

UC San Diego Health

UC San Diego Intensive Family Treatment Program (IFT)

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UC San Diego Eating Disorders Program



UC San Diego

Eating
Disorders
Center

Why an intensive family therapy program?

- Booster for treatment non-responders
- Assist with transition through recovery phases
- Help parents become “change agents” and develop skills to take home

IFT Overview: The 5 W's

WHAT:

- 5-day intensive multi-family treatment (adolescent and adult)
- 35+ treatment hours delivered over 5 days
- Family-based treatment (FBT) philosophy

WHO:

- 2 – 6 families
- Diagnosis
 - Primary: EDNOS, AN, BN, ARFID
 - Secondary: MDD, anxiety, OCD, ODD, PDD
 - All stages of treatment and recovery

WHEN:

- Conducted Monthly

IFT: The 5 W's

WHY:

- Mobilize carers to take action towards recovery
- Develop skills for at-home ED management
- Unite parents
- Modify family structure to support recovery

WHERE:

- UC San Diego Eating Disorder Treatment Center (La Jolla, CA)

IFT Schedule

| | Monday | Tuesday | Wed | Thursday | Friday |
|-------------|--|--|--|--|--|
| 8:00-9:00 | | BREAKFAST | BREAKFAST (weights and vitals) | BREAKFAST | BREAKFAST (weights and vitals) |
| 9:00-9:30 | Orientation | Meal Feedback | Medical Consequences of ED and Physiological Effects of Starvation | The Gauntlet Exercise | Cross-generational interview |
| 9:30-10:00 | Introduction to Neurobiology | | | | |
| 10:00-10:15 | SNACK | SNACK | | SNACK | SNACK |
| 10:15-10:30 | | | | | |
| 10:30-11:00 | Multi-family introductions | Psychoeducation: Neurobiology of Eating Disorders | Dialectical Behavior Therapy: DEARMAN | Behavioral Contracting: Negotiating Terms | Contracting wrap-up and presentation |
| 11:00-11:30 | | | | | |
| 11:30-12:00 | Parents: Meal planning Patients: Goal setting | Behavioral Contracting: Activity | | | Survival Toolkit |
| 12:00-1:00 | | | | | |
| 1:00-1:30 | Multi-Family Meal | Multi-Family Meal | Multi-Family Meal | Multi-Family Meal | Multi-Family Meal |
| 1:30-2:00 | BREAK | BREAK | BREAK | BREAK | BREAK |
| 2:00-2:30 | Dialectical Behavior Therapy: WISE MIND | Parent group: Parent Coaching Patient Group: Preparation for Parent Education | Parent group: Parent Coaching Patient Group: Coping Skills Training | Parent group: Parent Coaching Patient Group: Coping Skills Training | Parent group: Parent Coaching Patient Group: Last messages to parents |
| 2:30-3:00 | | | | | |
| 3:00-3:30 | SNACK | Intra-family Role Play | Family Sculpt | Behavioral Contracting | Psychiatric Follow-up appointments |
| 3:30-4:00 | Review Goals and Wrap-Up | SNACK | SNACK | SNACK | |
| 4:00-5:00 | Separate Family Therapy Sessions | Separate Family Therapy Sessions | Separate Family Therapy Sessions | Separate Family Therapy Sessions | |

Current Intensive Family Programs

- Adolescent
 - 8 – 18 years old
 - Primary model: Family-based treatment
- Young Adult
 - 18 – 35 years old
 - Carer involvement
 - Primary Models:
 - Family-based treatment
 - Temperament-based treatment

Primary Influences

- Family-based treatment (FBT) for adolescents with eating disorders
- Multi-family therapy



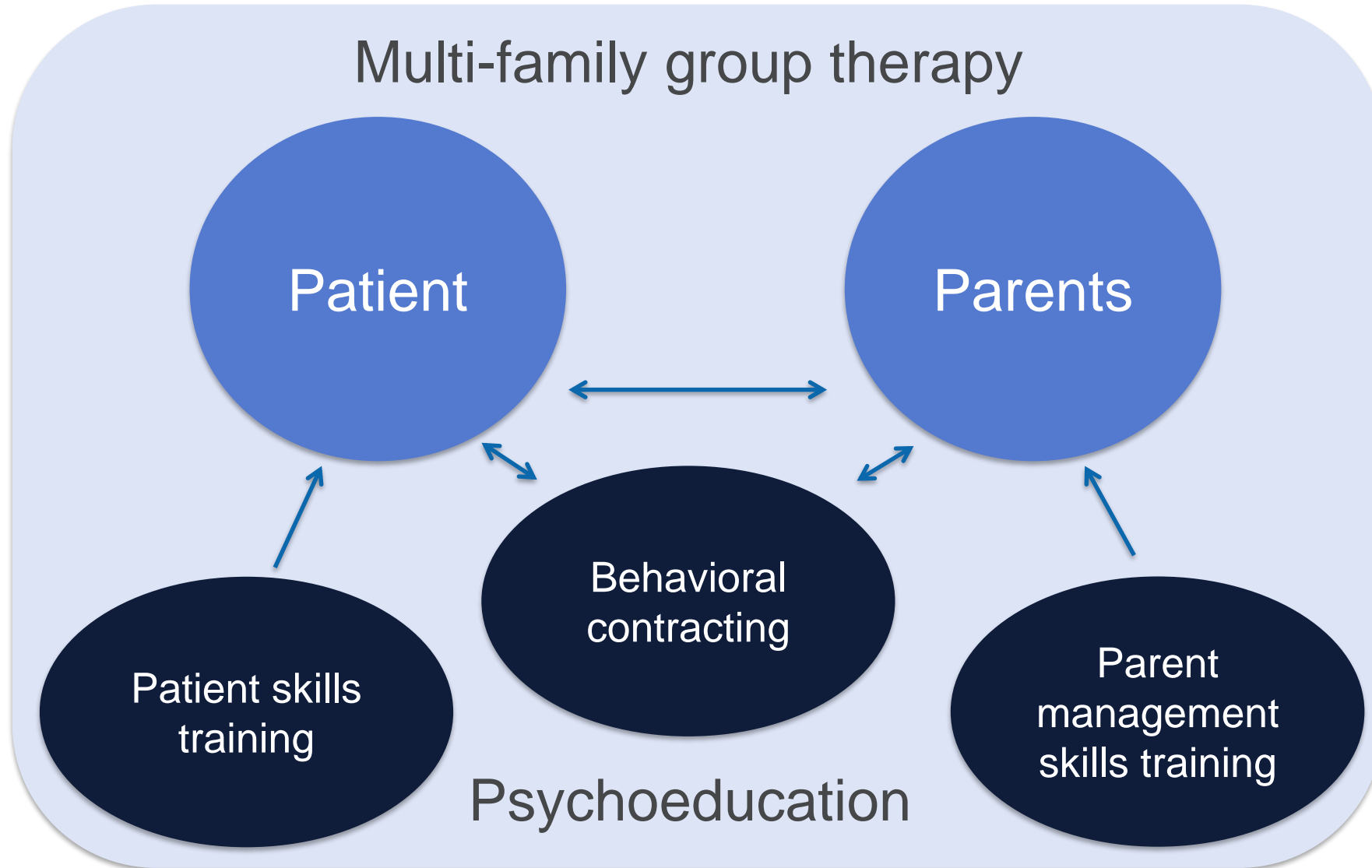
Purpose

- Mobilize carers to take action towards recovery
- Develop skills for at-home ED management
- Unite parents
- Modify family structure to support recovery

