An Overview of Family Based Treatment (FBT) in Supporting Loved Ones with Eating Disorders

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Rock Recovery

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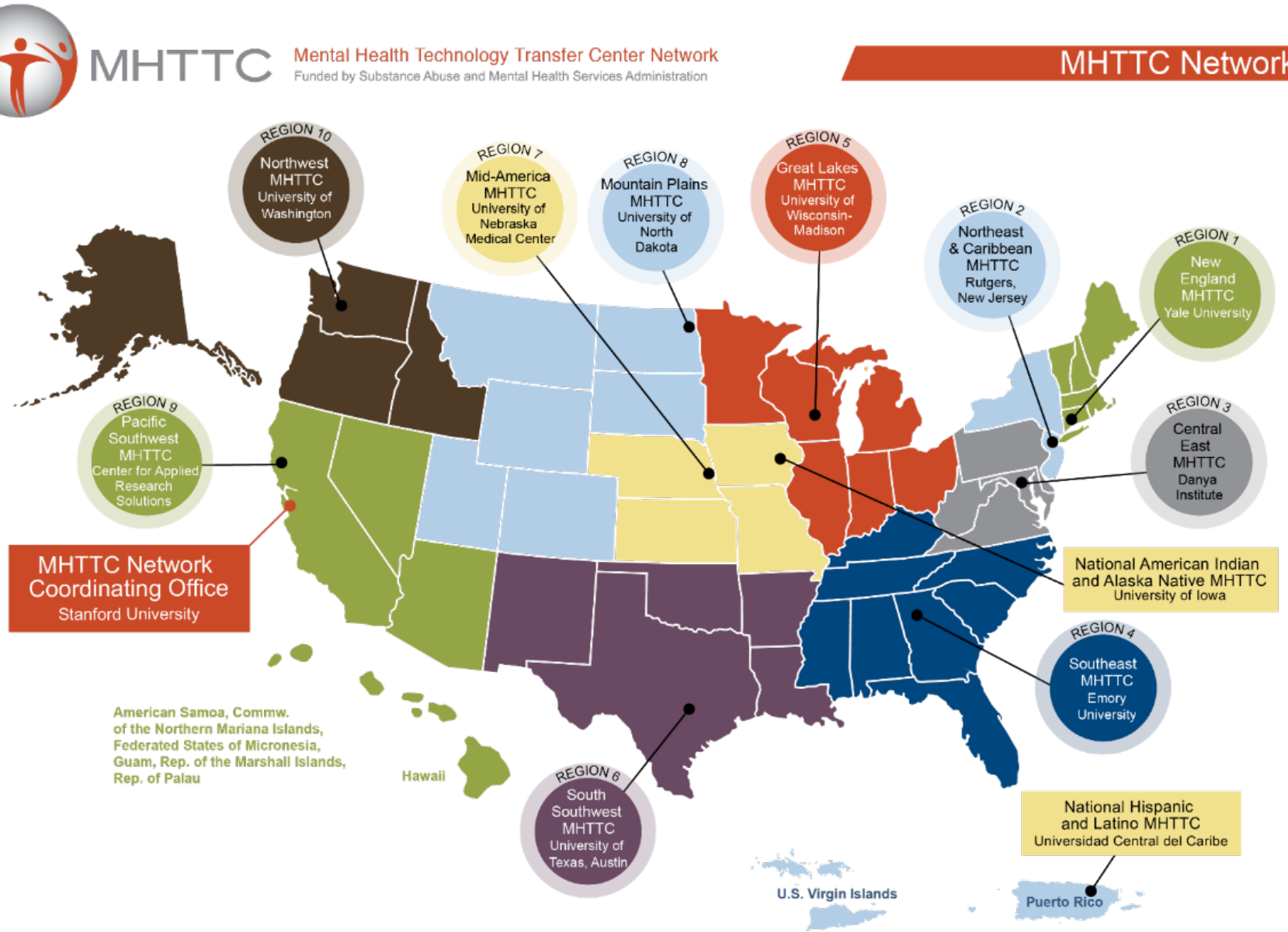
Central East (HHS Region 3)
MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

