

Family Based Treatment (FBT)

What is FBT?

Family based treatment (FBT) is a treatment option for children and adolescents with an eating disorder who are living at home with family. FBT is currently the most promising treatment for children and adolescents with anorexia nervosa, and may also be suitable for some young people with bulimia nervosa. FBT is often referred to as the Maudsley Approach or Maudsley Family Treatment.

This treatment model relies heavily on parent and family involvement in re-feeding their child, using specific amounts of foods and scheduled mealtimes throughout the day. FBT centres around the idea that a young person needs to regain weight to restore normal thinking and functioning, and focuses strongly on weight restoration rather than the psychological aspects associated with this mental illness. FBT does not imply that families are responsible for the development of the eating disorder, but acknowledges that every family has issues that are difficult to deal with, and that the family can work together to help overcome these issues.

Who is FBT suited to and who is involved in the therapy?

Research has shown that FBT can be more effective than individual therapy when working with younger patients, and as such it is suitable for children

and adolescents. The individual and their family work with a team of health professionals, including a doctor, psychologist/counsellor and dietician, to ensure they are supported and following the treatment model effectively.

The responsibility for re-feeding a child can be labour-intensive, time-consuming and exhausting for families, particularly in the beginning stages of FBT. Parents or carers are effectively “on duty” all day for ensuring their child eats the required meals and snacks, and be on hand to distract or prevent their child from engaging in self-destructive behaviours such as compulsively exercising or purging. It is important that carers are supportive of each other and offer a united front. Eating Disorders Victoria offers support services for carers including support groups, psychology services, workshops, telephone support and more. You can discuss carer support by contacting our Helpline on 1300 550 236.

How is FBT structured?

FBT is structured in three distinct phases: (1) weight restoration, (2) restoring control of eating to young person, and (3) returning to normal adolescent development. This is achieved in three phases over a 12-month period. It is important to remember that therapy works differently for everyone and time frames can often be reduced or lengthened due to a variety of factors.

Carers are reminded to consult with health professionals and seek out support during all phases of treatment.

PHASE 1: RE-FEEDING

This phase focuses on weight restoration and a return to normal eating patterns, achieved by coaching parents/carers to combat their child's food refusal in a firm and consistent way. Siblings can have an equally important role providing support and encouragement to their sister/brother.

PHASE 2: TRANSITION CONTROL OF EATING BACK TO THE ADOLESCENT

In this phase, the focus is on encouraging parents/carers to help their child take more control over eating. This is achieved through negotiated trial periods where the young person is responsible for their eating.

PHASE 3: RETURNING TO NORMAL DEVELOPMENT

Phase 3 of treatment shifts to the establishment of a healthy adolescent identity that is free from anorexia. At this point, the young person has achieved stable weight and is eating independently.

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Where is FBT available?

You can contact your local Child and Adolescent area Mental Health Service (CAMHS) or Child and Youth Mental Health Service (CYMHS) to discuss accessing FBT via the public mental health system in Victoria. Some private practitioners also offer FBT. A team of professionals will be assigned to your family for the duration of the treatment.

It is also possible to participate in FBT by compiling your own team of private practitioners. These healthcare professionals must be able to work together and keep in close contact, as well as have experience using FBT.

How long does FBT take?

In most cases, the treatment has 3 phases over a period of 6-12 months. FBT can be experienced by families as challenging and exhausting (particularly in the early stages), but parents and families are encouraged to keep persisting and communicate their concerns back to their treating team.

What are the challenges involved with FBT?

With every treatment option, difficulties arise - and FBT is no different. Below is a list of common difficulties:

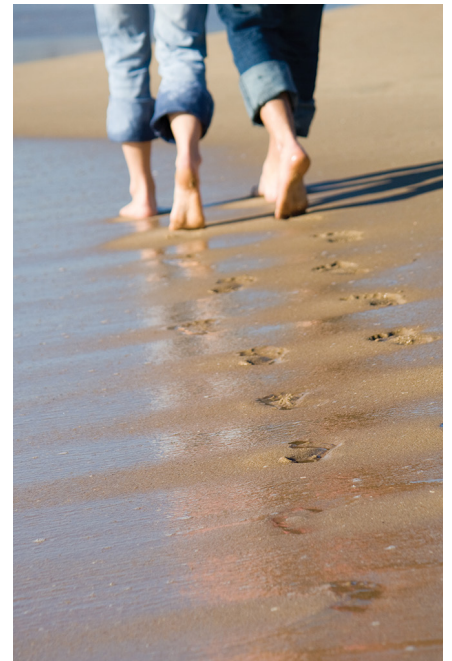
- One person needs to be at home with the young person at all times, which can create difficulties around work, managing family finances and attending to needs of other children.
- Specific dietary advice is not provided as part of this treatment, as FBT believes parent/carers know

their child best and will know how much their child needs to eat to gain weight. Parents/carers may report losing confidence in feeding their child, who have often had a distorted relationship with food for a long time.

- Recovering from an eating disorder is different for everyone, and some parts of FBT may work for your family, while others might not. It is important to feedback your concerns about the speed and success of FBT with your treatment team.
- Parents and family members may find it difficult to take time out for self-care and manage relationships that do not involve the young person with the eating disorder
- The focus on weight restoration in FBT doesn't specifically address issues such as anxiety or depression, which may be having a significant impact on the young person's life.
- Families find the whole process very tiring and frustrating and often want to try something else before they have given FBT a proper chance.
- Families may feel it isn't working because their loved one is finding the treatment style difficult.

How EDV can help

Contact the EDV Helpline: call 1300 550 236, email help@eatingdisorders.org.au or drop into our office between 10am-3pm, Monday to Friday. We can assist you with



further information on public mental health services, private practitioners who offer FBT, supports for carers and other family members, and other relevant programs and services.

References

- Lock, J., Le Grange, D., Agras, W. S., C. Dare. 2001. Treatment manual for anorexia nervosa: A family-based approach. New York: Guildford Publications, Inc.
- Eisler, I., Dare, C., Hodes, M., Russell, G., Dodge, E., and D. Le Grange. 2000. Family therapy for adolescent anorexia nervosa: the results of a controlled comparison of two family interventions. *Journal of Child Psychology and Psychiatry*, 41, 727-736.; Le Grange, D., Eisler, I., Dare, C., and G. Russell. 1992. Evaluation of family treatments in adolescent anorexia nervosa: a pilot study. *International Journal of Eating Disorders*, 12, 347-357.
- Le Grange, D., Binford, R., & Loeb, K. Manualized family-based treatment for anorexia nervosa: A case series. *Journal of the American Academy of Child and Adolescent Psychiatry*, 44, 2005, 41-46.