Primary Treatment Components

- Individual family therapy sessions (2)
- Psychiatric/medication evaluation (2)
- Supervised therapeutic meals and snacks (20)
- 5 target therapeutic components

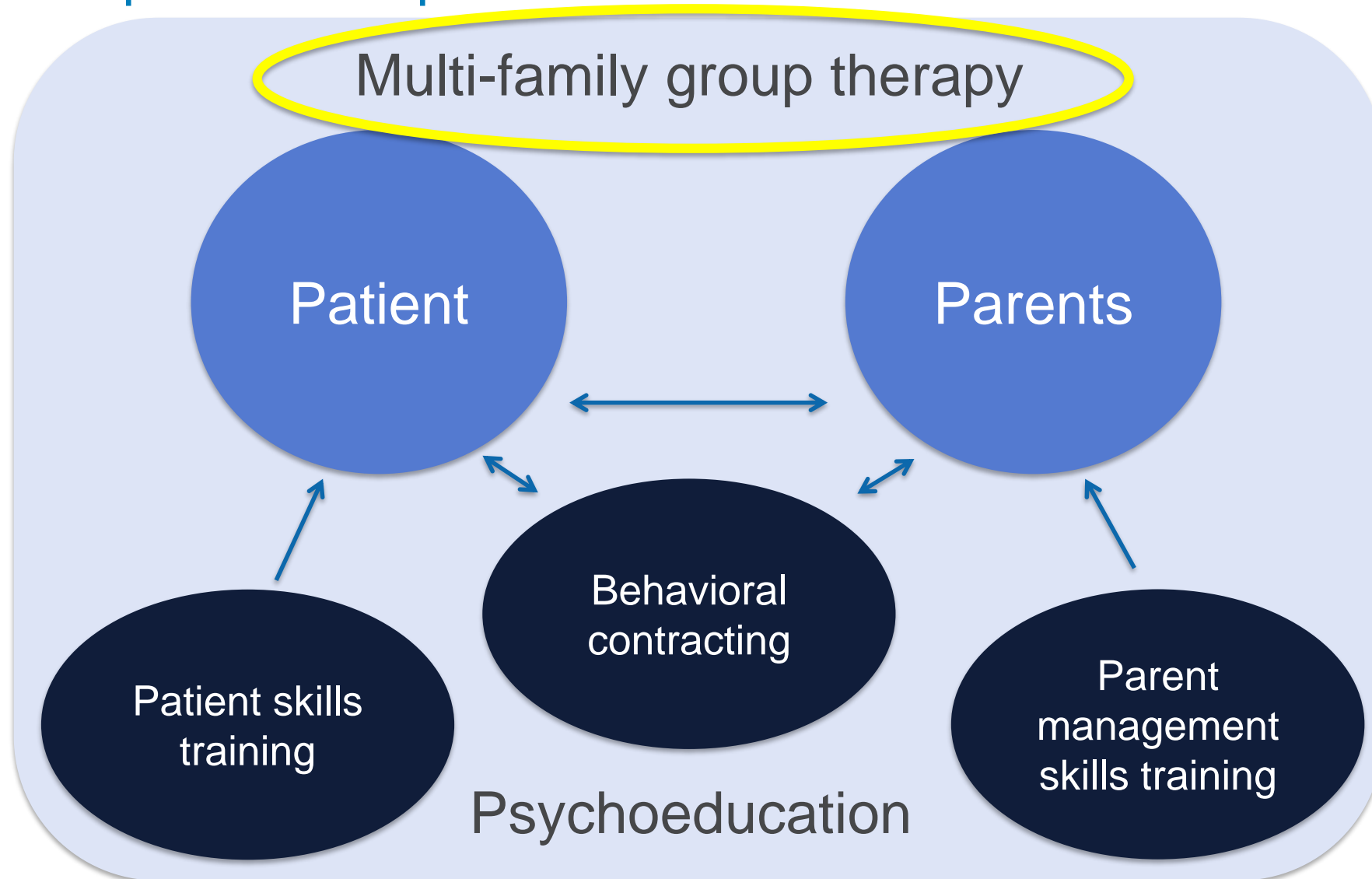
Therapeutic Components



Primary Treatment Components

UC San Diego Family Treatment Program (IFT)