MHTTC Network



MHTTC Purpose

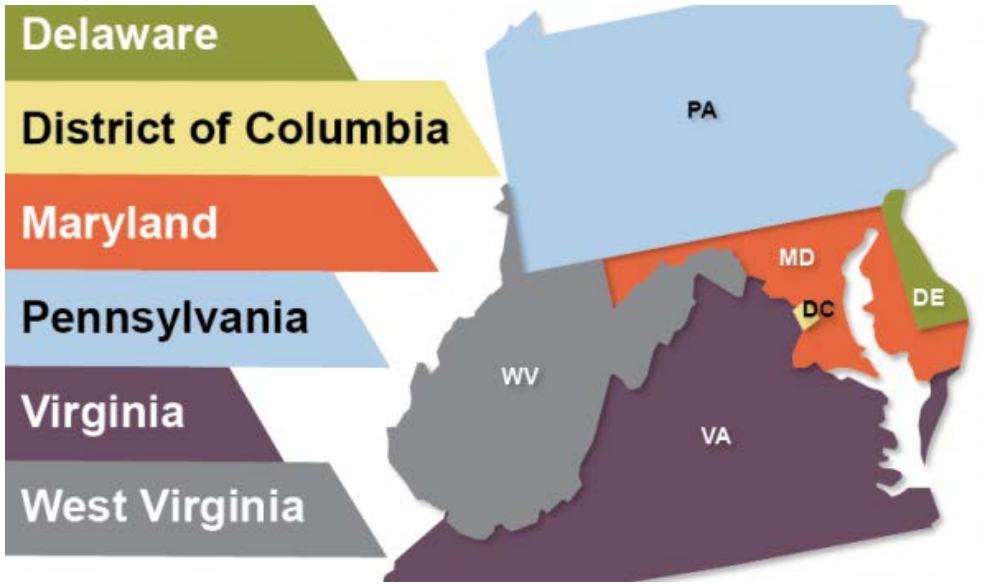
The MHTTC Network vision is to unify science, education and service to transform lives through evidence-based and promising treatment and recovery practices in a recovery-oriented system of care.

Central East MHTTC Goals

Funded by SAMHSA to:

- Accelerate the adoption and implementation of mental health related evidence-based practices
- Heighten the awareness, knowledge, and skills of the behavioral health workforce
- Foster alliances among culturally diverse practitioners, researchers, policy makers, family members, and consumers
- Ensure the availability and delivery of publicly available, free of charge, training and technical assistance

Central East Region 3



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About Rock Recovery

- Nonprofit organization founded in 2009 and based in the Washington, DC metro area
- Bridge gaps in eating disorder treatment and provide education to help individuals and communities fully recover
- Program offerings include in-person and virtual outpatient clinical programs for residents of DC, MD, VA and CA and nationwide support services

Rock Recovery
BRIDGE TO LIFE

An Overview of Family Based Treatment (FBT) in Supporting Loved Ones with Eating Disorders

- Information about eating disorders
- Overview of FBT and expectations of parent/caregiver
- Caregiver burnout
- Resources

Some Eating Disorder Facts

- EDs impact at least 9% of the US population
- Over 28.8 million individuals will have a diagnosable ED during their lifetime
- 95% of people diagnosed with an eating disorder are between the ages of 12-25 years old
- EDs have the highest rate of death than any other mental illness
  - Mortality rate for anorexia nervosa increases for each decade an individual remains unwell
  - Up to 20% of people with chronic, untreated anorexia nervosa die as a result of their illness
- EDs are the third most common illness among adolescents
- EDs do not discriminate and impact all ages, genders, and races
- Genetics, environmental factors, and personality traits contribute to the risk of developing an ED
- EDs often present with other mental health concerns such as depression, anxiety, and obsessive-compulsive disorder
- Early diagnosis and treatment is indicative of better outcomes for EDs

Overview of Types of Eating Disorders

- **Anorexia Nervosa** is a serious, potentially life-threatening eating disorder characterized by restriction of food intake and excessive weight loss

- **Bulimia Nervosa** is a serious, potentially life-threatening eating disorder characterized by a cycle of bingeing and compensatory behaviors such as self-induced vomiting, laxative use, or excessive exercise designed to undo or compensate for the effects of binge eating

- **Binge Eating Disorder** is characterized by recurrent binge eating and lack of control over the episode without the regular use of compensatory behaviors to counter the binge eating

Overview of Types of Eating Disorders (cont.d)

- **Avoidant/Restrictive Food Intake Disorder (ARFID)** is a type of eating disorder where the consumption of certain foods is limited based on the food's appearance, smell, taste, texture, or a past negative experience with food

- **Other Specified Feeding or Eating Disorder (OSFED)** captures eating or feeding disorders that are clinical impairing but do not meet the diagnostic criteria for other eating disorders

