**Understanding Family Based Treatment for Anorexia Nervosa**

**Family Based Therapy (FBT) is an outpatient treatment for:**

* Adolescents and young adults who have (or are developing) anorexia nervosa
* Adolescents and young adults who live at home with their families
* Patients with an illness duration of less than 3 years

**Background and Evidence:**

Anorexia Nervosa is a serious and life threatening psychiatric condition characterised by extreme weight loss caused by behaviours of dieting/food restriction and/or excessive exercise to the point of self-starvation, which may result in death. Due to the irrational fear of weight gain an individual develops inappropriate eating habits or rituals and compensatory behaviours in an effort to “burn off” calories. Sufferers may display an obsession with having a thin body and often have a distorted body self-perception; seeing themselves as fat when they are clearly underweight.

Anorexia occurs in approximately 0.5% of females and in only 0.05% of males, with the average age of onset in early to mid adolescence. However, younger and older adults may also present for treatment.

Family treatment for anorexia was first developed and evaluated by clinicians at the Maudsley hospital in England in the 1980’s. This is why FBT is sometimes referred to as the “Maudsley Approach”. In 2001, FBT was manualised by Professors James Lock and Daniel Le Grange. Their initial evaluations showed FBT had good outcomes for treating young people with Anorexia. When compared with another outpatient “talking treatment” FBT showed significantly faster and more stable, sustained rates of recovery. A subsequent larger multisite, randomised study these results were replicated with FBT significantly outperforming an individually focused adolescent treatment.

There is no evidence supporting hospital weight restoration, or specialist residential treatments as effective alternatives to outpatient family based treatment for young people. Internationally FBT is now recognized as the gold standard recommended first line treatment for young people with Anorexia Nervosa living at home with supportive parents. Scotland has invested heavily in training clinicians in this approach and making this treatment more widely available.

**Principles of FBT:**

* FBT is a non-blaming and solution focused approach designed to empower families to work effectively together and help return their child/adolescent to full physical and psychological health as quickly as possible.
* FBT is a 3-phased treatment with the initial 2 phases highly focused on weight restoration and the management, by parents, of behaviours influenced by anorexia.
* Parents are viewed as best placed to take charge of the decisions around food and exercise in the first stage while the adolescent is under the influence of the distorted cognitions of the illness. It is not their fault that they thinking this way and they may not even realise/agree that their thoughts are distorted (ego syntonic nature of anorexia). When the adolescent can consistently demonstrate they are ready to make healthier choices treatment move into the second phase and parents can then gradually hand responsibility back to the young person.
* The illness is considered as separate from the young person. As the adolescent starts to recover they are supported and encouraged to distance themselves from anorexia, to reconnect with school, their peers, interests and life goals but in a safe and measured way and at a pace directed by parent(s).
* It is the therapist’s job to educate the whole family about the dangers of anorexia, to help them understand and respect the young sufferer’s dilemma whilst consulting to the parent(s) in order to help guide them to work effectively in unison against the illness.
* The therapist supports the parent(s) to set clear and consistent expectations that are monitored and adhered to. Making lifesaving changes can be strongly resisted by the anorexia part of the adolescent. The therapist helps the parents persevere and persist in spite of this resistance and to calmly support and encourage the healthy part of their child.

**What about addressing the cause of the Anorexia?**

FBT therapists are respectful of some peoples wish to understand what might have caused the eating disorder. However, the direct causes for anorexia are unknown. We do know that it is a complex interaction between genetics and environment and that focusing on finding ‘the cause’ can waste precious time. FBT deliberately focuses away from notions of causation and firmly towards helping families find the solution to the immediate and life-threatening problem that they are facing. Once the young person is safe and away from the grips on the illness, any other issues that may affect the young person’s wellbeing can be explored.

**Why focus on re-feeding first?**

Malnutrition has devastating psychological as well as physical effects. The Minnesota Semi-Starvation Study offers insight into the ways in which malnutrition affects mental as well as physical health. Many of the psychological symptoms commonly seen in anorexia nervosa, including depression, anxiety, social isolation and obsessive thinking, are the result of malnutrition.

Read more about it here:

<http://www.possibility.com/wiki/index.php?title=EffectsOfSemiStarvation>

<http://gunpowder.quaker.org/documents/starvation-kalm.pdf>

In the first phase of Family Based Treatment, parents work together to make sure their child eats enough and that the anorexia behaviours are extinguished. Once weight restoration is nearly accomplished, a recovering child is usually much more able to return to healthy independent eating and get on with his or her normal teenage life. Good nutrition and return to normal eating habits will help reverse both the physical and the psychological effects of anorexia.

