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Family-Based Treatment for Anorexia Nervosa

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Family-Based Treatment (FBT) for Eating Disorders

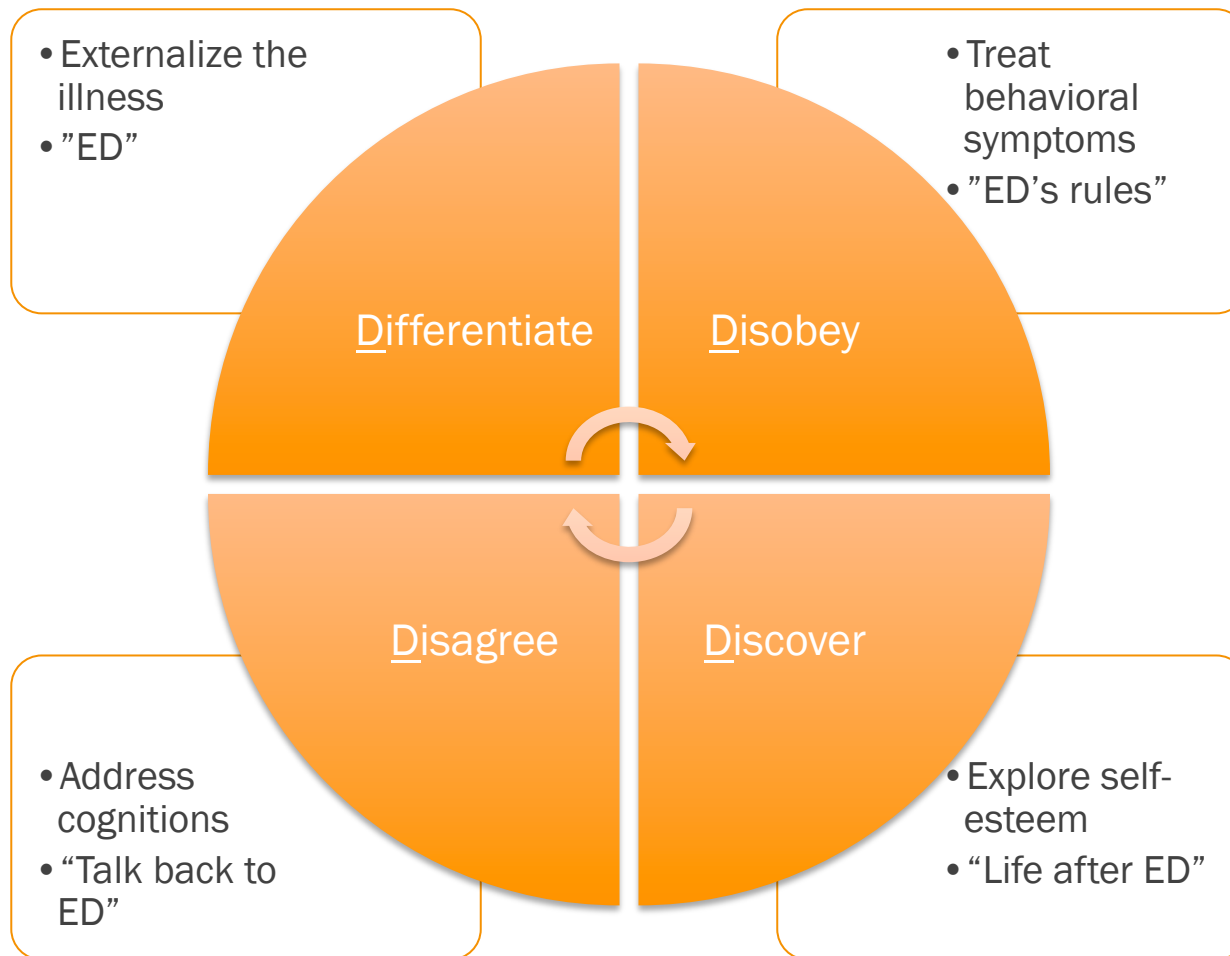
- Anorexia Nervosa (AN) FBT model
- Treatment Overview
- Partial Hospital Program



