Supporting Your Patient Through

Family Based Treatment for Eating Disorders

A Guide for Healthcare Providers

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FAMILY BASED TREATMENT OVERVIEW

Family Based Treatment, also known as Maudsley or FBT, is an **effective, evidence-based therapy for the treatment of pediatric eating disorders.** It is offered to patients and their families in an outpatient setting. Sessions normally occur once per week for about six months.

While FBT is widely considered to be the standard **first-line treatment** for Anorexia Nervosa in children and adolescents, we have found that it can be modified to effectively treat Bulimia Nervosa, Binge Eating Disorder, Anorexia Nervosa, and subclinical eating disorders in children, adolescents, and emerging adults.

FBT **prioritizes patient health and safety** by supporting nutritional rehabilitation before attempting to address underlying issues such as coping skills and self esteem. Research supports this method in **offering patients the best chance at a full recovery from their eating disorder.**

Family Based Treatment takes place over three phases, and begins with **supporting parents** in their efforts to provide nutrition rehabilitation at home.
As the patient stabilizes, treatment gradually shifts to **individual therapy** that addresses underlying issues and co-occurring diagnoses such as mood and anxiety disorders, body image, identity, trauma, and other psychosocial problems.

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THE 3 PHASES OF FAMILY BASED TREATMENT

Phase I

Parents Provide Monitoring & Support

A child or adolescent who is undernourished is at risk for a number of physical health problems and even death. Therefore, **FBT prioritizes nutritional rehabilitation before addressing the social and psychological factors that underlie the eating disorder.** The therapist provides parent education and suport to facilitate parents renourishing their child in the home environment. For many families, **full participation in Family Based Treatment can eliminate the need for a higher level of care.** Phase I typically lasts a few months.

During Phase I, parents

- Choose and portion their adolescent's meals and snacks (often in consultation with a Registered Dietitian)
- Eat all meals and snacks with their adolescent, or make arrangements for a close adult to eat with them.
- Supervise their adolescent to make sure they are not exercising, vomiting, or engaging in other behaviors that can interfere with renourishment

Phase II

Adolescent Return to Independence

As your patient's health is restored, we often find that he or she is generally happier, more cooperative, and less resistant to eating. During this phase, the therapists supports the family in gradually handing independence with food back to their adolescent. During Phase II, the adolescent may begin to work one on one with a Registered Dietition and can begin to make appropriate food choices based on their individual preferences. The adolescent may begin to eat lunch in the school cafeteria and eat socially with friends. Throughout Phase II, the adolecent and their family continue to be followed closely by members of their outpatient team.

This phase is usually the shortest, and can happen simultaneously with Phase III.

Phase III

Individual Therapy

During Phase III, the therapist will continue to support the family as a whole, as well as the adolescent individually.

In this phase, therapy addresses

- Issues and co-occurring disorders that underlie the eating disorder, such as depression, anxiety, trauma, and social or family problems
- Body image, identity, and self esteem
- Management of eating disorder thoughts and urges
- Coping skills to deal more effectively with life's challenges
- Relapse prevention to protect the investment the adolescent and their family have made in their recovery

MEDICAL MONITORING

Partnering for your patient's safety and health

Determining the Right Level of Care

Before committing to Family Based Treatment, we ask each patient to visit their physician to obtain medical clearance for outpatient therapy. Additionally, we require each patient to see their doctor regularly to ensue that they remain medically stable throughout their treatment.

To assist in determining whether your patient is appropriate for outpatient care, we request that they complete the following tests:

- Complete blood count
- Comprehensive metabolic panel to include electrolytes, renal function tests and liver enzymes
- Electrocardiogram (ECG)
- Thyroid hormone testing
- Gonadotropins (LH and FSH) and sex steroids (estradiol and testosterone)
- Erythrocyte sedimentation rate (ESR)
- Prealbumin

Helping Your Patient to Achieve a Healthy Weight

We understand that BMI alone does not provide all of the information needed to determine the best health outcomes for every individual. We partner closely with each patient's physician to determine a target weight range that is right for them, based on a number of factors:

- Patient growth charts and individual historical data
- Medical stability
- Tanner Stage and nutrition required for continued healthy growth and development
- The weight at which the psychological effects of undernourishment subside. As your patient achieves nutritional rehabilitation, we typically expect to oberve:
    - Improvement in mood symptoms
    - Decrease in obsessive thoughts about food and body image
    - Increased cooperation with meals and snacks
    - Greater flexibility with food choices

FOR REGISTERED DIETITIANS

During Phase I, many parents find that they are more confused than they had anticipated about what and how to feed their adolescent. Questions about how many calories their child needs and what constitutes an appropriate portion size can be addressed by a qualified Registered Dietitian. A Registered Dietitian can also help the family with ideas for meals and snacks and can answer questions that are specific to their child's individual nutrition needs.

During Phase I, we recommend that parents consult on their own with the Registered Dietitian. As their child regains independence with food in Phases II and III, it may make more sense for the Registered Dietitian to meet with the adolescent individually.

Why Weigh?

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The question of open weights vs. blind weights has always been debated among eating disorder treatment professionals. In general, FBT supports openly sharing weight data with the adolescent and their family.

We do this for several reasons:

1. It is important that the adolescent develop a tolerance to seeing and knowing his or her weight. Throughout their lifetime, they will be repeatedly exposed to this information (sometimes without warning) and it is important that they are able to see it from a factual, rather than emotional, perspective.
2. Keeping the adolescent's weight a secret from them often causes more emotional distress and a feeling of being out of control. They may obsess more about the number and try to find it on their own. They may discover their weight on their own, when no one is there to support them in coping with their reaction.
3. Your patient knowing their weight helps them to be part of their recovery process and take responsibility for their health.

Of course, every situation is different. For example, patients who have participated in different treatment programs may have negative experiences around knowing their weight. The adolescent may not currently know their weight and may not be ready to process this information. If you have concerns about your patient knowing their weight, please let us know. We can work together to formulate a plan for gradual exposure or we may decide to delay sharing this information with the patient.

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Expert Eating Disorder Care, Close To Home

Christine Knorr Psychotherapy Associates provides in-person and online treatment to those in Rockland County, NYC, Upstate NY, and surrounding areas. We provide specialized therapy for people with eating disorders and related conditions, including mood and anxiety disorders, trauma, substance abuse, adolescent mental health, and women's issues.

Our holistic, individualized approach recognizes all aspects of your patient's mental, physical, and spiritual health. We work closely with healthcare providers to ensure wrap-around care that prioritizes the health, safety and progress of those we serve.

In addition to Family Based Treatment, we offer a variety of approaches to address each individual's unique needs.

Our appraoches include:

- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavior Therapy (DBT)
- Psychodynamic Psychotherapy
- Play Therapy
- Solution-focused and skills-based therapy
- Education, prevention, and early intervention

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PSYCHOTHERAPY ASSOCIATES

Our Services

- Individual therapy
- Groups
- Family Therapy
- Meal Support
- Mind-body work (yoga, meditation, mindfulness)
- Case management and multidisciplinary team care coordinatiron
- Classes and workshops
- Professional consultation with providers

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