



Family Based Therapy: Information for Consumers, Carers, and Professionals

What is Family Based Therapy (FBT)?

FBT is an intensive outpatient treatment for children and adolescents with recent onset (less than 3 years) anorexia nervosa (AN). FBT places parents at the centre of the young person's recovery by charging them with the task of "renourishing their starving child". The family is supported by an FBT clinician along with a medical practitioner, who monitors the young person's physical health. When treating eating disorders, families are a professional's greatest ally.

The Evidence for FBT

Evidence has accumulated for 30 years that the most effective treatment for adolescents is FBT, where the focus is on renourishment and the impact of AN on the family.* Research has shown FBT (sometimes known as "Maudsley Method") is more effective over short- and long-term follow-up than individual or inpatient treatment.

The Urgency of FBT

AN is a life-threatening illness with the highest morbidity of any mental health problem; it requires urgent, expert treatment. To reverse the effects of starvation, parents will need to insist their child does things they find highly distressing (such as eating more and regaining weight). Only 10-15% of adults with AN achieve full remission in the long term so it is essential to respond tenaciously in young people with AN to prevent a chronic illness.

What Happens in FBT?

FBT supports parents to renourish their starving child, before helping their child to regain age-appropriate control over their eating, and get 'back on track' developmentally. The whole family (young person, parents, siblings) attends each session (initially 1-2 per week). The young person is also seen individually and weighed at each session.

The Phases of Treatment

FBT has three phases (about 20 treatment sessions) which are delivered over a 12 month period.

Phase 1: The first phase focusses on empowering parents to work together to renourish the young person. Due to the physical impact of starvation on the brain, the young person is not able to make healthy and appropriate decisions regarding their eating at this time. All meals are prepared and supervised by a parent and physical exercise is limited. This is necessary because the eating disorder

will make it difficult for a young person to willingly eat. Parents foster a compassionate, persistent and firm expectation that the adolescent eat a sufficient (often large) amount of food, in order to reverse the state of starvation.

The FBT clinician works with the family to discuss the impact of the illness, to provide education about eating disorders, and to understand and manage the young person's fear and distress during meal times. Siblings provide a crucial role in supporting the young person - this can be as simple as offering a hug or watching TV together. Sibling relationships have often been disrupted by the illness and require some repair. Phase 1 is typically the most challenging phase of treatment for the family.

Phase 2: Once the young person is eating adequately and with minimal parental prompting, and has regained sufficient weight, we will encourage parents to gradually return responsibility for eating, food, and exercise choices to the young person.

Phase 3: When the young person is maintaining a stable, healthy weight, and eating normally, the focus of treatment shifts to other issues that have been disrupted by AN. Phase 3 aims to ensure the young person is 'back on track' developmentally, and engaging in normal, adolescent activities. Relapse prevention and ending treatment are also discussed.

What FBT is not...

- FBT does not focus on how AN developed but on addressing current life-threatening behaviours
- FBT does not blame anyone for the development of AN. AN is seen as separate from the young person, and guilt and blame within the family are explicitly addressed.
- FBT is not about being unnecessarily harsh or restrictive. The clinician works with parents to manage the distress of the young person and hand back responsibility for eating as soon as possible.
- FBT does not damage family relationships. Most families report better relationships when AN is no longer in the family.
- FBT is not incongruent with the young person's stage of development in the long-term. Parental responsibility for renourishment is temporary and young people often reflect in retrospect that they feel grateful their parents were able to fight the illness for them so they can return to a full life.

*<https://www.ranzcp.org/Files/Resources/Publications/CPG/Clinician/Eating-Disorders-CPG.aspx>

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