

Family-Based Therapy for Eating Disorders

Adapted from Family-based Treatment of Adolescent Anorexia Nervosa: The Maudsley Approach

PRINCIPLES



Origin unknown

We don't have to know why the eating disorder started. We focus on the present, not on rewriting the past.



Focus on symptoms

Food is medicine. We work to reverse dysregulated eating patterns & malnourishment. If we address behaviors, we can shift thoughts.



Parents in charge of refeeding & monitoring

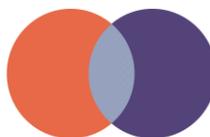
Parents & guardians make decisions about when and where to eat. They provide meal support, encouragement, supervision, and set limits and consequences. When necessary, weight restoration of 1-2 pounds each week is expected. Parents don't have to eat the exact amount as their child does. But it may be best to avoid food for weight loss. It's important that teens see that all foods can be healthy in moderation.

Parents don't have to be perfect. You already have what you need to provide love, consistent support, and supervision.



Collaboration

Parents are the experts on their children and work hand in hand with their treatment team.



Externalize the eating disorder

The eating disorder is an external invader attacking the teen's health. When ill, the teen often lacks insight into how it is interfering with life and the capacity to stop it on their own.

THREE PHASES

Phase 1. Parents in driver's seat. All life stops until the eating disorder stops. Teens with eating disorders involved in exercise, sports, and independent activities must have these put on pause until the eating disorder is addressed. Sometimes parents worry that their young adult is not the right age for FBT because they are in college; but, parents can still set limits and guidelines for eating after their child turns 18. Address the eating disorder as soon as possible.

If a parent is also facing an active eating disorder or if a family is facing domestic violence or emotional abuse, FBT may not be the right treatment.

If a teen is experiencing self-harm or suicidal ideation, individual therapies such as DBT are often included earlier.

Phase 2. Teen helps steer. After weight restoration (if necessary) or when the eating pattern returns to normal (3 meals, 2-3 snacks each day, diverse foods), the teen can start to choose meals & snacks.

Phase 3. Age-appropriate independence. This occurs when the teen can demonstrate independence and family members can trust his/her decisions. The goal is to return to developmental challenges of their age.



Resources:

FBT Training Institute: <http://train2treat4ed.com/for-parents>

FEAST: feast-ed.org Maudsley Parents maudsleyparents.org