

## A Summary of Family Based Therapy (FBT)

### *A Therapeutic Tool for Family Therapy*

#### What is Family Based Therapy (FBT)?

- FBT is a highly specific type of treatment **designed for adolescents and children** with eating disorders. Parents often hear this term and believe it to be synonymous with “family therapy”, which is a much broader umbrella.
- FBT is a very specific treatment originally designed for use in the outpatient setting; it has been manualized in *“Treatment Manual for Anorexia Nervosa: A Family-Based Approach”* by **James Lock and Daniel Le Grange**, and has been adapted by ERC for IP/RES/PHP.

#### Why FBT?

- FBT is the **most effective treatment found for children and adolescents** with EDs, based upon many rigorous randomized controlled trials. Do your research!
- Unlike previous therapeutic modalities that blamed parents for the ED, FBT believes **parents are THE best resource for the child’s recovery** and the therapist helps guide parents in managing symptoms of the ED.

#### Core Tenets:

- **Parental Involvement and Empowerment** is imperative and vital to address the ED symptoms
- Despite the child’s chronological age, their inability to feed themselves adequately due to the ED pathology necessitates and indicates a **need for parents to take control of the child’s eating and food choices**.
- While the return to healthy development is of importance, addressing explicit concerns about ongoing healthy adolescent development (e.g., dating, curfew) are delayed until the crisis of the ED has abated. **Control will be gradually returned to the adolescent** when their ED symptoms show marked improvement.
- **Parents are tasked with re-feeding** the child. Parents are encouraged to sit with the child for every meal/snack and monitor their food intake. Parents are put in charge of the meal plan, all food choices and monitoring of their meals/snacks, as the child is not able to make these choices in a way not influenced by the ED.
- The goal of this modality is to **reduce guilt or blame placed either on the child, the parents or both**. Guilt and blame, when placed on self or other, is not helpful in treatment.
- Families are encouraged to **externalize the illness**: In FBT, the ED is conceptualized as being separate and distinct from the child, with a set of values and behaviors that may be markedly different from the child’s.
- **Parental dyad alignment**: One way of expressing the importance of alignment in FBT is that parents need to be on the same letter of the same word of the same page. Parental alignment in addressing the ED behaviors is paramount to FBT’s success, **given the ability of the ED to sneak into any cracks in the alignment**. The role of siblings is to support the patient emotionally and not help parents execute the meal plan.
- Therapy is **focused on ED symptoms and weight restoration**. Unlike broader “family therapy”, the focus on FBT is on symptom interruption, weight restoration and ongoing weight maintenance, especially in the first two phases of treatment.

### How is FBT applied and modified at ERC?

- When parents need a higher level of care for their child, they have often been battling the illness for a great deal of time and they are scared and often traumatized by their experiences. Parents are encouraged to go home and engage in **“rest and respite”** in preparation for returning to the front lines of the battle with the ED during PHP and at home.
  - During this time, the Treatment Team and supportive disciplines **pave the way for an FBT informed approach** via redirections of ED behaviors at meals/snacks and reinforcement of the Meal Plan without negotiation. This is done via an **“expectations with empathy approach”**.
- The greatest difference in a higher level of care is that the child is away from their parents, so the task of presenting food and monitoring meals and snacks falls to the Treatment Team instead of parents.
- Unlike outpatient FBT, the patient does **NOT** (typically) see/know their weight or weight goal given the obsessiveness that this often takes.
- While parents are not on the unit for each meal and snack, FBT-informed care **involves the parents to ensure that the philosophy is supported**.
- In 24-hour care, registered dietitians (RDs) are viewed as an essential and necessary part of the Treatment Team. Their role includes making specific day to day decisions about the patient’s meal plan in IP/RES (with input from parents); helping transition this responsibility to parents in PHP (or earlier when indicated); providing a great deal of education about nutritional needs for the child and myths regarding “healthy” eating to parents; and assisting with more complex meal plans (e.g., type 1 diabetes).

### How is FBT introduced in Family Therapy at the onset of care?

- In early Family Therapy sessions, therapists can assess a family’s history with FBT and, if warranted, introduce the FBT modality and tenets. The **phases of FBT** can also be reviewed:
  - Phase 1: Full Parental Control
  - Phase 2: A Gradual Return of Control to the Adolescent
  - Phase 3: Establishing Healthy Independence
- As we know, brain starvation causes a lack of awareness that one is ill. As a result, there can be a lag in time before the minds of adolescents in recovery are **capable of the motivation or insight to maintain their own recovery** [Very Well Mind].
  - **FBT assigns the work of behavioral change and full nutrition to the parents** and gives them skills and coaching to meet these goals. As a result, it helps the child to recover even before they have the capacity to do so on their own [Very Well Mind].

### How does FBT work alongside EFFT?

- ERC has adopted both Family Based Therapy (FBT) and Emotion Focused Family Therapy (EFFT) as the **two core modalities** of care for the child and adolescent population.
- Therapists should be well versed in both modalities in an effort to speak to caregivers about the **use of one to support the other**.
- In short, FBT is about **containment** and EFFT is about **connection**.
  - Behavioral redirection without validation increases resistance and damages **connection**.
  - Validation (via authentic empathy) without limit setting enables symptoms and prohibits **containment**.
- EFFT also provides caregivers with **tools to speak to the distress** of the FBT approach their child undoubtedly has, whilst maintaining the method as the **appropriate protection from the ED**.

### Structuring Sessions for VIOP:

- Typically, child and adolescent patients are in Phase I or Phase II of treatment which means treatment teams (e.g. RD/Therapist) should be meeting with primarily with parents in the VIOP setting since parents still hold majority of the decisions with meal planning, portioning, behavior planning, and would benefit from EFFT interventions to build self-efficacy supporting their child. Individual sessions or involving the patient in family sessions can be considered if there is a specific goal to work on