



Maudsley Family Based Treatment: What It Is and What to Expect

The decision to pursue treatment for your adolescent's eating disorder is a significant one. Given that parents frequently feel overwhelmed embarking on this process, your treatment team thought it would be important to offer you some background on FBT as well as a sense of what to expect along the way.

What is Maudsley FBT?

Your treatment team has chosen to offer FBT because research has shown it is the treatment of choice for adolescent (and pre-adolescent) restrictive eating disorders. Clinical trials have shown that this type of treatment is superior to traditional adolescent focused therapy in treating eating disorders. Additionally, studies have demonstrated that adolescents who achieve weight restoration through FBT maintain their healthy weight gain into the future, thus making them less susceptible to relapse. FBT is also an ideal alternative or follow-up to inpatient treatment for restrictive eating disorders given that it helps the adolescent heal within their own environment.

There are several key factors that differentiate FBT from other forms of treatment for eating disorders. FBT is based in the knowledge that restrictive eating disorders like Anorexia Nervosa are not just emotionally destructive, but life endangering. Given the short and long-term physical consequences of these disorders, FBT proposes that weight restoration must be approached as the first and most important goal of treatment. As such, the first premise of FBT is that food is the medicine that will help your child recover.

Yet, as you have likely seen, adolescents are very fearful when in the midst of their disorder. This is the second premise of treatment: the child you are seeing right now is not your child, but rather his or her illness. FBT challenges parents to see through their child's protestations and recognize these as the eating disorder.

In line with this, your child's brain is not currently healthy enough to undertake the process of refeeding on their own. Thus, another key premise of FBT is that parents are tasked with refeeding their child to health in the same way that that this process would occur in an inpatient unit. This means that parents provide support as well as the structure of meals of snacks, designating when, what, and how much their child needs to consume and maintains a stance of non-negotiability while doing so. Because parents care for and know their child the best, parents are viewed as key components of the treatment team, alongside the therapist and medical professionals (dietitian, physician, psychiatrist). The rest of the treatment team functions to educate the family, coach and empower the family, and support the adolescent as they move toward taking back control over their nutrition.

Given the emotional intensity and time-consuming nature of recovery through FBT, some families find that other areas of life must *temporarily* shift to accommodate refeeding. Parents find that altering work hours, travel, or even taking FMLA leave from work may be necessary for a time.

What Should I Expect?

In our experience, recovery through FBT typically takes six to twelve months of weekly appointments. The time it will take for your adolescent to recover will be dependent on a number of factors including: amount of weight to be restored, rate of weight gain, motivation of the adolescent, and underlying factors to be addressed. Each week, your adolescent will have a 45-60 minute appointment with the therapist and a 30 minute appointment with the dietitian. The focus and structure of these sessions will be determined by the phase of treatment that your adolescent is in.

Phase I: Refeeding Your Adolescent

The goal of phase one is to establish a consistent pattern of weight gain. Additionally, the second session of FBT is devoted to a staff supported picnic-style family meal that occurs at A New Beginning. During this phase, you can expect the following:

Nutrition Appointments:

- Participation at an in-session family picnic style meal
- Parent attendance at all appointments
- Weekly weight checks, body composition measurements as needed
- Education on your adolescent's caloric needs for weight restoration and/or growth
- Nutritional guidance on portions/meal planning
- Identification of, and food challenges associated with, trigger foods

Therapy Appointments:

- Parent attendance at all appointments
- In depth discussion and troubleshooting of meal and snacks
- Assistance separating the adolescent from the eating disorder
- Coaching/supporting of parents, siblings, and adolescents

At Home:

- Intense resistance from your adolescent particularly at meal and snack times
- Parental presence, guidance, and support at *all* eating occasions
- Your adolescent will engage in eating disorder behaviors if not monitored (restriction and/or exercise)

Phase II: Starting to Hand Over the Reins

The goals of phase two include maintaining overall parental control over food intake while slowly handing control back to the adolescent and beginning to return the adolescent to their appropriate developmental context. During this phase, you can expect the following:

Nutrition Appointments:

- Parent attendance at most appointments
- Weekly weight checks, body composition measurements as needed
- Laying out where the adolescent can start taking back appropriate control with food
- Aiding the ct in returning to social events involving food
- In-session food challenges to expose the adolescent to and overcome fear foods

Therapy Appointments:

- Parent attendance at many appointments
- Establishing and solidifying the adolescent's motivation independent of parents
- Processing anxiety associated with food challenges and weight changes
- Starting to explore underlying factors that set the stage for the eating disorder
- Use of cognitive behavioral and interpersonal therapy interventions to modify the adolescent's view of self/weight and to aid the adolescent in returning to age appropriate developmental processes

At Home:

- Occasional resistance from your adolescent particularly at meal and snack times
- Parental presence, guidance, and support at *most* eating occasions
- Your adolescent will still be tempted to engage in eating disorder behaviors if not monitored, but will be increasingly able to motivate themselves through these moments

Phase III: Returning to life as a healthier person

The goals of phase three include returning the adolescent to their appropriate developmental context, re-establishing balanced family dynamics, and resolving underlying concerns. During this phase, you can expect the following:

Nutrition Appointments:

- Occasional parent attendance at appointments
- Fine-tuning appropriate levels of activity for the adolescent
- Fine-tuning an appropriate weight maintenance calorie level
- Continued in-session food challenges to overcome fear foods

Therapy Appointments:

- Occasional parent attendance at appointments
- Monitoring of the adolescent's reaction to food challenges and weight changes
- Use of cognitive behavioral and interpersonal therapy interventions to modify the adolescent's view of self/weight and to aid the adolescent in returning to age appropriate developmental processes
- Relapse prevention: Discussion of how to manage future stressors without returning to disordered eating

At Home:

- Your adolescent will be able to initiate, portion, and eat their own meals/snacks
- Availability of parental support at eating occasions as needed
- Your adolescent will express age appropriate interests (e.g. peers, romantic relationships) and frustrations (e.g. curfew) and you will welcome this!