weight problems
  - Family in overweight

- Personality
  - Extraverted
  - Voracious appetites
  - Episodes of binge eating
  - Alcohol misuse—30-70%
Bulimia

• Life time duration for bulimia and binge eating 8 years
• 3 x’s more likely to have been sexually abused as children
  – Live in foster homes – parental alcoholism
• 35% of bulimics experienced childhood sexual abuse
  – use food as a drug
    • Curb feelings of shame
    • self-disgust
    • depression
• Little information on compulsive overeating
• Lack of dopamine receptors in the brains of morbidly obese
• Gay and bisexual men at risk.
  – Low testosterone
Compulsive Overeating

• Criteria
  – Must have 3 of the following
  – Eating much more rapidly than normal
  – Eating until feeling uncomfortably full
  – Eating large amounts of food when not feeling physically hungry
  – Eating alone because of being embarrassed by how much one is eating
  – Feeling disgusted with oneself
  – Depressed
  – Very guilty after overeating

• Lack of dopamine

• Craving for food not unlike craving for alcohol
  – Cravings worse when nervous & depressed

• Some after gastric bypass surgery turn to heavy drinking
  – “I drank the way I ate”
  – 15 – 20 shots of tequila
  – 20% turn to other addictions
Intervention / Treatment

• Pharmaceuticals & cognitive therapy

• Bulimia
  – Cognitive treatments
  – avoid strict dieting
  – Ondansetron (used for alcohol tx)
    • More serotonin in brain

• Anorexia
  – Prozac is effective in reducing compulsive behavior
    • only when weight has been gained
  – Hospitalization - if lost 25% of body weight
  – Cognitive behavioral therapy
    • Education on basics of nutrition
    • Consciousness raining concerning media images and unhealthy thinking
    • Group work
      – Trust others
      – Value self for person not dress size
  – Psychotherapy if child abuse

• Men—muscle dysmorphia, antidepressants may help here too
Intervention / Treatment

- 3 challenges with treating eating disorders
  1. Food is needed for survival - moderation
  2. Difficult to detect relapse
  3. Society rewards slimness

- Cognitive therapy
  - Black or white thinking “if ate 3 cookies might as well eat box”
  - Self defeating thoughts –“if I am fat = I am ugly = I am unlovable”
  - Distorted body perception
  - Fear of loss of control about eating and weight
  - Negative self perception
  - Identification of feelings
  - Family treatment (adolescent girls)

- Overeaters anonymous (OA) for compulsive eating;

- neuroplasticity—
  - brain neurons can form new connections
  - “brain lock” can be corrected (Schwartz)

- Box 7.1 compares two treatment programs (page 294)
  - the second one included trauma work
Gambling Addiction

• Gambling, has become socially acceptable
  – Legal in all but 2 states (Utah & Hawaii)
  – 2 of 3 Americans gamble (state lottery)

• Criteria of pathological gambling (impulse control) (5 or more)
  – Preoccupation
    • Gambling
    • Money to gamble with
  – Loss of control over gambling
  – Irrational thinking
  – Continued use despite negative consequence
  – Increasing amounts, etc.
  – Repeated efforts to stop
  – Gambling due to stress
  – Borrow money to pay off debt
  – Lying to conceal activity

• 3-7% of gamblers have problems
  – Suicide high in gamblers – guilt, shame & remorse
    • Wives
    • Children

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Gambling

• Cost to economy is $54 billion
  – Bankruptcies
  – Lost work time
  – Embezzlement
  – Crime

• Counties with gambling casinos have higher crime rates & bankruptcies

• Internet gambling is the fastest growing form.

• 2-4% in Gamblers Anonymous (GA) are women. But many helpline calls.

• Women gamble to escape
  – 1/3 of gamblers

• Men for action
  – More likely to be pathological
  – Larger amounts
  – Games of skill
Gambling

• Associated with other problems
  – Substance use
    • ¾ alcohol
    • 1/3 other drugs
    • 16% anti-social personality disorder
  – Mania

• Box 7.2 (page 304) Reflections of a Male Compulsive Gambler.
  – Started with sports betting
  – Wife engaged in early behavior – bored with losing
  – Geographical relocation helped him break his habit

• Very high among Native Americans
  – 14% have gambling problems

• Problems among the elderly
Questions for Screening

• Have you ever borrowed money in order to gamble or cover lost money?

• Have you ever thought you might have a gambling problem or been told that you might?

• Have you ever been untruthful about the extent of your gambling or hidden it from others?

• Have you ever tried to stop or cut back on how much or how often you gamble?
Treatment Issues

• Treatment: cognitive work and motivational therapy

• Irrational thinking about winning:
  • “I put so much money in this machine, I’m bound to win.”
  • High profile winners
  • Lucky machine and dates

• Difficult for insurance to cover tx
  – State help lines

• Use addictions tx model
  – 12 step programs
  – GA 20 questions

• States’ spending on treatment
  – $36 million
  – $20 billion in tax revenues from gambling
Motivational Interviewing

• Main source of information – self report
  – No urine screen
  – No observable withdrawal
  – Clients skillful to deceive

• Collaborative information
  – Significant others
  – Family
  – Friends

• Motivational interviewing
  – Create own goals
  – Strengths based
Cognitive Therapy

