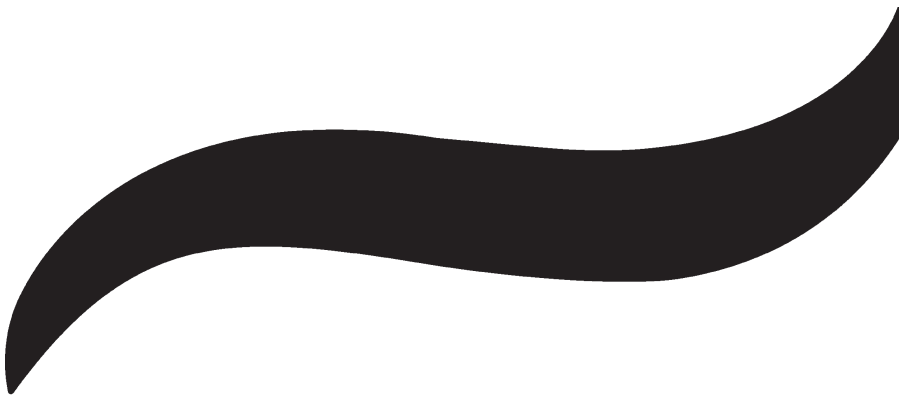




Family Based Treatment for Eating Disorders

Information for patients and their families
CAMHS



WHAT IS FAMILY BASED TREATMENT?

Family Based Treatment (FBT) is short-term outpatient treatment for Anorexia Nervosa, or other serious eating disorders, where there is weight loss or dietary restriction. The aim is to return the young person's weight to their normal development trajectory within a healthy range.

FBT was originally developed in the early 1980's at the Maudsley Hospital in London, as a treatment for Anorexia Nervosa. It was then manualised by James Lock and Daniel Le Grange in 2001 and research studies have identified FBT as the first line treatment for Anorexia Nervosa in children and adolescents.

PRINCIPLES OF FBT

The family is seen as the key resource to the young person and the people most invested in their child's recovery. You as parents are experts on your child, so you are in a unique position. You know and love your child the most and so your son or daughter is likely to respond most to you.

The causes of eating disorders are unknown, so the focus is on treatment, not on any possible causes. A helpful analogy may be to think about if your child was diagnosed with cancer, when the treatment would focus on cure, not cause. With Anorexia Nervosa, a similar approach is taken.

The family play an active role in treatment with support and consultation from a trained FBT therapist. There are three main stages that focus on:

- 1) Parents take temporary control of the young person's eating and daily activity until weight is restored to a healthy level.
- 2) The young person gradually takes back control for eating and maintaining a healthy eating pattern, with support.
- 3) The remaining phase of treatment focuses on a return to healthy living and supporting the young person with any developmental issues.

RESEARCH FINDINGS

There have been limited research studies into effective psychological treatments for Anorexia Nervosa (AN) (Le Grange and Lock, 2005) and seven studies focusing on FBT for young people with AN. These studies all showed very positive findings with 2/3 of people having recovered at the end of FBT (less than one year treatment duration) and follow-up at five years showed 75 to 90% recovery rates. Research into carrying out FBT via video is very modest so far, but encouraging.

OUTLINE OF TREATMENT

FBT consists of up to 20 treatment sessions for the young person and their family, including siblings, over a period of 12 months, with the frequency of sessions reducing over time. These appointments may take place in person at the CAMHS clinic or via video call using NHS Lanarkshire Near Me facilities. Prior to engaging in FBT, an individual will have one or two assessment sessions with family members to assess health and discuss treatment recommendations. FBT is offered to families, and families choose whether or not to opt-in to treatment.

PHASE 1

- ❖ Weight Restoration Phase
- ❖ The Family Meal. We will ask you to bring a meal along to a session, so that we can support you to find the best way for you as parents to take back control of managing food intake.
- ❖ Discussion of the dangers and high mortality rates associated with AN (highest mortality rate of all psychiatric disorders with this increasing by 1% for every year that AN is present).
- ❖ Recognition that AN dramatically changes a person's relationship with nourishment. Whilst AN is in control, young people are unable to make sensible choices about food.
- ❖ Support the young person to eat more than AN wants them to.
- ❖ Externalise the illness from the person. The young person is not to blame, AN is causing the difficulties.
- ❖ Parents support the young person at every meal and snack.
- ❖ Parents unite in the fight against AN. You need to stay on the same page and not allow AN to divide you.
- ❖ Parents consider current daily physical activity and make decisions on what is appropriate. Reduce or eliminate excessive exercise and help stop behaviours that keep AN going. Should your child have time off school?
- ❖ Siblings provide support, comfort and understanding during this trying time. It is not their job to renourish their sister or brother.
- ❖ Age appropriate autonomy is encouraged in every other aspect of life.

PHASE 2

- ❖ Focus on a return to independent living. A process of learning how to eat socially, such as out in public and with flexibility .
- ❖ The young person is accepting the need for regular nutrition and is displaying less distress and difficulty with eating/weight/shape.
- ❖ Young person gradually takes back control for eating and maintaining a healthy weight.
- ❖ Weight is restoring at an appropriate pace.
- ❖ Increased social activities now health is restored (physically).

PHASE 3

- ❖ A return to healthy living.
- ❖ Starts when adolescent is maintaining at least 95% weight for height.
- ❖ Recovery means gaining health not just gaining weight.
- ❖ Two or three sessions for families focussing on young person/adolescent issues and returning to normal developmental trajectory.
- ❖ Increased personal autonomy.
- ❖ Parents adjust to changes in their relationship/roles, as child/young person is growing up.

BOOK RECOMMENDATIONS

“Help your teenager Beat an Eating Disorder” by James Lock, J & Daniel Le Grange

“Brave Girl Eating” by Harriet Brown

“Decoding Anorexia” by Carrie Arnold

“Goodbye ED, Hello Me” by Jenni Schaefer

Websites

<http://www.maudsleyparents.org/whatismaudsley.html>

www.eatingwithyouranorexic.com

www.feast-ed.org

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