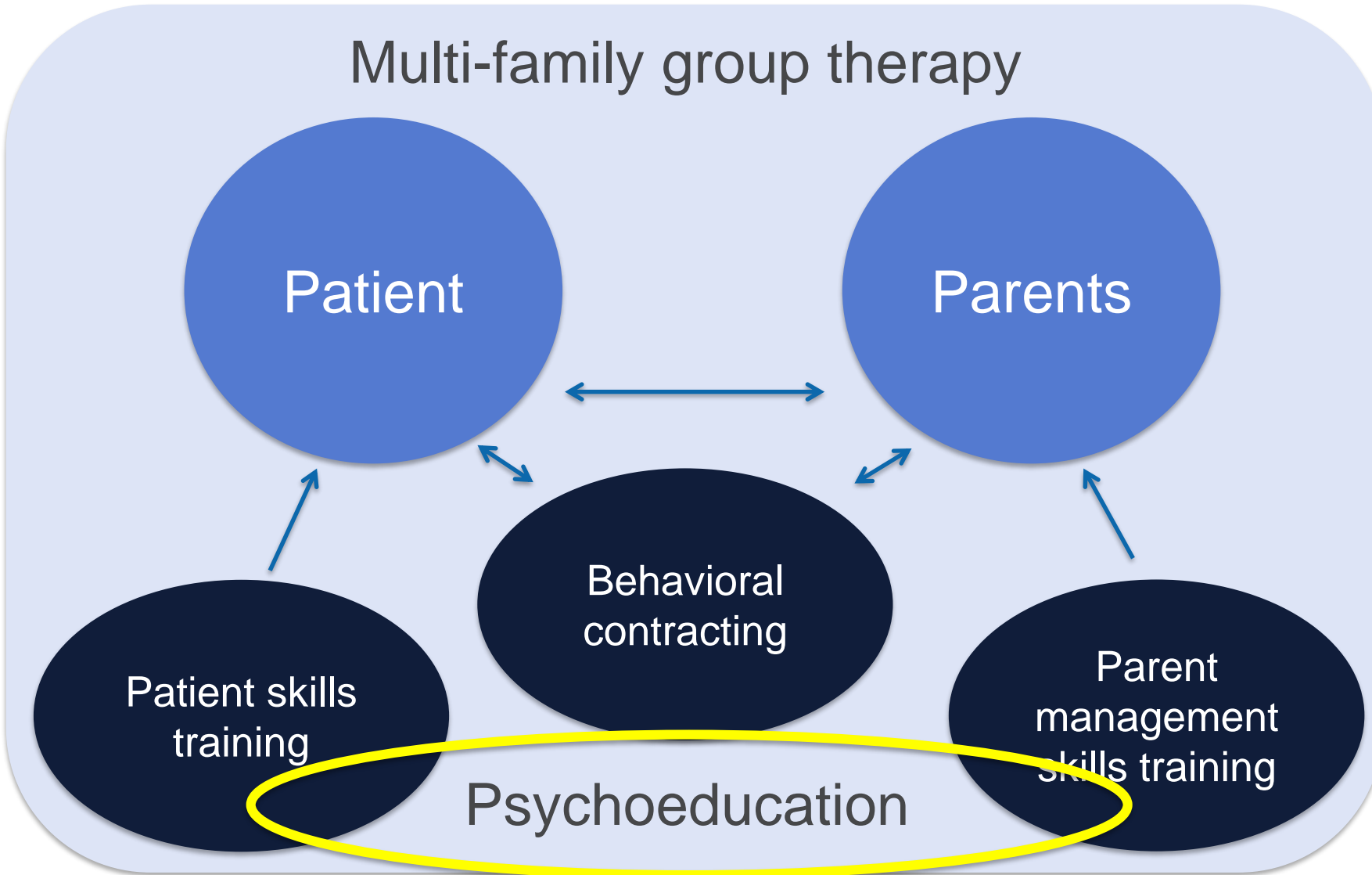
Core Therapeutic Components



MFG Treatment | Benefits of the Multi-Family Milieu

- Parent-to-parent consultation
- Create solidarity
- Overcoming stigmatization & social isolation
- Stimulating new perspectives and reflectivity
- Learning from each other
- Mutual support and feedback
- Discover and build on competencies
- Raise hope

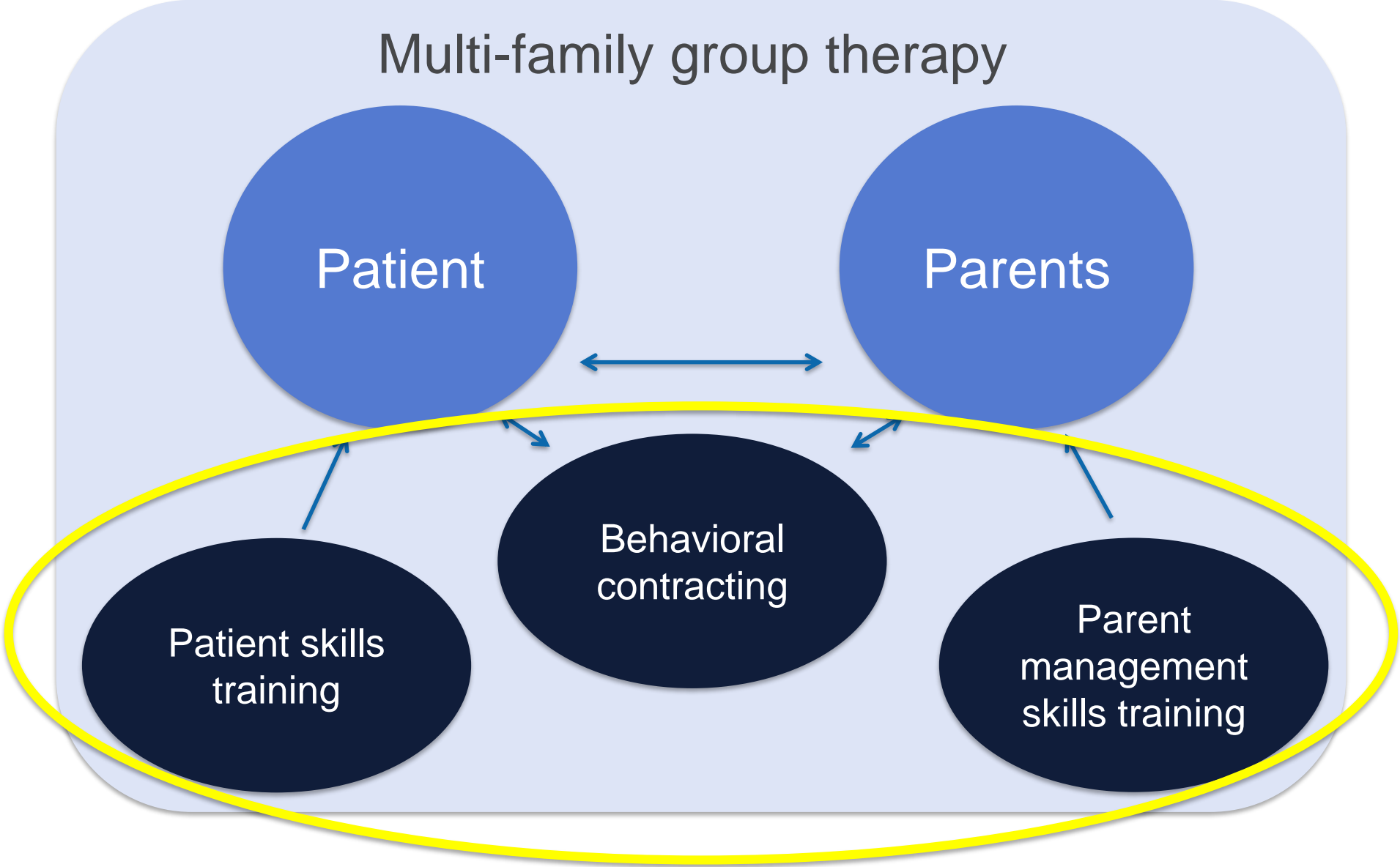
Therapeutic Components



Psycho-Education

- Neurobiology of ED's
 - Experiential exercises to:
 - Reduce blame
 - Increase empathy
 - Work constructively with temperament and personality straits
- Medical consequences of AN and physiological effects of starvation
 - Mobilize parents
 - “Create the crisis”

