

# Family-Based Treatment

For Adolescent Eating Disorders



# Table of Contents

01

**Introduction to  
FBT**

02

**FBT Structure  
Overview: 3 phases**

03

**5 Tenents of FBT**

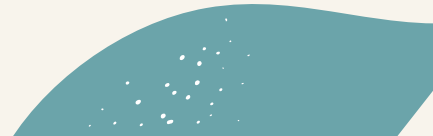


# What is Family-Based Treatment (FBT)

- Family-based Treatment (FBT) aka Maudsley Approach
- **leading evidence based treatment** for adolescents with ED's, recommended as first line treatment for outpatient care
- Relies on parent and family involvement in preparing, planning, scheduling and supervising meals throughout the day
- Central focus → weight restoration / establish balanced eating patterns, rather than on psychological aspects associated with ED



# Overview of FBT Structure



# Overview of FBT Structure

## COMPLETE PARENTAL CONTROL: "RE-FEEDING"

### PHASE 1

- Focus → **Rapid restoration of physical health** by parents/caregivers **making all eating-related decisions** for child until ED no longer influences behaviours and thoughts
- Continues until steady weight gain is achieved, or ED recedes



# Overview of FBT Structure

## PHASE 2

### TRANSITION CONTROL OF EATING BACK TO ADOLESCENT

- Parents **gradually** hand eating-related responsibilities back to adolescent to an extent appropriate for age and stage

## PHASE 3

### RETURNING TO NORMAL DEVELOPMENT

- Treatment focuses on establishing a **healthy adolescent identity** that is free from an ED



# Five Tenents of FBT

01

## Therapist holds an agnostic view of the cause of illness

- FBT does not focus on exploring cause of illness – **cause is deemed *unknown***
- Does not assign blame to parents or family, who may feel guilty for causing their child's ED

02

## Therapist takes a non-authoritarian stance in treatment

- In FBT, therapist is expert on ED and treatment, while parents are experts on their child and family
- Therapists provide guidance, suggestions etc. but decisions on implementing treatment is left to the parents

# Five Tenets of FBT

03

Parents are empowered to bring about the recovery of their child

- Confidence allows parents to be **firm** when encountering resistance from the child and their ED

04

Eating disorder is separated from the patient and externalized

- Therapist reminds parent that the **battle is against the ED** rather than the child who is seemingly overshadowed by the ED



# Five Tenents of FBT

05

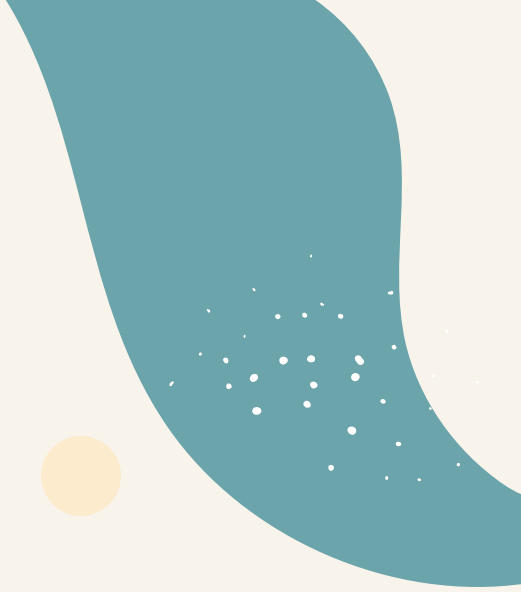
FBT utilizes a **pragmatic approach to treatment, with focus on the here and now**

- Therapist should stay focused on **symptom reduction** rather than other associated issues



# Summary & Conclusion

- FBT is **first line of treatment** for adolescents with ED, particularly for anorexia nervosa and bulimia nervosa
- **Parents** and families are the primary agents of change
- FBT is structured through **3 phases** and is built on **5 core tenets**



# References

Rienecke, R.D., Le Grange, D. The five tenets of family-based treatment for adolescent eating disorders. *J Eat Disord* 10, 60 (2022). <https://doi.org/10.1186/s40337-022-00585-y>

Nadeau, P. O., & Leichner, P. (2009). Treating Bulimia in Adolescents: A Family-Based Approach. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 18(1), 67–68.

Rienecke R. D. (2017). Family-based treatment of eating disorders in adolescents: current insights. *Adolescent health, medicine and therapeutics*, 8, 69–79. <https://doi.org/10.2147/AHMT.S115775>

Le Grange, D., Hughes, E. K., Court, A., Yeo, M., Crosby, R. D., & Sawyer, S. M. (2016). Randomized Clinical Trial of Parent-Focused Treatment and Family-Based Treatment for Adolescent Anorexia Nervosa. *Journal of the American Academy of Child and Adolescent Psychiatry*, 55(8), 683–692. <https://doi.org/10.1016/j.jaac.2016.05.007>

Medway M, Rhodes P, Dawson L, Miskovic-Wheatley J, Wallis A, Madden S. Adolescent development in family-based treatment for anorexia nervosa: Patients' and parents' narratives. *Clinical Child Psychology and Psychiatry*. 2019;24(1):129-143. doi:10.1177/1359104518792

Lock, J., Le Grange, D., Agras, W. S., Moyer, A., Bryson, S. W., & Jo, B. (2010). Randomized clinical trial comparing family-based treatment with adolescent-focused individual therapy for adolescents with anorexia nervosa. *Archives of general psychiatry*, 67(10), 1025–1032. <https://doi.org/10.1001/archgenpsychiatry.2010.128>