• Cognitive therapy for distortions
  – Give slot machine human characteristics
    • “Come on baby”
  – Illusion of control
    • Choice of dealer / table
  – Biased thinking
    • Misunderstand nature of randomness
      – “I’ve put so much money in it is should hit”
      – intermittent reinforcer
    • Flexible attribution
      – Losses = near wins
    • Availability bias
      – Judge probability of win on sounds of winning around them
  • Fixation on absolute frequency
    – Measure absolute frequency of wins not relative frequency of loss
Practical Application

1. Carry minimum amount of money
2. Turn personal check & credit cards over to someone
3. Require an additional signature to withdraw money from bank
4. Voluntarily request a “ban” from frequented casinos & card rooms
5. Avoid the company of other gamblers
6. Avoid going places where gambling is allowed

• Harm reduction
  – Educate youth & parents
  – Minimize accessibility
  – Disallow drinking at casinos
  – Produce ad on TV about risks
  – Provide treatment
  – Develop policies and regulations
Shopping Addiction

• Problems in about 2-8% of people

• Impulse control
  – Something for nothing
  – Drive a hard bargain
  – “urge to splurge”

• Associated with behavior
  – Multiple credit cards
  – Bounced checks
  – Fought with spouse over money / spending
  – Euphoria

• Typical 31 yr. old female who has overspent for 13 years

• DSM-IV-TR lists Kleptomania

• Hoarding

• Medications: Luvox

• Other issues
  – Depression
  – Substance abuse

• Debtors Anonymous groups springing up
Cyber Addiction

• *Caught in the Net*—
  – Internet addicts
  – Preoccupied
  – Excessive amounts of time involved in chat rooms, playing games
  – Failed attempts to control behavior
  – Jeopardized relationships
  – Lying
  – Escape from problems

• Why
  – Escape reality
  – Anonymous
  – Accessible

• Fantasy world—fictitious names, office problems

• Self-efficacy for empowerment

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FRAMES

• **Feedback** – assessment of use
• **Responsibility** – choice is theirs
• **Advice** – set goals together (healthy vs unhealthy)
• **Menus** – of self-directed change options (ex.- monitor computer use)
• **Empathy** - no scolding
• **Self-efficacy** – computer for work
Harm Reductions Strategies:

- Get a timer
- Cut mailing lists
- No detours (surfing)
Sex Addiction

• Elements of sex addiction
  – Secrecy
  – Escalating nature
  – Diminished judgment & self control

• Origins
  – Childhood
  – Addiction
  – Violence
  – Sexual abuse
  – Rigid authoritarian families

• Risk taking
  – Riskier behavior
  – Dangerous situations – adrenaline rush
  – Guilt, shame, remorse, low self-esteem
Sex Addiction

• Prone to lying—
  – President Clinton’s background and his sexual risk taking:
    • He grew up in alcoholic & violent home
    • Engaged in risk taking
    • Sex as escape
    • Having out of bounds sex

• Self-help group--Sex Addicts Anonymous.
Cognitive Therapy in General

- Distortions especially with these addictions and anorexia.
- Tendency towards extreme behavior.
- Slogans of AA ("easy does it")
- Rational recovery – planned permanent abstinence
- MET – "building up" not "tearing down"
- Ask about times when client successfully handled a problem.
- REBT more adversarial – beliefs, attitudes and statements
  - Albert Ellis
- Self defeating thoughts
  - Feelings and thoughts
  - Strength based questionnaire
  - Counselor not expert – collaborator
- Positive self talk – cognitive restructuring
  - I might as well quit = I can do it; I have done it before
Anger

- Feeling work
  - Positive reinforcement and reframing
- Anger management
  - Id what you are feeling
  - Listen to self –talk (look for extremes; never, can’t always)
  - Examine objective reality
  - Note how our feelings change
- Teach
  - Origin of anger
  - What triggers extreme anger & why
  - It is ok to have “stormy feelings”
  - Body cues
    - Racing heart
    - Heart pumping
    - Clinched fist
    - Increased heart rate
<table>
<thead>
<tr>
<th><strong>Goal</strong></th>
<th><strong>How to Achieve</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Control angry outbursts</td>
<td>1. Use “time outs”</td>
</tr>
<tr>
<td>2. Reduce feelings of anger</td>
<td>2. Find healthy outlet – exercise</td>
</tr>
<tr>
<td>3. Lessen period of angry thoughts</td>
<td>3. Use health self – talk</td>
</tr>
<tr>
<td>4. End violent, angry outbursts</td>
<td>4. Verbalize the reason for anger; join anger management group</td>
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<tr>
<td>5. When appropriate, feel the anger</td>
<td>5. Explore history of anger suppression Assertiveness training</td>
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Cognitive Therapy

• Illogical beliefs
  – All or none thinking
  – Jumping to negative conclusion
  – Over generalizing about others
  – Making mountains out of molehills
  – Putting down members of your own group
  – Self blame
  – “I can’t live without
  – I must be perfect
  – Every one must like me
  – If thing do not according t plan, it is catastrophe
  – Ii never forbid or forget a wrong
  – People are either all good or all bad
  – Victims of crime have themselves to blame
Therapy

• Stress management
  – Avoid caffeine (drink milk)
  – Use self talk
  – Get exercise

• Stress management

• Feelings work
  – Art therapy - reveal feelings
  – Turning points - critical thinking; reinforce change
  – Faces – discussion of feelings
  – Grief and loss – feelings of G & L
  – Quiz cards – wide range of responses
  – Dream analysis – get in touch with part of self
  – Assertiveness – achieve goal

• Use humor