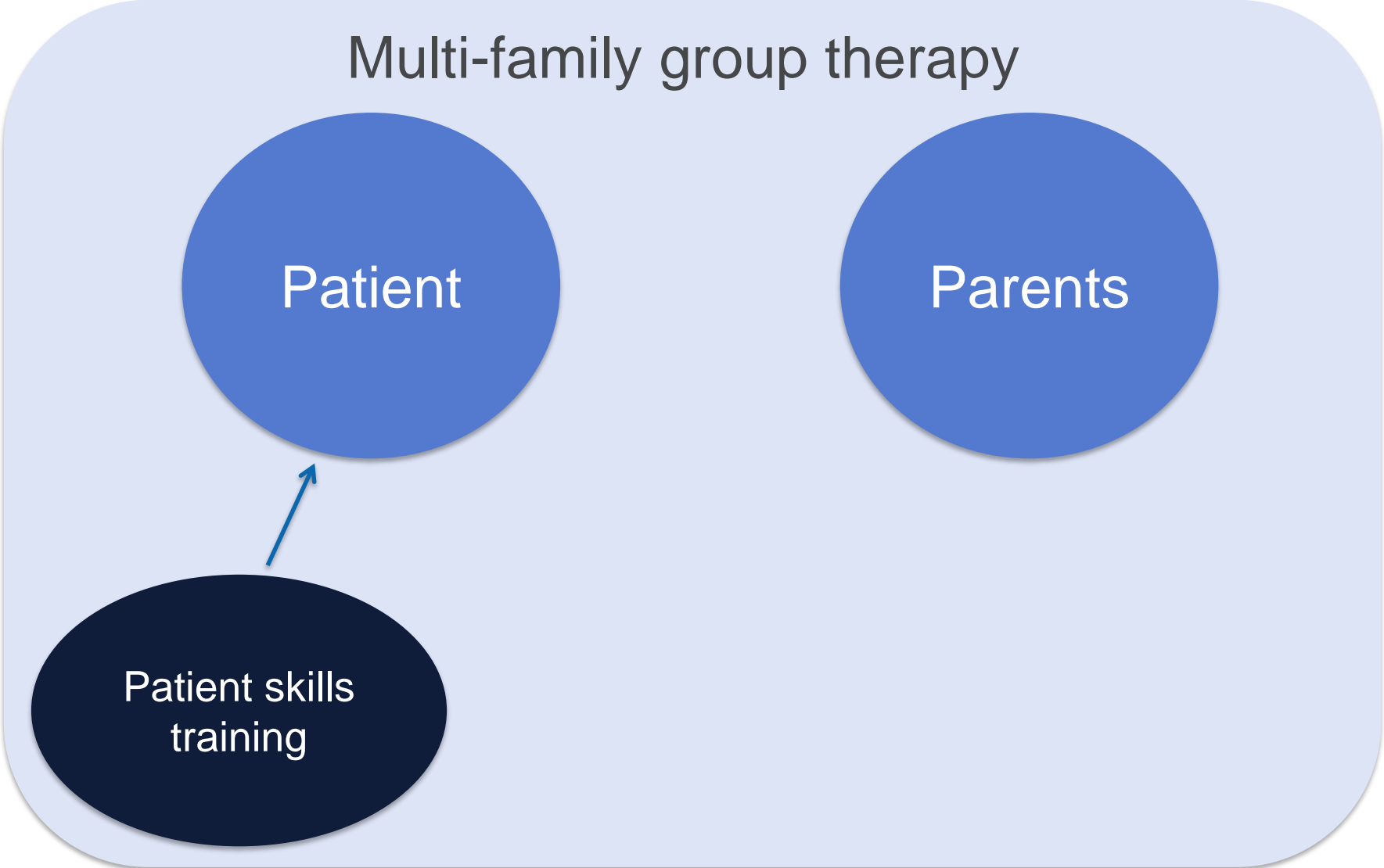
Therapeutic Components



Objectives

- Improve outcomes
- Address client distress and negative affect around eating
- Provide and train carers in effective ways to respond and manage behaviors
- Motivate clients