Warning Signs for Parents

- Changes in eating behavior
  - Avoiding foods previously enjoyed
  - Eliminating certain food groups
  - Skipping meals
  - Frequently leaving table during meal
  - Frequent trips to bathroom after meals
  - Hidden food wrappers/containers in room/trashcan
- Changes in personality and social activities
  - Shift in baseline personality (ex: previously talkative, outgoing, but becomes increasingly isolative)
  - Fights with family over food and eating behaviors
  - Avoidance of situations with food involved
  - Increase in exercise

Warning Signs for Parents (cont.d)

- Changes in Physical Health
  - Departure from growth trends
  - Tiredness
  - Poor concentration
  - Hair loss
  - If menstruating female, loss of menstrual cycle

- Changes in Self-Evaluation
  - Body checking
    - Looking in mirror longer and more often
    - Pinching body
    - Commenting on dissatisfaction with body
    - Comparing self to others
    - Talking about weight gain

Impact of Eating Disorders on Your Family

- EDs can have distressing and overwhelming impact on family dynamic
- Child's non-compliance with food and abstaining from ED behaviors may result in battle with child
- Continual conflict over food and ED behaviors can result in child acting out in ways you have not witnessed before
- If multi-child household, there can often be distress or resentment from the non-ED sibling
- Trying to manage child's ED can be stressful task for parent(s)/caregiver(s)

What is FBT?

- Family Based Treatment - “Maudsley Method”
- Developed by Christopher Dare and colleagues at Maudsley Hospital in London in 1980s
- First manualized in 2004 by Drs. Daniel Le Grange and James Lock
- Originally developed for adolescents with anorexia nervosa, but has since been adapted for bulimia nervosa, binge eating disorder, ARFID, and OSFED
- Rooted in aspects of behavior therapy, narrative therapy, and structural family therapy

What is FBT? (cont.d)

- Implemented over three phases
- Treatment on average takes six months to one year
- Implemented by trained therapist who follows manualized treatment
- Parent considered part of treatment team
- Siblings included in treatment
- Therapists coach parents to find their own solutions to challenges
- “Food is medicine”

FBT Phases

- Phase I- Parents Take Control
  - Starts with family meal
  - Parents in complete charge of meals
  - Re-establish regular patterns of eating
  - Interrupt compensatory ED behaviors if present
  - If weight gain necessary, goal for gaining 1-2 pounds per week
  - Therapist works to empower parents to tackle ED behaviors

FBT Phases (cont.d)

- Phase II- Transitioning Control Back to Child
  - Begins when weight is restored, ED behaviors are more under control, and mealtime is met with less resistance
  - Parental control gradually withdrawn
    - Ex: Child may start plating own meal or have a meal or snack without parent present
  - Child empowered to make healthy food choices while abstaining from ED behaviors
  - Not uncommon that child may backslide; parent may need to reassert control for a period

FBT Phases (cont.d)

- Phase III- Establishing Healthy Independence and Termination
  - Begins when child can eat at an age-appropriate level of independence, maintain a healthy weight, and abstain from ED behaviors
  - Focus on helping child create identity outside of ED and identify and address any issues that impede normal adolescent development
  - Help family address any issues and reorganize now child is in healthier place
  - Create plan to prevent relapse and terminate
  - Other pre-existing mental health concerns should be treated once FBT has concluded

FBT Key Features of Treatment

- Parents seen as agents of change and experts on their child
  - Parents empowered to take control as they are best resource for child's recovery
- FBT takes agnostic stance
  - Doesn't blame families for causing ED and does not look for any underlying causes of ED
  - Stance that ED is threatening to your child and therefore, the treatment team needs to get your child better as quickly as possible
- Externalizes the ED
  - Child not to blame; the ED has taken over and become so powerful that child required the help from parents to combat; separate the illness from child

What does FBT strive to achieve?

- Return to normalized eating- spontaneously and independently, when hungry
- Eating a wide variety foods without fear
- Freedom from ED thought and preoccupation with food and weight
- Acceptance of body with “normative” discontent without that impacting lifestyle
- Return to normal physical growth and development
- Participating in normal activities such as school, engaging with family and friends, participating healthily in activities of choice
- REMEMBER, trying to achieve the above can take time

