Family Based Therapy:
Information for Consumers, Carers, and Professionals

What is Family Based Therapy (FBT)?

FBT is an intensive psychological treatment for children and adolescents experiencing eating disorders. FBT involves supporting parents to take a lead role in helping their child recover from the eating disorder. The family is supported by an FBT clinician along with a medical practitioner, who monitors the young person's physical health. When treating eating disorders, we know that families can be the greatest ally.

Research evidence for FBT

Research suggested that the most effective eating disorder treatment for children and adolescents is FBT, particularly for those who require weight regain to recover from their illness*. FBT (sometimes known as "Maudsley Method") is more effective over short- and long-term follow-up than other forms of treatment for eating disorders.

The Urgency of FBT

Eating disorders are life-threatening illnesses and therefore require urgent, expert treatment. It is also essential to respond tenaciously in young people with eating disorders as this gives us the best chance to prevent a long history with the illness. To reverse the effects of starvation, parents will need to insist their child do things they may find very challenging (such as eating more and regaining weight).

What Happens in FBT?

FBT supports parents to renourish their child, before helping them to transition back to eating independently. Treatment also involves supporting the child to get back on track developmentally (e.g. returning to school, strengthening friendships). The whole family (young person, parents, siblings) attends each session weekly. The young person is also seen individually and weighed at each session.

The Phases of Treatment

FBT has three phases (about 20 treatment sessions) which are delivered over a 12 month period.

Phase 1: The first phase involves empowering parents to work together to renourish the young person. Due to the physical impact of starvation on the brain, the young person is not able to make healthy and appropriate decisions regarding their eating at this time. All meals are prepared and supervised by a parent and physical exercise is limited.

Parents foster a compassionate, persistent and firm attitude that supports the adolescent to eat a sufficient (often large) amount of food for recovery.

The FBT clinician works with the family to discuss the impact of the illness, to provide education about eating disorders, and to understand and manage the young person's fear and distress during meal times. Siblings can provide a crucial role in supporting the young person - this can be as simple as offering a hug or watching TV together. Sibling relationships have often been disrupted by the illness and require some repair. Phase 1 is typically the most challenging phase of treatment for the family.

Phase 2: Once the young person is eating well (with minimal parental prompting), and has regained sufficient weight, parents are encouraged to gradually return responsibility for eating, food, and exercise choices to the young person.

Phase 3: When the young person is maintaining a stable, healthy weight, and eating normally, the focus of treatment shifts to other issues that have been disrupted by their eating disorder. Phase 3 aims to ensure the young person is 'back on track' developmentally, and engaging in normal, adolescent activities. Relapse prevention and ending treatment are also discussed.

What FBT is not…

- FBT does not focus on how the eating disorder developed but on addressing current life-threatening behaviours
- FBT does not blame anyone for the development of the eating disorder. The eating disorder is seen as separate from the young person, and guilt and blame within the family are explicitly addressed.
- FBT is not about being unnecessarily harsh or restrictive. The clinician works with parents to manage the distress of the young person and hand back responsibility for eating as soon as possible.
- FBT does not damage family relationships. Most families report better relationships when the eating disorder is no longer in the family.
- FBT is not incongruent with the young person's stage of development in the long-term. Parental responsibility for renourishment is temporary and young people often reflect in retrospect that they feel grateful their parents were able to fight the illness for them so they can return to a full life.

*https://www.ranzcp.org/Files/Resources/Publications/CPG/Clinician/Eating-Disorders-CPG.aspx
**For more information, visit maudsleyparents.org/videos

Developed in conjunction with Andrew Wallis, Family Therapist, The Children's Hospital at Westmead

See website www.cci.health.wa.gov.au or more handouts and resources.

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