Better Living
SOLUTIONS

Family Based Therapy for Children and Adolescents

Based on Train2TreatED Training Workshop

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What is Family Based Therapy (FBT)?

- An evidence based therapeutic approach for the treatment of children and adolescents with eating disorders. It was developed at the Maudsley Hospital in London in the 1980's. This is a treatment team approach for outpatient interventions geared towards restoring child's weight and appropriate developmental track. This approach is evidence based and statistically sound showing positive results for the treatment of adolescents and children with eating disorders.

What is a helpful resource for parents?

- Help Your Teenager Beat an Eating Disorder, 2nd Edition; written by James Lock, MD and Daniel Le Grange, PHD

Who is FBT suited for?

- Children and adolescents with low body weight
- Children and adolescents who are medically stable
- Children and adolescents in out-patient treatment

Goals:

- Prevent hospitalization or residential treatment
- Restore weight and stay medically stable
- Resume typical adolescent development (Physical, Emotional, Social)
- Decrease anxiety and fear
- Empower parents and children

Who is part of the FBT team:

- All Parents/Guardians and people living in the household (Responsible for managing client's eating disorder behaviors, refeeding and restoring weight)
- Primary Therapist (Responsible for facilitating all 3 phases of FBT sessions and coordinating care amongst providers)
- Pediatrician (Responsible for medical safety)
- Adolescent Psychiatrist (Responsible for psychiatric disorders)

Treatment Style:

- Parents are empowered by the team to take charge of refeeding their child
- Respect the child/adolescent always
- Parents learn appropriate methods of control

- When nourished, child/adolescent learn healthy ways to have control and make positive choices for their well being
- Genuine and Authentic Approach

Fundamentals to Treatment

- Eliminate any blame/shame/guilt if present
  "Not the cause but you are the solution"
- Sharing and collaborative team model (non-authoritative – clinicians join with families to share information and tools)
  "We set the frame – you fill in the colors" ~Katherine Globe)
- Empower Parents – encourage strengths, not weaknesses (listen, suggest, advise, inform, respect, support)
- Externalization - Separate child from their illness
  - your child is NOT their eating disorder and we need to support them to separate from this (Disease and Intellectual Model)
- Detailed assessment but act quickly and move forward
  - Let's not get stuck in the "why" of how the eating disorder developed, but how can we move forward

Our Therapeutic Stance:

- We are "expert consultants" BUT you are the Parent(s)
- We will be actively involved in your family's care
- We do not attempt to control parents or child by dictating treatment
- We promote parental unity and communication for all decisions regarding child's recovery
- We will help you know the risk factors and support you with problem solving the solution
- We request ALL parental figures be involved in ALL sessions

Barriers:

- Children / Adolescents who demonstrate resistance
- Anxiety/ Fear of Parents

Reminders for Parents:

- Affirm Self you are making the right decision as a parent to save your child's life.
- Your child is medically compromised; their growth and development have been severely impacted and this illness is life-threatening.
- Regardless of your child's attitude about improving their medical condition, you are the parents and have the ability to make decisions for your child's safety.
- Be confident in your decision to treat your child regardless of their opinion or the influence of others around you.
  - You are seeking wellness and safety for your child, if they received a diagnoses of cancer, kidney failure, or developed another life-threatening condition, would you allow them to refuse treatment?

- Your child's brain and physical state is compromised temporarily; the mal-nutrition resulting from the eating disorder prevents your child from making rational decisions; this is not a lifestyle choice for them.
- Remember there has NEVER been a child with an eating disorder willing to eat and gain weight; the process will be challenging but your treatment team is here to support you.

What FBT therapy looks like?

- Duration of treatment: 6-12 months
- 3 phases: 10-20 sessions
- Intensive family therapy weekly
- Nutrition support
- Medical monitoring
- Parent support groups and educational resources

Phase 1 (sessions 1-10) (approximately 8-10 sessions)

- Parents in charge of weight restoration and feeding child/adolescent at home with supervision
- 1-2 therapy sessions per week initially with entire family; 1 weekly thereafter with entire family
- 1 minimum family meal support session with therapist
- Regular weigh-ins with therapist at the beginning of each session and progress discussed
- Child/adolescent not permitted to exercise; parents monitor all activity
- Initial behavior and symptom focus with behavior modification techniques (delay other behavioral, psychological, cognitive issues in therapy unless child's safety is at risk)
- Therapist helps guide and support parents to develop strategies to eliminate the eating disorder
- Therapist provides education to the family to assist them in making informed decisions for their child
- Therapist encourages family on ways to externalizing, or separate, the illness from the child
- Therapist supports parents in aligning with each other when making decisions
- Therapist encourages siblings to support each other

Phase 2 (sessions 11-16)

- Parents slowly give some nutrition control back to child/adolescent, as age appropriate
- 1 therapy session per week with family initially, then 1 session every other week
- Child's weight must be approximately 90% ideal body weight (IBW)
- Some activities and exercise may be reintroduced for child/adolescent
- Regular weigh-ins with therapist at the beginning of each session and progress discussed
- Therapy focus continues with behavior modification, while reintegrating independence in some activities and decision making about food
- Therapist supports the family with slowly incorporating some responsibilities back to the child for meal preparation and meals at an age appropriate level

Phase 3 (sessions 17-20)

- Child resumes responsibilities for food preparation and meals, as age appropriate
- 1 therapy session every other week until the termination session

- Child's weight must be > 90% IBW.
- Balanced Exercise and Activity may resume for typically developing adolescents
- Regular weigh-ins with therapist at the beginning of each session
- Adolescent development issues addressed
- Therapist supporting families to reintegrate age appropriate socialization and activities
- Therapist facilitating families to support the child with utilizing positive coping skills and re-establish age appropriate responsibilities for all meals
- Therapy focusing on identifying potential signs or symptoms of a lapse or relapse with eating disorder and creating a relapse prevention plan

References

Le Grange, Daniel PhD & Anderson, Kristen, LCSW. 6 September 2019. *Family-Based Treatment for Adolescent Anorexia Nervosa.* Presentation, Chicago. Train2Treat4ED.com. Training Institute for Child and Adolescent Eating Disorder Behaviors.

Lock, James, MD, PhD and Le Grange, Daniel PhD. (2015). *Treatment Manual for Anorexia Nervosa: A Family Based Approach (2nd Ed*). The Guilford Press.