Therapeutic Components



Objectives

- Improve outcomes
- Address client distress and negative affect around eating

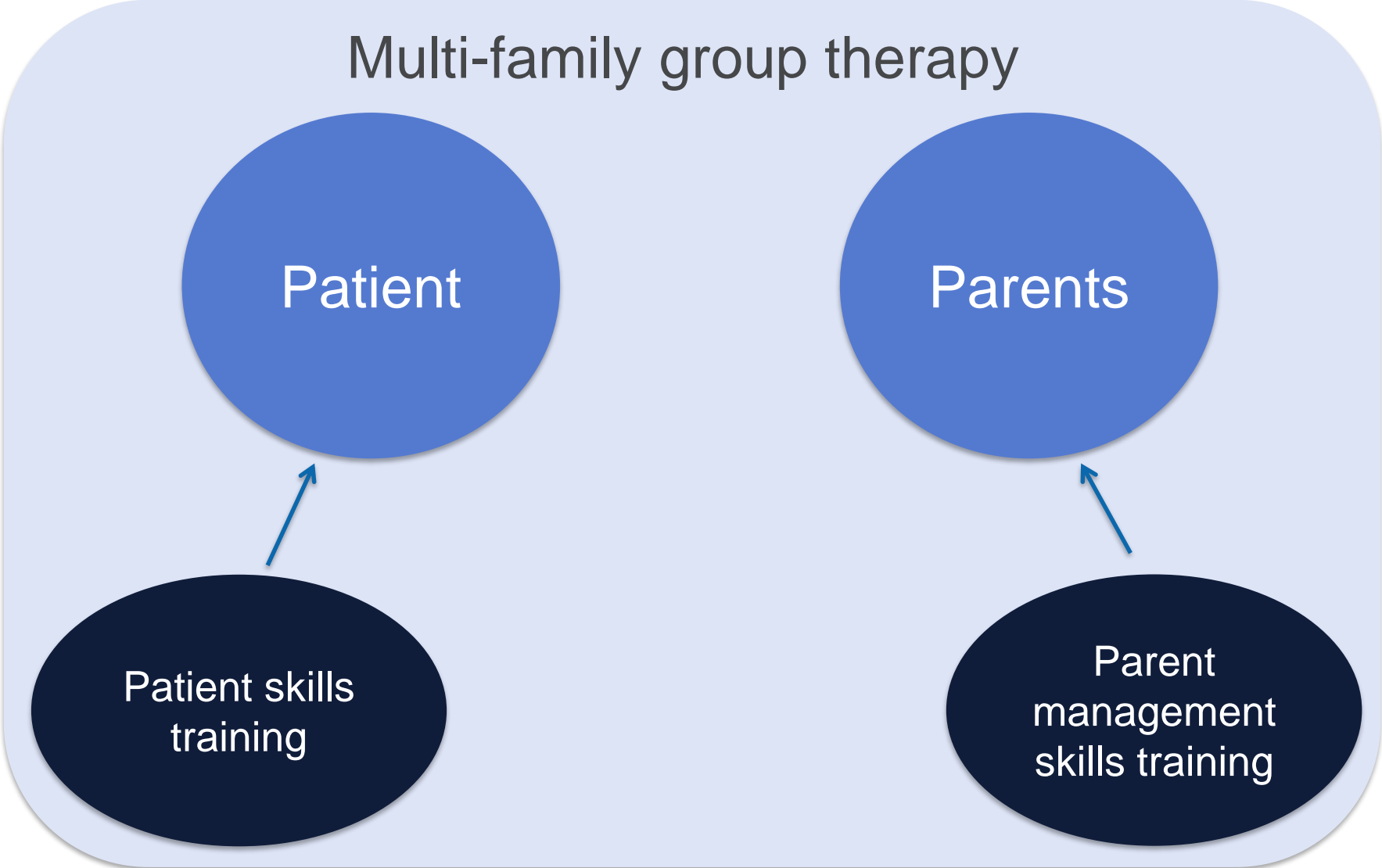
Model

- Dialectical Behavior Therapy Skills Taught
 - Distress Tolerance
 - Emotion Regulation
 - Interpersonal Effectiveness
- Neurobiology-based skills training

Format

- Patient-only groups
 - Didactic skills training
- Multi-family groups
 - Model usage of skills
 - Provide a common language
 - Facilitate reflection on system structure
- In-vivo practice
 - Mealtimes

Therapeutic Components



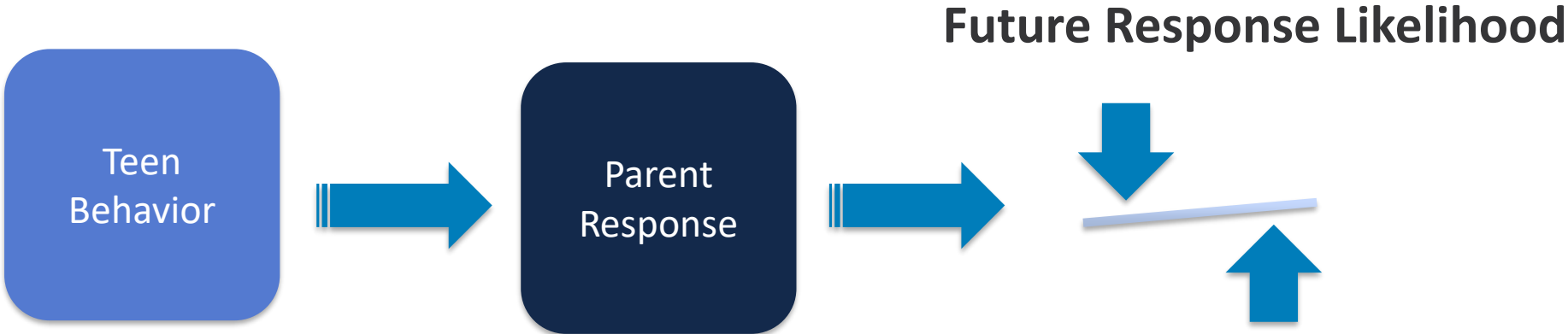
Model

- Parent Management training
- Neurobiology-informed management skills

PMT

- Parent-only group
- Primary models:
 - Parent Management Training (PMT)
 - In-vivo, therapist-assisted practice
 - Parent modeling and facilitation of adolescent coping skills
- Purpose:
 - Instruct parents on behavior-management strategies
 - Strategize, reflect, reinforce

Operant Principles in Parent-Child Interactions



Behavior Management Strategies

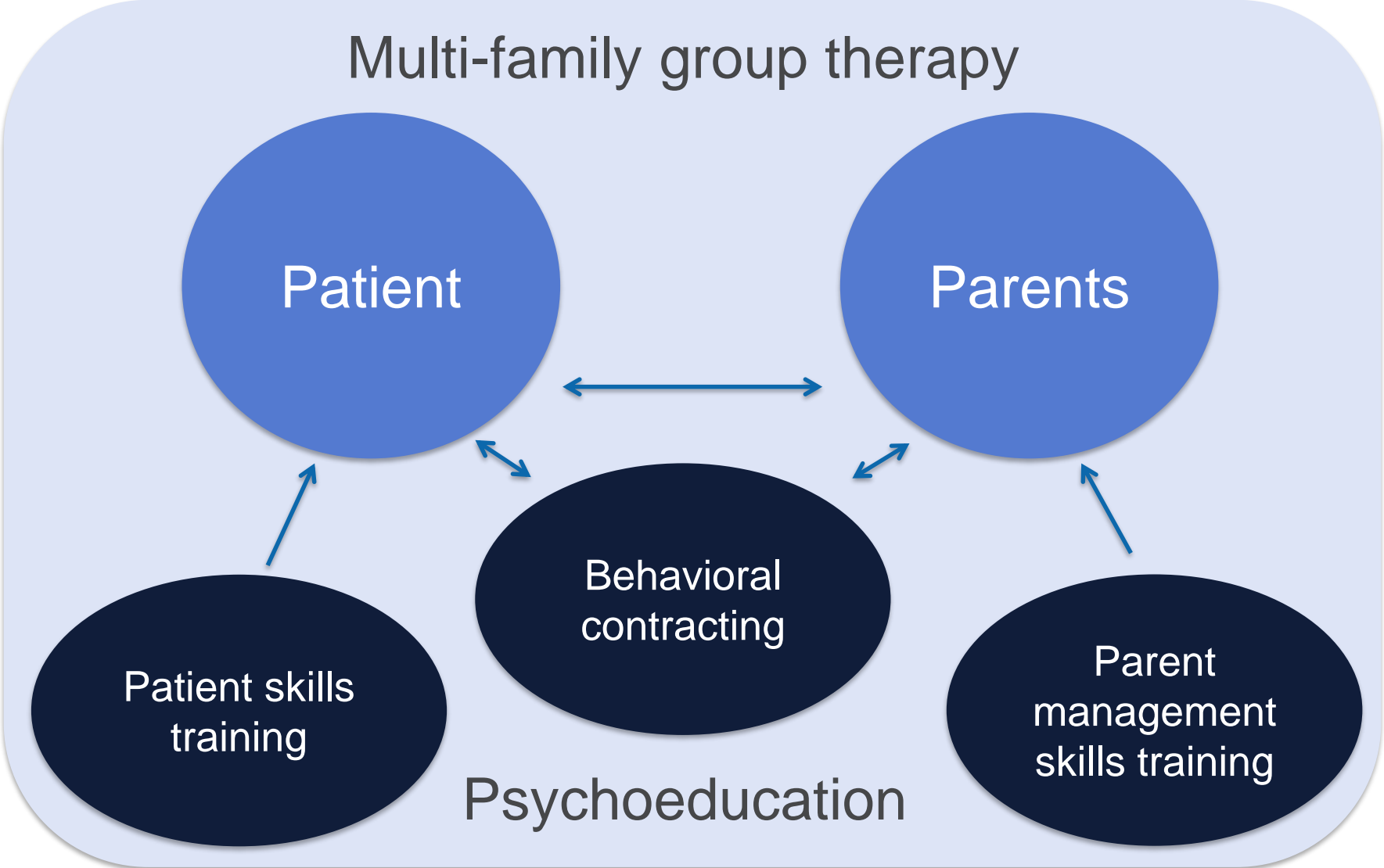
| | | | |
|---|---|--------------------|---|
| Validation | ✓ | Distraction | ✓ |
| Consequences | ✓ | Time limit | ✓ |
| Rewards | ✓ | Predictability | ✓ |
| “Broken Record” | ✓ | Praise | ✓ |
| Breaking down the task into smaller parts | ✓ | Shaping | ✓ |
| Remaining calm | ✓ | Confidence | ✓ |
| Consistency – routine and structure | ✓ | If-when statements | ✓ |
| Clear boundaries and expectations | ✓ | | |

