ADULT BEHAVIORAL HEALTH, PRIMARY CARE, & INTEGRATED RECOVERY PROTOCOL

Adult Co-Occurring Eating Disorder & Substance Use Screener

Clinical Screening Tool for Adults Ages 18+ (Past 12 Months / Current)

KLASEY CONSULTING

Clinical Rationale & Scope (Ages 18+): Co-occurring eating disorders (anorexia nervosa, bulimia nervosa, binge eating disorder, OSFED) and substance use disorders share overlapping neurobiological reward pathways, emotion-dysregulation mechanisms, and trauma histories **(APA, 2023; SAMHSA, 2020)**. Treating only one condition frequently triggers relapse or symptom substitution in the untreated condition. Screen universally across outpatient therapy, primary care, college health, and SUD treatment intakes.

Individual Name / Pronouns: _____	**Date / Age / Screening Setting:** _____
Provider Name & Role: _____	**Confidentiality & Informed Consent Reviewed:** _____

Part 1: Adult Trauma-Informed Screening Standards

1. **Adopt a Weight-Neutral, Non-Stigmatizing Stance:** Eating disorders occur across all body sizes, genders, ages, and backgrounds. Avoid assuming absence of an eating disorder based on normal or higher body weight **(APA, 2023)**.
2. **Explore Functional Reinforcement & Symptom Substitution:** Assess how substances and eating behaviors serve parallel coping functions (numbing trauma, reducing anxiety, regulating affect, or controlling body weight) **(NIDA, 2020)**.
3. **Assess Medical & Withdrawal Comorbidities:** Screen for electrolyte imbalances, gastrointestinal damage, alcohol/benzodiazepine withdrawal risks, and medication misuse (stimulants, GLP-1s, laxatives, diuretics).

Part 2: Adult Screening Questionnaire (Past 12 Months)

Administer via structured clinical interview or confidential intake form. Check **Yes**, **No**, or **N/A (Declined / Unsure)**.

Adult Screening Prompt & Clinical Focus	Yes	No	N/A
Domain 1: Adult Disordered Eating Behaviors & Cognitions			
1.1 "Do you worry that you have lost control over how much you eat, or do you frequently eat large amounts of food in a short period accompanied by distress, shame, or secrecy?" Screens for binge eating episodes and loss-of-control eating patterns.	☐	☐	☐
1.2 "Do you engage in rigid fasting, severe calorie restriction, self-induced vomiting, laxative/diuretic misuse, or compulsive exercise to control your weight or compensate for eating?" Assesses restrictive and purging behaviors across restrictive and bulimic presentations.	☐	☐	☐
1.3 "Would you say that food, body weight, or body shape dominates your daily thoughts, self-worth, or social and occupational functioning?" Evaluates cognitive preoccupation and overvaluation of shape/weight.	☐	☐	☐

Adult Screening Prompt & Clinical Focus	Yes	No	N/A
Domain 2: Adult Alcohol, Substance, & Medication Misuse			
2.1 "In the past year, have you had 4 or more (female) / 5 or more (male) alcoholic drinks in a day, or used cannabis, stimulants, opioids, sedatives, or nicotine more often or in larger amounts than intended?" Screens for heavy episodic drinking and hazardous substance consumption (NIAAA / NIDA single-item criteria).	☐	☐	☐
2.2 "Have you experienced cravings, tolerance, withdrawal symptoms, blackouts, or difficulty cutting down on alcohol, illicit drugs, or non-prescribed/misused prescription medications?" Identifies physiological dependence and impaired behavioral control over substance use.	☐	☐	☐
Domain 3: Co-Occurring Functional Intersections & Symptom Substitution			
3.1 "Have you used stimulants (cocaine, methamphetamine, non-prescribed/excess ADHD meds), nicotine, caffeine pills, or unprescribed weight-loss/GLP-1 medications specifically to suppress appetite or lose weight?" Screens for pharmacological appetite suppression and weight-driven substance misuse.	☐	☐	☐
3.2 "Do you restrict food intake on days you drink alcohol to offset liquid calories or accelerate intoxication, or use alcohol/substances to numb anxiety, shame, or physical fullness after eating?" Identifies food-and-alcohol disturbance (FAD) and chemical self-medication of eating-related distress.	☐	☐	☐
3.3 "During past attempts to reduce or stop substance use, have binge eating, food restriction, or purging behaviors intensified (or has substance use escalated when trying to normalize eating)?" Detects bidirectional symptom substitution ("cross-addiction" cycling) critical for integrated relapse prevention.	☐	☐	☐

Part 3: Adult Clinical Triage & Integrated Referral Protocol

Clinical Finding	Recommended Multidisciplinary Action
Positive Dual-Domain Screen (≥ 1 Yes in Domain 1 and ≥ 1 Yes in Domain 2 or 3)	Initiate integrated dual-diagnosis assessment (DSM-5-TR ED & SUD criteria). Refer to a multidisciplinary team (therapist trained in DBT/CBT-E/relapse prevention, registered dietitian, and medical provider) **(SAMHSA, 2020)**.
High Medical Risk / Acute Comorbidity (Purging + alcohol/stimulants, severe underweight, withdrawal risk)	Order baseline labs (BMP/electrolytes, LFTs, CBC), ECG, and orthostatic vitals. Avoid bupropion in patients with active purging or low body weight due to elevated seizure risk **(APA, 2023)**.
24/7 Adult Support Resources	**SAMHSA National Helpline: 1-800-662-4357** (24/7 treatment referral) | **988 Lifeline:** Call or Text **988** | **ANAD Helpline: 1-888-375-7767**

Adult Clinical Observations, Medical/Lab Considerations, & Integrated Referral Plan

Clinical References

1. American Psychiatric Association (APA). (2023). *The American Psychiatric Association Practice Guideline for the Treatment of Patients With Eating Disorders* (4th ed.). American Psychiatric Association Publishing.
2. National Center on Addiction and Substance Abuse (CASA). (2003). *Food for Thought: Substance Abuse and Eating Disorders*. Columbia University.
3. National Institute on Drug Abuse (NIDA). (2020). *Common Comorbidities with Substance Use Disorders Research Report*. National Institutes of Health.
4. Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). *Substance Use Disorder Treatment for People With Co-Occurring Disorders* (Treatment Improvement Protocol [TIP] Series, No. 42). HHS Publication No. PEP20-02-01-004.

Clinical Notice & Originality Statement: *All screening questions in this tool are original clinical inquiry prompts developed for educational and screening purposes, informed by published clinical practice guidelines (APA, 2023; SAMHSA, 2020; NIDA, 2020). No proprietary or copyrighted third-party assessment items are reproduced herein.*

Partner with Klasey Consulting

Interested in trauma-informed behavioral health trainings, co-occurring disorder clinical protocol development, or workforce workshops? Contact us at **info@klaseyconsulting.com** to learn more about our trainings and consultation services.

KLASEY KC CONSULTING