**How do we feed someone who won’t eat enough?**

This can be a very challenging task and one that every family manages differently. There is no prescription or “right” way that works for everyone. Your FBT therapist will first observe and then guide your re-feeding efforts so you can find a solution that works for your family. Adults working together consistently with persistence and a determination to stick to the re-feeding task are more likely to have children that progress well in this treatment.

**But my son/daughter gets so distressed – is this supposed to happen?**

It goes against all your parental instincts to distress your child. But there is no way of avoiding the inevitable distress that will occur while you child is having to eat more and gain weight. The fear that your child feels will be real and they will need support to ‘get through it’. Battling the hold the illness has over your child will take compassion, calmness, strength and persistence. You may not be able to avoid the distress but it can be lessened. Finding what strategies work for you child will be another focus of the FBT sessions. Most families report that levels of distress quickly lesson once the parents have clear boundaries and support with empathy in place for their child.

**What about returning to school and exercise?**

Whilst you are learning how to support your adolescent eat enough to stay well we would normally recommend you take a few weeks away from work and they from school. Returning to activities too soon or too intensely after becoming unwell can be unsafe or detrimental to progress. If the active adolescent is not eating enough to compensate for increased activity or is left unsupervised it can lead to an increase in counterproductive anorexic behaviors. This usually shows up as weight loss. Any increase in activity or exercise will require proportionately increased nutrition intake. Some forms of solitary exercise and conditioning can promote anorexic thinking patterns and these are best avoided. Gyms can promote unrealistic body ideals, which can hinder recovery. Returning to school and exercise at the right time and when it is safe can also promote recovery. In FBT making decisions about returning to school, exercise and increasing nutrition is the responsibility of parents but guidance and consultation is offered by FBT therapist and the medical team.

**The Goals of FBT for Anorexia Nervosa:**

* Empowering parents to take charge and work together in support of the healthy adolescent and against the illness
* Correcting malnutrition and it’s impact of on physical and psychological health
* Full weight restoration at a rate of 0.5 - 1kg/week
* To prevent the young person from engaging in anorexic behaviors and therefore reduce reinforcement of distorted thinking patterns
* To normalise eating and exercise habits

**FBT is an intensive treatment, to maximize its success:**

* ***Weekly attendance:*** Weekly attendance of the whole family, including both parents and siblings living in the home.
* ***Weight restoration:*** Commitment to the young person’s timely weight restoration to ideal body weight as recommended by the treating medical team
* ***Making sacrifices:*** The therapy requires great dedication and persistence on the part of parents to do what is necessary to help their starving child. This may include taking time away from work, setting aside other pressing issues, and forgoing expected activities for a period
* ***Sibling involvement:*** This treatment involves the whole family. It may require that siblings miss school or other activities to assure their attendance
* ***Taking charge:*** Parents take complete charge of eating, exercise and other activities for the young person, until the young person is able to begin taking responsibility again.
* ***Duration:*** On average treatment takes approximately 20 sessions over a period of 1 year

**Medical Monitoring:**

All young people with anorexia nervosa undergoing outpatient treatment require medical monitoring. Family based treatment cannot be undertaken safely without this.

There are many possible short-term medical complications of anorexia, such as:

* Death
* Sudden collapse (syncope)
* Seizures
* Heart problems
* Bone marrow (immune system) insufficiency
* Dehydration
* Hypothermia

Other problems can emerge over the medium to long term

* Infertility
* Osteoporosis
* Growth retardation
* Psychiatric problems including depression and suicide

The risk of many of the above problems reduces significantly with weight recovery. Early recognition and treatment of symptoms is essential to prevent short and longer-term complications.

Blood tests, blood pressure, pulse, temperature, hydration and weight will be regularly monitored.

**Recommended Reading:**

Help Your Teenager Beat an Eating Disorder – **James Lock, Daniel Le Grange**

Anorexia and other eating disorders – how to help your child eat well and be well –**Eva Musby**

**Surviving FBT – Skills Manual for Parents undertaking Family Based Treatment for Child and Adolescent Anorexia Nervosa – Maria Ganci**

Brave Girl Eating – **Harriet Brown**

Decoding Anorexia – **Carrie Arnold**

My Kid is Back- **June Alexander & Daniel le Grange**

Eating with your Anorexic, A Mother’s Memoir – **Laura Collins**

Throwing Starfish across the Sea – **C Bevan & L Collins**

All books are available:

www.amazon.co.uk

**Other resources for parents:**

[www.maudsleyparents.org](http://www.maudsleyparents.org)

<http://evamusby.co.uk/anorexia-help-your-child-eat-with-trust-not-logic/>

<http://evamusby.co.uk/videos-eating-disorder-anxiety-child/>