| | |
|-------------------|---|
| Threats | ✗ |
| Nagging | ✗ |
| Screaming/yelling | ✗ |
| Guilt/blaming | ✗ |
| ??? | ✗ |
| ??? | ✗ |

Meal Coaching

- Therapist role:
 - Modeling
 - Prompting
 - Reinforcing
 - Reflecting

Therapeutic Components



Behavioral Contracting

- What is a behavioral contract?
- Purpose:
 - ED behavior management
 - Discharge planning
 - Relapse prevention

Why Do Contracts Work?

- AN personality and temperament
 - Rule-following
 - Low tolerance for uncertainty
 - Harm avoidant
 - Lack of internal motivation to recover
- Detailed relapse prevention plan
- Reward and punishment sensitivity in AN

Constructing the Contract

1. Specify overarching goal
2. Identify 2 – 3 target behaviors
3. Get child's feedback on actual motivators (not parent's belief about motivators)
4. Convert target behavior into concrete rules
5. Assign short-, medium-, and long-term rewards and consequences

Structure and Components

| Component | Example |
|------------------|--|
| Overarching goal | “To restore Amy to health so that she can enjoy a healthy, active life and gain independence.” |
| Long-term goal | “To return to soccer.” |
| Rules/Guidelines | “Amy must eat 100% of 3 meals and 2 snacks every day.” |
| Contingencies | “Amy will be able to go on a 10 minute walk if she meets all of her daily goals.” |

Example ED Contract

| | |
|-----------------------------------|--|
| Target Behavior | Refusing to eat breakfast, lunch, and dinner. |
| Concrete rule addressing behavior | Amy must complete 100% of 3 supervised meals per day (breakfast, lunch, and dinner). |
| Short-term reward | For every successful day, Amy will get her phone back in the evening. |
| Short-term consequence | If Amy doesn't complete meals, she will not leave the house for any reason besides school for 24 hours. |
| Long-term consequence | On the third day of not completing meals, Amy will not be allowed to go to school unless she finishes all meals at the beginning of the day. |

Data

UC San Diego Family Treatment Program (IFT)

Short-Term Intensive Family Therapy for Adolescent Eating Disorders in Single-Family and Multi-Family Contexts: Thirty-Month Outcome

Enrica Marzola^{1, 2}, Stephanie Knatz¹, Stuart B. Murray¹, Roxanne Rockwell¹, Kerri Boutelle¹, Ivan Eisler³, Walter H. Kaye¹

