

Overview of Family-Based Treatment



What is Family-Based Treatment?

Family based treatment (FBT), also called the “Maudsley approach,” is a specific type of intensive outpatient treatment that is considered the gold standard for treatment of restrictive eating disorders among teens. FBT is based on the understanding that eating disorders take over teens’ thoughts and behaviors and prevent them from making rational and healthy decisions about food, exercise, and their body. Given the power that an eating disorder can have over a teen’s choices, FBT requires that parents play an active role in helping their teenager restore weight and normalize their eating habits. FBT is divided into three phases in order to gradually return control to teenagers when appropriate.

What are the Phases of FBT?

1. Weight Restoration:

Since malnutrition has many negative medical, emotional, and cognitive consequences, restoring weight is the first priority. Research studies have found that the sooner that teens with eating disorders are able to treat malnutrition and restore weight, the greater their likelihood of fully recovering from their eating disorder.^{1,2} To support weight restoration, FBT requires parents to prepare and serve their teen meals and snacks that are consistent with family preferences and with what their teen enjoyed eating before their eating disorder. A doctor and dietitian who specialize in eating disorders can meet with parents to discuss a teen’s energy needs and the amount and rate of weight gain recommended during this phase.

2. Returning Control over Eating to the Adolescent:

Once the teen’s weight is restored through parent-managed meals and snacks, the teen may be ready for phase two. In this phase, parents begin to transition control over eating and exercise back to the teen. For example, parents may allow the teen to portion their own veggies at dinner or allow them to choose whether they would like cookies or chips for a snack. Parents continue to provide support and supervision during this time.

3. Establishing Healthy Adolescent Identity:

This phase begins when weight stabilizes within a normal, healthy range based on teen’s development and when eating and exercise are normalized. Teens gradually gain more autonomy and develop a healthy relationship with parents without their disordered eating being central to their interactions. For example, teens are able to enjoy eating and engage in conversation with friends and family without thoughts about food, nutrition, or their body impacting them in this final phase.



Is FBT for Me?

FBT is considered the first-line of psychological treatment for adolescents or young adults living at home with anorexia nervosa and also for some with bulimia nervosa. However, there are situations when FBT may not be a good fit for teens and their families. For example, teens with OCD, parents who are unable to be involved during meal times, and parents with a history of eating disorders can make FBT challenging. Your teen's eating disorder team can discuss with you further whether FBT may be a good fit for your teen and your family.

How Could a Dietitian Help with FBT?

A therapist who specializes in FBT will work with teens and their families through each phase of FBT. In addition, a registered dietitian nutritionist who specializes in eating disorders can be a consultant to parents during different stages of their teen's eating disorder recovery.

Here are a few ways that a dietitian could support parents during FBT:

- Provide strategies for nutrient-dense meals and snacks to support weight restoration
- Offer guidance on energy and nutrient needs
- Identify alternatives for teens with food allergies and intolerances or food preferences like vegetarians

Parent Resources- To Learn More:

Families Empowered and Supporting Treatment of Eating Disorders: www.feast-ed.org/

Support for Maudsley Parents: www.maudsleyparents.org/whatismaudsley.html

Lock J, Le Grange D. *Helping Your Teenager Beat an Eating Disorder* (2015).

Brown, H. *Brave Girl Eating* (2011)

"One Spoonful at a Time" article: www.nytimes.com/2006/11/26/magazine/26anorexia.html

Understanding Eating Disorders- Guide for Parents: youngwomenshealth.org/wp-content/uploads/2014/10/Understanding-Eating-Disorders-Parents.pdf

References:

1. Madden, Sloane, et al. "Early weight gain in family-based treatment predicts greater weight gain and remission at the end of treatment and remission at 12-month follow-up in adolescent anorexia nervosa." *International Journal of Eating Disorders* 48.7 (2015): 919-922.
2. Le Grange, Daniel, et al. "Early weight gain predicts outcome in two treatments for adolescent anorexia nervosa." *International Journal of Eating Disorders* 47.2 (2014): 124-129.