

Family Based Treatment

Family Based Treatment (FBT) is one way to treat an eating disorder. It is the treatment most commonly recommended in our clinic. Your therapist will discuss FBT and other treatments, and help you decide which one is right for your child and family.

Inside this booklet	Page
What is Family Based Treatment?	1
What are the main features of FBT?	2
What are the phases of FBT?	3
Who provides FBT?	5
What is the evidence for FBT?	6
What are the challenges with FBT?	7
What can make FBT successful?	7
Does my child also need individual therapy?	8

What is Family Based Treatment?

FBT is a parent-empowerment model that supports parents in disrupting the harmful behaviours that maintain an eating disorder.

FBT is an outpatient treatment that can be used successfully with Anorexia and Bulimia Nervosa.

FBT is most effective with children and teens that:

- ✓ are experiencing moderate to severe restricting, bingeing or purging (anorexia nervosa or bulimia nervosa)
- ✓ have had their illness for less than 3 years
- ✓ live at home with at least one parent

FBT focuses on the family's efforts to help their child overcome an eating disorder.

[Read more about FBT →](#)

For most families, FBT involves 20 therapy sessions over 1 year. FBT can be done together (everyone in the room for all sessions) or separately (half the sessions are with the child, the other half are with parents). Both methods are equally effective.

**All types of families can use FBT to restore their child's health.
Success is greater with their active involvement and support.**

What are the main features of FBT?

FBT focuses on changing behaviour

- We accept that we do not know the reason why the eating disorder developed.
- Instead of spending time and energy seeking a cause, parents focus on taking an active role in managing the problem their child is experiencing.

Parents take charge

- With FBT, we believe that only parents can intervene in a loving and supportive way to restore their child's weight and reduce eating disorder behaviours.
- Your child is unable to make decisions about food, weight and activity due to their illness. You will make these decisions until your child regains mastery over these aspects of their life.
- We encourage parents to work together to make decisions about feeding their child. FBT does not involve a dietitian or meal plans.

FBT involves the entire family

- FBT works best when all family members regularly attend sessions. We strongly encourage all family members who live with your child to be present, including siblings. Siblings provide help and support, and can make things feel normal during a difficult time.
- Each family member has a slightly different role to play, but each one a vital part of your child's support.

**Your child cannot manage this illness on their own.
That's why we ask for your active involvement and support.**

What are the phases of FBT?

1 Restoring your child's weight

Phase 1 focuses on re-nourishment. We will help you to take charge to:

- restore your child's weight and eating patterns
- eliminate excessive exercise
- stop behaviours that keep anorexia or bulimia going

We will ask you to set up an environment where eating is not only encouraged but expected. This means:

- monitoring meals
- providing longer times for meals to be completed
- providing and watching meals to make certain that a healthy amount and type of food is being taken in
- providing support and distraction after meals to help with distress
- interrupting bingeing or purging behaviours

Gaining weight and regaining health is very challenging. Your child may have to eat much more or eat in a different way.

The focus is on:

- increasing the number of times your child eats – often 6 or more times a day
- increasing the portion size – portions may be larger than before they became ill
- eating foods with more calories – foods that provide healthy fats and lots of energy help to restore weight

Parents often require support during this phase and meet once a week.

If your child has Bulimia Nervosa and does not have to gain weight, your focus will be on structured eating and interrupting the bingeing and purging cycle. The goal is to make eating normal and keep your child's weight steady.

2 Learning to eat independently

In Phase 2, your child learns how to eat socially, eat in restaurants and eat with flexibility. This can be a slow process.

You are handing back responsibility to your child for choosing and eating meals. The goals are for your child to eat as they did before the illness, and get back to a more typical teenage life.

This means:

- less monitoring of meals
- changing how often your child eats, portion size or choice of calorie-rich foods
- problem-solving around difficult areas of eating

Because your child is gaining weight and becoming well, treatment sessions are less often - once every other week. This gives you and your child more time to explore healthy coping behaviours such as spending time with friends, playing sports or doing hobbies.

3 Returning to healthy living

Recovery doesn't just mean gaining weight - it means health.

The focus in Phase 3 is on:

- finding ways to help your child continue to adjust
- helping your child work towards a balanced life that reflects their values

During this phase we meet once a month.

Who provides FBT?

FBT uses a team approach. You, your child and family are important members of the health care team.

The health professionals on the team are:

- A primary therapist
- A pediatrician or nurse practitioner
- A child psychiatrist (to assess mental health and review the need for medications)

Advice about nutrition

With FBT, parents nourish their child back to health. FBT does not require meal plans or direct help from a dietitian.