European Eating Disorders Review, 2015

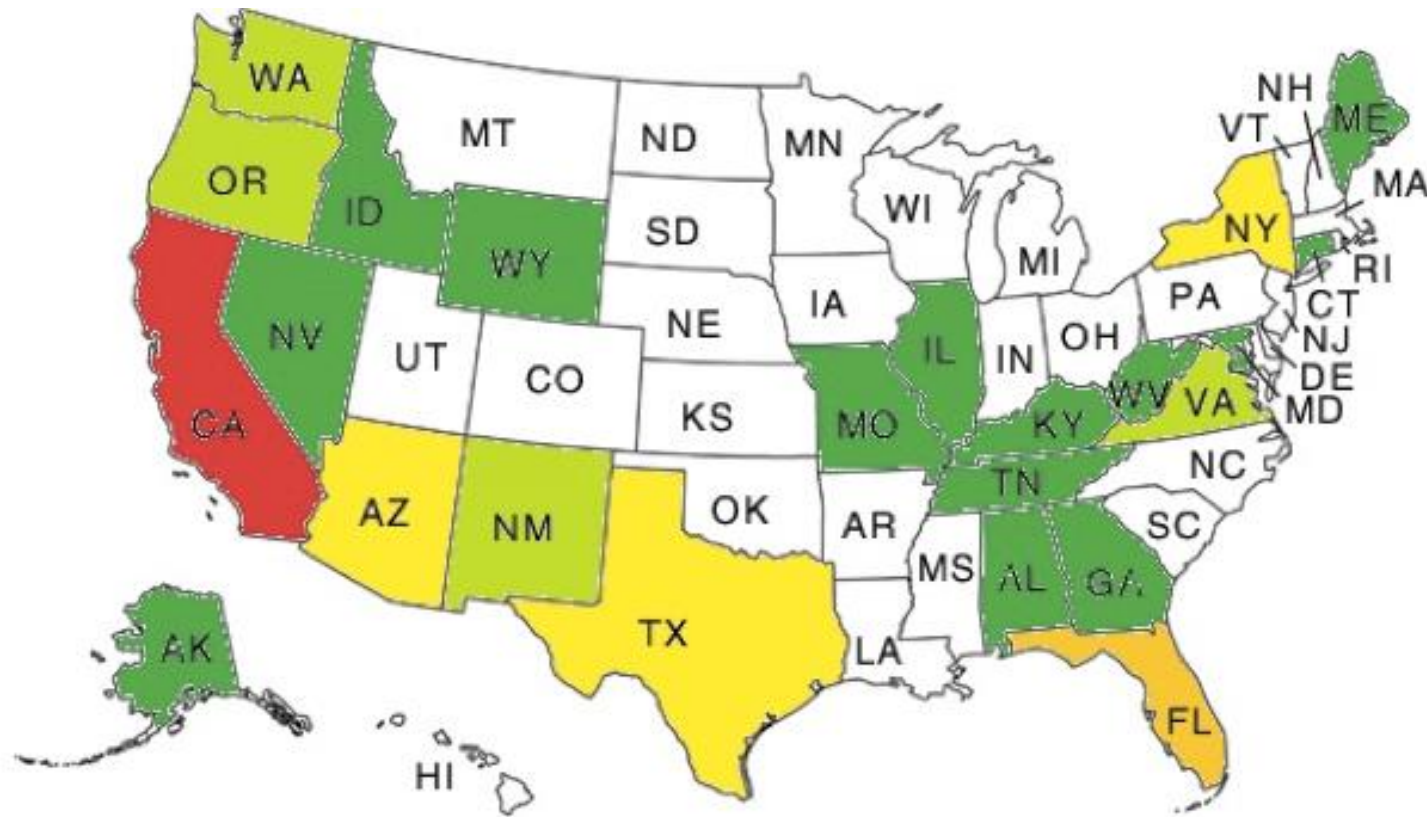
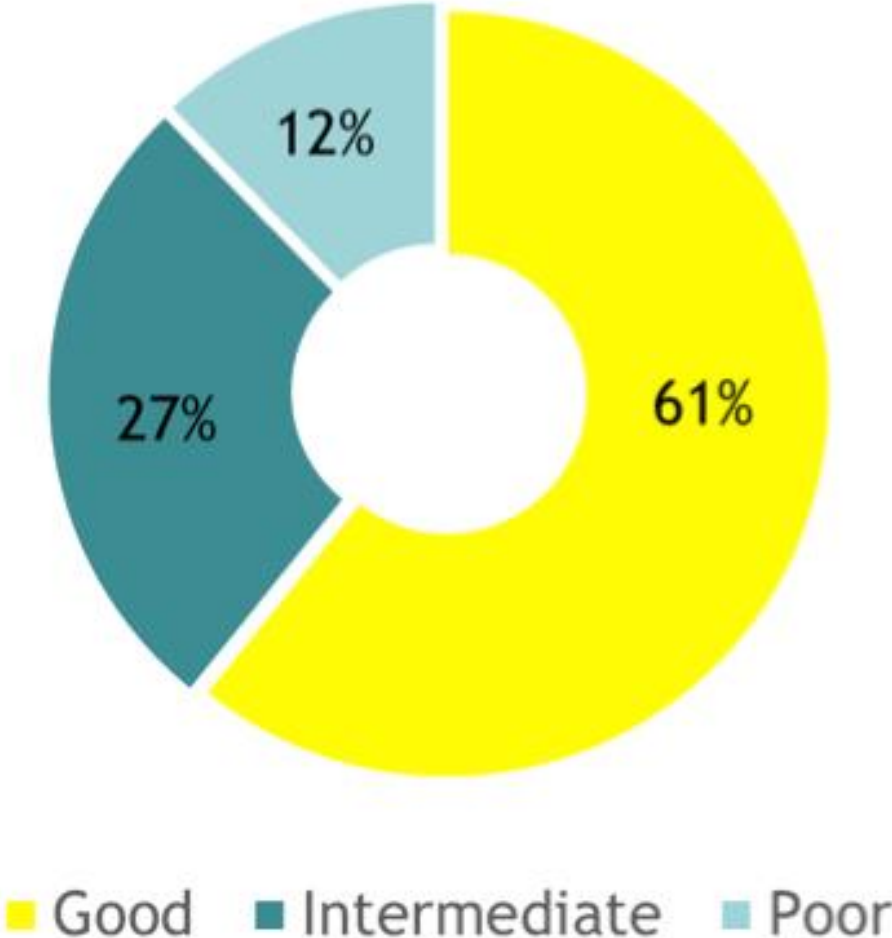


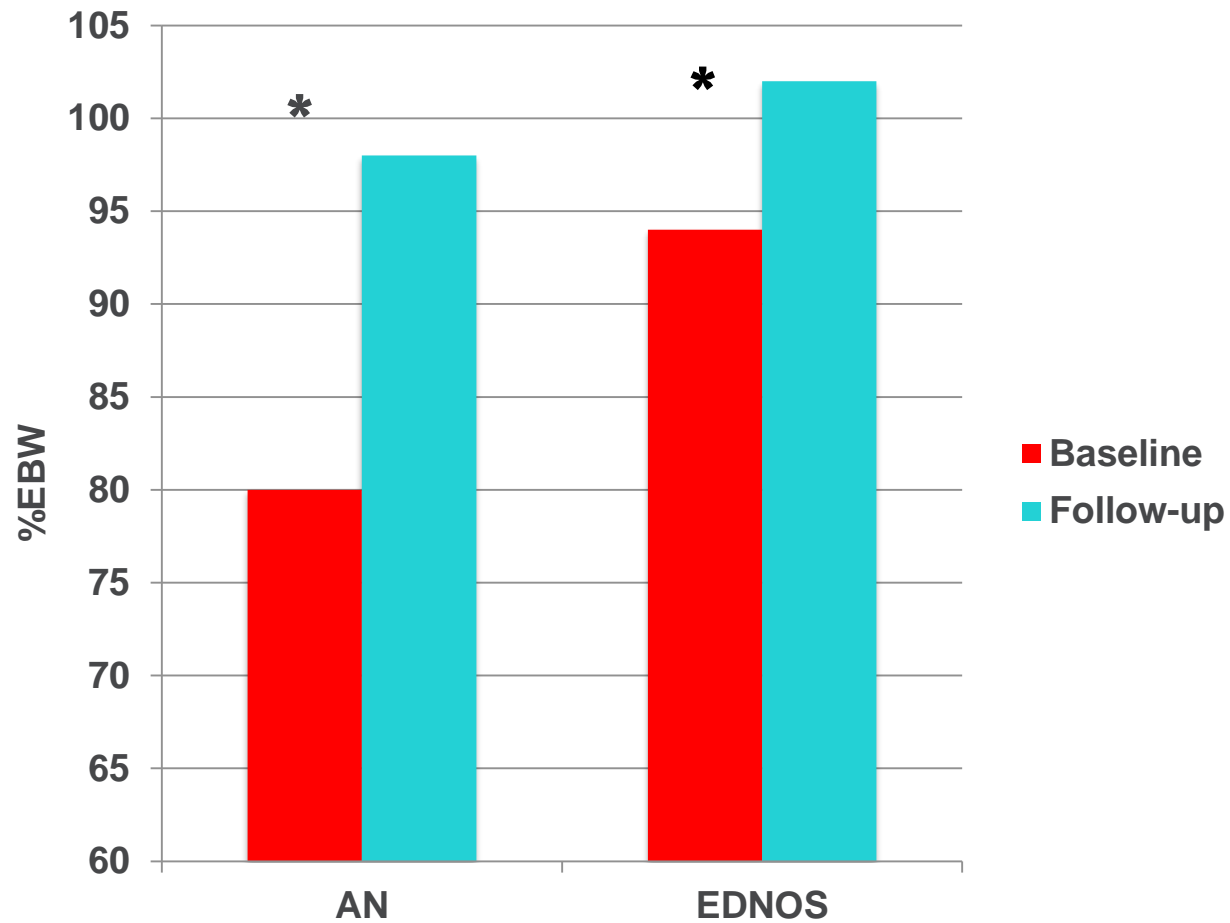
Figure 1. Participants' place of origin.