The Four “D’s”



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Impact of Family on Disorder vs. Disorder on Family

- Historically, families were excluded and blamed for ED
 - Parentectomy
- Understanding the family dynamics in the *context* of the eating disorder
- Family Reorganization around AN
 - Centrality of symptom
 - The ED “saturates family fabric”
 - Amplification of aspects of family functioning
- Family is seen *not* as the cause of the problem but rather as a resource



Empirical Support

- Randomized controlled trials indicate 70-80% of adolescents with AN do well, when treated early, with weight restoration, normalization of eating-related thoughts and behaviors, and psychosocial functioning
 - 75 - 90% are fully weight recovered at five-year follow-up

FBT should be first line intervention for adolescents with AN who are medically fit for outpatient treatment



Fundamental Tenets of Family- Based Therapy

- An agnostic view about the cause of AN
- Initial symptom focus (pragmatic)
- Non-authoritarian consultative stance as therapist
- An ability to separate disorder of AN from the adolescent (externalization)
- An emphasis on parental symptom management (empowerment)

CHANGING PARADIGM IN EATING DISORDER TREATMENT OF ADOLESCENT
EATING DISORDERS

Suitability & Context



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- Children and adolescents who are *medically stable* with eating disorders
- Outpatient intervention designed to restore weight AND put adolescent “back on track”
- FBT is a team approach
- Brief hospitalizations to resolve medical concerns

Parents are
the experts
of the
family

+

WE are
experts on
the eating
disorder

=

HOW to
parent in
context of
an ED



Treatment Style

Parents in charge

- Appropriate control
- Agents of change together

Therapist Stance

- Active- harness parents' anxiety
- Deference to parents

Adolescent Respect

- Developmental process

RECOVERY VS. LIVING ALONGSIDE SYMPTOMS



Treatment Detail

Dose

- 6-12 months

Intensity

- 10- 20 sessions

Format

- Conjoint
- Separated



Three Phases of FBT-AN

Phase I
(Sessions 1-10)

- Parents in charge of weight restoration

Phase II
(Sessions 11-16)

- Parents hand control over eating back to the adolescent

Phase III
(Sessions 17-20)

- Discuss adolescent developmental issues



Hypothesized Mechanisms

- Exposure to forbidden foods and feared weight gains
- Restructuring of family authorities and coalitions
- Hormonal regulation as a function of weight restoration
- Training parents to identify warning signs and creating a long-term zero tolerance environment for symptom engagement