Your therapist and pediatrician will guide you week-to-week on how to increase your child's weight safely. The focus is on returning to what was normal eating for your child before the eating disorder occurred.

**We encourage parents to rely on their own knowledge.
You were able to feed your child before the illness
and can do it again now.**

You are welcome to make an appointment with the team's Registered Dietitian if you need advice about nutrition or help with your child's needs (relating to food allergies or health problems such as diabetes).

The dietitian is available to support parents, but does not work directly with children during treatment.

What is the evidence for FBT?

There is not a lot of research about teens and eating disorders, but here is what we know:

- FBT is considered to be the most effective and efficient treatment for young people with Anorexia Nervosa.
- FBT is more effective than individual treatment in children and teens.
- FBT helps young people reach full remission of eating disorder symptoms more than other forms of treatment.
- FBT helps young people restore their weight faster than other forms of treatment. This means fewer hospital stays and less risk of low bone density, chronic illness and other medical problems.
- With FBT, 50 to 70% of patients achieve recovery after 1 year of treatment.
- FBT involves parents throughout treatment, ensuring that they support change and development over time. This can make it less likely that the illness will reoccur.
- Families who commit to FBT are less likely to leave treatment early.
- FBT for Bulimia Nervosa is less studied. The available evidence supports FBT as more effective at the end of treatment and at 6 month follow-up than individual treatment. Although support for FBT with Bulimia Nervosa is limited, the approach seems feasible, acceptable and effective, based on early research findings.

Based on the strength of the evidence, we recommend FBT for eating disorders more often than other treatments.

What are the challenges with FBT?

Facing an eating disorder is a tremendous challenge for you and your family.

You may never have experienced such a serious illness. You may worry that you won't make good choices or that you are 'making it worse' with the conflict related to re-feeding your child.

FBT has some challenges too, because it is such an intensive treatment.

- It can be difficult for both parents and siblings to regularly attend therapy sessions.
- The time required puts pressure on busy families.
- The 'parent in charge' model may not fit your family situation or way of parenting. If you find it hard to take charge to support your child's weight gain, then FBT may not be a good fit for your family.
- Single parent families may need more sessions due to the demands of supervision and the added stress of being the main caregiver of a child with a serious illness. If you are a single parent, you may want to involve a close family member for support.

What can make FBT successful?

In our clinic, we see all types of families: traditional two parent families, blended families, divorced families, same sex parents, single parents and others. No one type of family is better suited to FBT and all can use the model to restore their child's health.

The keys to success in FBT are:

- An understanding of what FBT is and a commitment to working with the therapist using the model.
- The ability of both parents (or guardians) and siblings to commit to the 20 weeks of treatment and attend regular clinic appointments. This is most important during Phase 1.

To help you successfully restore your child's health, our therapists will:

- ✓ guide you toward what is important,
- ✓ help you learn about the eating disorder,
- ✓ help you to fight the illness, and
- ✓ provide support and suggestions.

Does my child also need individual therapy?

In general, it is not helpful to pursue both individual and family therapy for eating disorders.

Some families choose FBT to treat their child's eating disorder and have individual therapy to work on other mental health issues. Good communication is very important when a child is receiving two types of therapy.

FBT is usually recommended as the first treatment because it can:

- Restore weight. With a well nourished body and brain, your child is better able to engage in other types of treatment.
- Reduce 'sticky thoughts', body image distress, low mood and anxious thoughts. This can benefit your child's mental health.

Most families who complete FBT feel that their child no longer requires any formal treatment. Some children may have other mental health conditions such as Depression or an Anxiety disorder, that would benefit from additional treatment once FBT has been completed.

Where can we find more information?

We strongly recommend that both parents read:

- **Help your teenager beat an eating disorder** by J. Lock and D. LeGrange

We recommend the following websites:

www.feast-ed.org

- Families Empowered and Supporting Treatment of Eating Disorders.
- Information and support for parents and caregivers helping loved ones recover from eating disorders.

www.maudsleyparents.org/

- A non-profit, volunteer organization of parents who have used a family-based treatment called the “Maudsley approach” to help their children heal from eating disorders.

www.eatingwithyouranorexic.com/

- A website for parents and caregivers of children with anorexia nervosa.

www.aedweb.org

- The Academy for Eating Disorders is a professional organization that provides information about eating disorders to the public.
- For videos: Click on ‘Resources’, scroll down to ‘For the Public’ and click on ‘Eating Disorder Videos’.



For your information, in this booklet we use the plural pronoun “they” to refer to your child. This is simpler and more inclusive than using the gender specific “he or she”.