Role of Parent

- Parents heavily involved in treatment
  - The ones that know the child best
  - Therapist will guide and support parent, however, it's ultimately the parent who needs to implement the treatment
- Provide support, encouragement, understanding, and nourishment to child
  - Child is scared, anxious, dealing with constant ED dialogue, governed by countless ED rules, and may have certain personality traits that contribute to ED
- Parents need to be calm, consistent, patient, available, direct, and sometimes creative in helping their child through FBT
  - Can be challenging; most children are resistant to FBT at first
- In first phase, parents in full control of meals/snacks and need to have oversight and disrupt ED behaviors
  - If child is in school, this would require a parent (or other trusted adult) to eat meals and snacks with child in school during first phase of treatment

Tips for Parents

- Include variety of foods from the start; do not accommodate
- Do not get in habit of negotiating, convincing, lecturing, or using logic at mealtime; be direct with what you are asking
- Do not involve child in meal planning or any decisions involving food in first phase
- Avoid talking about healthy eating and instead talk about normalized eating
- Stop any ED behaviors before, during, and after meals
- Be prepared for resistance from your child
- If two parent household, display parental unity
- Sit and supervise your child during all meals and snacks; ED can cause child to creatively avoid eating their food/act on behaviors
- Make mealtime as normal as possible by talking as a family and/or engaging in distractions

Recognizing Caregiver Burnout and Compassion Fatigue

- Cognitive
  - Lowered concentration
  - Apathy
  - Rigidity
  - Disorientation
  - Minimization
  - Preoccupation with trauma
- Emotional
  - Powerlessness
  - Anxiety
  - Guilt
  - Anger
  - Numbness
  - Fear
  - Helplessness
  - Sadness
  - Depression
  - Depleted
  - Shock
- Behavioral
  - Irritable
  - Withdrawn
  - Moody
  - Poor sleep
  - Nightmares
  - Appetite change
  - Hyper-vigilance
  - Isolating
- Somatic
  - Sweating
  - Rapid heartbeat
  - Breathing difficulty
  - Aches and pains
  - Dizziness
  - Impaired immune system
  - Headaches
  - Difficulty falling or staying asleep

How to Cope with Caregiver Burnout

- Accept help
  - While you need to implement FBT at home, think of other areas of life where others may be able to help out. Ask for help and accept help when offered
- Get connected with others going through similar struggles
  - Support group, online forums, books
- Take care of yourself
  - Make time for activities you enjoy, get rest and set sleep routine, nourish yourself, time for healthy movement, etc.
- Seek social support
  - Connect with friends/family who can offer non-judgmental support
- Be realistic about progress
  - Overcoming ED can be slow, important to celebrate wins over ED and your resiliency in implementing this treatment
- Considering getting your own individual therapist
  - Can help you manage your own stress and give you skills to cope effectively
- Work on acceptance
  - Recognize attachment to previous expectations for your child and focus on dealing with current circumstances

Helpful Resources

- Books
  - *Survive FBT: Skills Manual for Parents Undertaking Family Based Treatment (FBT) for Child and AdoleScent Anorexia Nervosa*- Maria Ganci
  - *Help Your Teenager Beat an Eating Disorder*- James Lock and Daniel LeGrange
  - *When Your Teen Has an Eating Disorder: Practical Strategies to Help Your Teen Recover from Anorexia, Bulimia, and Binge Eating*- Lauren Muhleim
  - *Skills Based Learning for Caring for a Loved One with an Eating Disorder*- Janet Treasure
- Websites
  - Families Empowered and Supporting Treatment for Eating Disorders (F.E.A.S.T.) - Around The Dinner Table Forum
  - F.E.A.S.T.
  - Maudsley Parents
  - National Eating Disorders Association
  - Parents to Parents

Reflections From A Parent

Sources

- Ganci, M. (2016). *Survive FBT: Skills manual for parents undertaking family-based treatment (FBT) for child and adolescent anorexia nervosa*. LMD Publishing.
- Lock, J., Le Grange, D. (2015). *Treatment manual for anorexia nervosa: A family-based approach*. (Second Edition). (The Guilford Press).
- Portney, D. (2011). Burnout and Compassion Fatigue: Watch for the Signs. Health Progress
- Dr. Sarah Ravin website (Family-Based Treatment)
- Eating Disorder Hope website
- F.E.A.S.T. website
- Johns Hopkins All Childrens Hospital - Eating Disorder Facts website
- Strategic Training Initiative for the Prevention of Eating Disorders - Economic Costs of Eating Disorders Report
- Nationwide Children's Hospital - The Warning Signs of Eating Disorders. March 18, 2021
- What is Family-Based-Treatment (FBT) for Eating Disorders (Verywell Mind website)

Questions

Evaluation Information

- The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.
- At the end of today's training please take a moment to complete a **brief** survey about today's training.

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