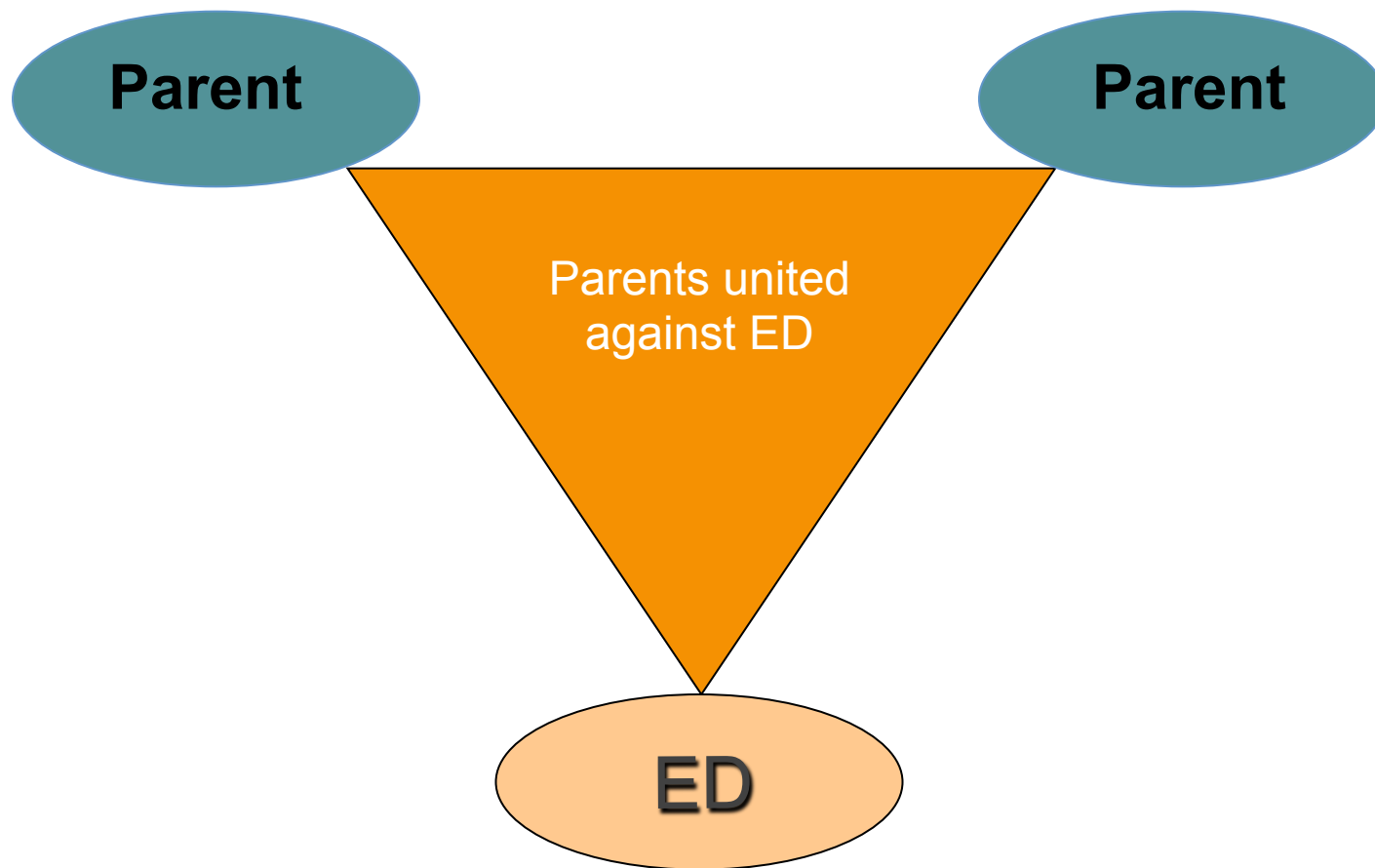


Parents are necessary

- Included: family is the best resource
- Empowered: parents challenge/ disrupt disordered eating behaviors
- Informed: parents given information about ED as part of therapy (physiological and psychological effects of starvation)
- Prepared: join with the therapist to persistently deal with the illness and figure out how to take it away
- Equipped: therapist guides, doesn't give specific solutions- parents figure out their own mutually agreeable solutions & rediscover their resources/ strengths



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Treatment Process Illustration



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TREATMENT FEELS WORSE THAN SYMPTOMS UNTIL “SWITCH” OCCURS



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“Recovery”

- *A full recovery profile vs. alleviation of 1 symptom*
 - ED thoughts
 - Body systems
 - Growth curve
 - No target weight, rather where does body find its set point?

Recovery is not a matter of IF, but HOW



Treatment at Hasbro: PHP

- Day program offering med/psych treatment to patients 6-18 yo
- Male and female
- Divided into two age groups
- Variety of dx (examples); however strong level of expertise dealing with EDs
- Multi-disciplinary team approach



In Sum...

- No one is to blame for an eating disorder
- The eating disorder is separate from adolescent (even though it doesn't often seem like it)
- Parents are a necessary part of treatment
- Food is medicine
- It takes a village (multidisciplinary team)