- Legend:
- >25 families
 - >10 families
 - 3-4 families
 - 2 families
 - 1 family

Outcome for Entire Sample



Comparison of EBW% at Baseline and Follow-Up (AN & EDNOS)



Assessment | More thorough understanding of eating disorder history

- Daily caloric Intake
- Daily fluid intake
- Menstrual History (females)
- Lifetime Highest Weight
- Lifetime Lowest Weight
- Significant Recent Weight Loss or Gain

Assessment | Eating disorder behaviors and symptoms

- Daily Intake: breakfast, snack, lunch, snack dinner, snack
- Bingeing behaviors: objective vs. subjective
- Restricting behaviors: portions, variety, etc.
- Exercise: over-exercise vs. healthy exercise
- Purging: how frequently, complications associated with behavior
- Usage of diet pills, laxatives, diuretics

Assessment | Thought Process

- Fear of Weight Gain
- Fear of Being Fat
- Scale: how often, number striving toward
- Description of Body: Obese, Overweight, Average, Thin, Underweight
- Body Checking Behaviors
- Eating in Public or Social Settings
- “Good foods” or “Bad Foods”
- Time Spent Thinking About: Food, Body Image, Weight, Exercise, etc.
<http://tedxtalks.ted.com/video/Eating-Disorders-from-the-Insid>

Assessment | Co-morbidities

- Mood Disorder Concerns
- Anxiety: Panic Attacks, Obsessive-Compulsive Traits
- Physical or Sexual Traumas
- Previous Psychiatric Hospitalizations
- Family History of Mental Illness

Assessment | Psychosocial functioning and stressors

- Family
- Work or School
- Social Relationships
- Finances
- Legal Matters

Assessment | Psychosocial functioning and stressors

Medical Components

- Dizziness
- Headaches
- Fainting
- Chest Pain and Heart Palpitations
- Bleeding with Purging
- Food allergies

Safety

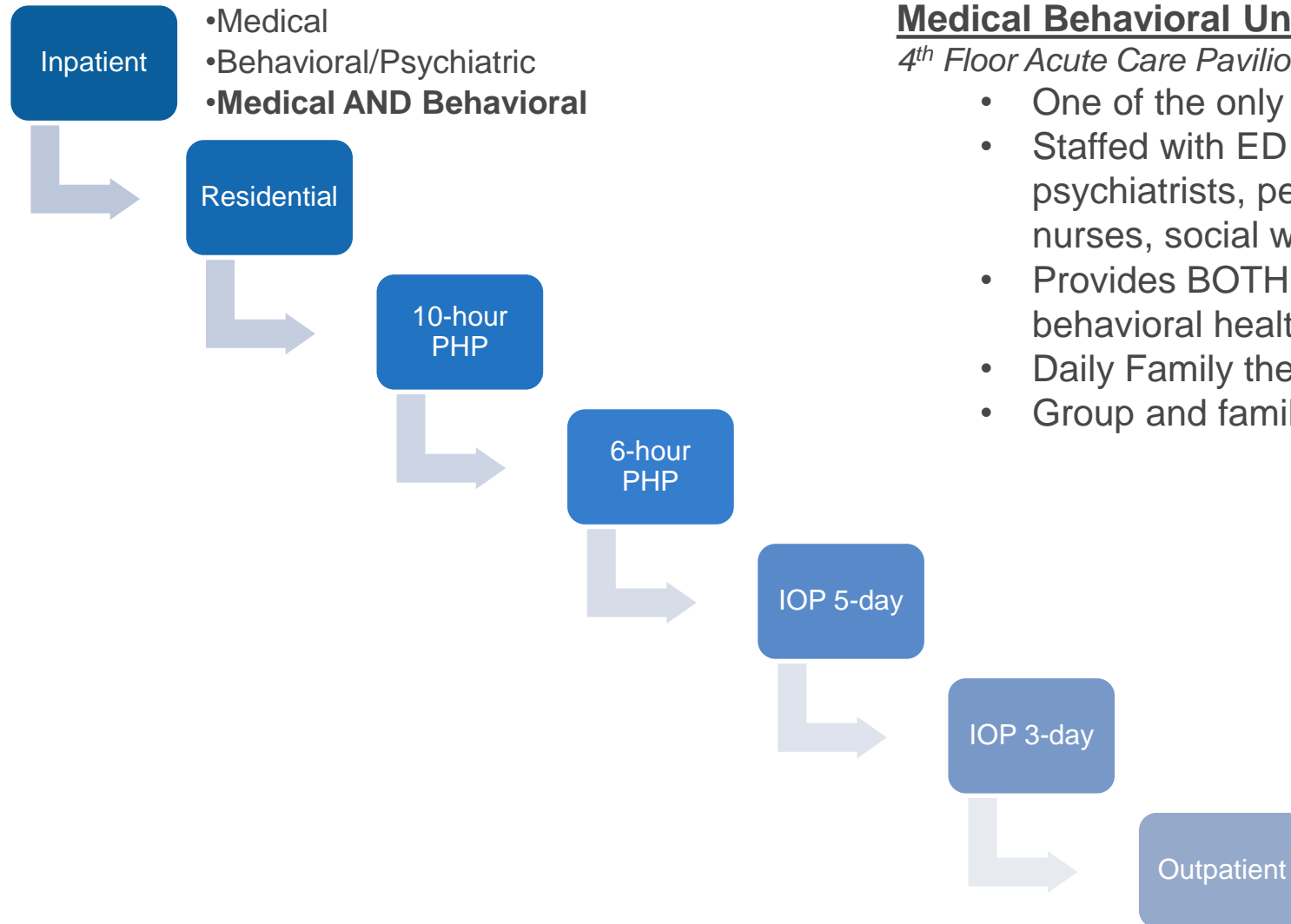
- Suicidal Ideation
- Previous Suicide Attempts
- Homicidal Ideation
- Self-Harm Behaviors
- Access to Guns
- Domestic Violence

Medical Clearance

The tests can be completed no earlier than 2 weeks prior to the start date

- EKG
- Fasting Lab Panel (to include phosphorous and magnesium)
- Orthostatic vitals

Levels of Care

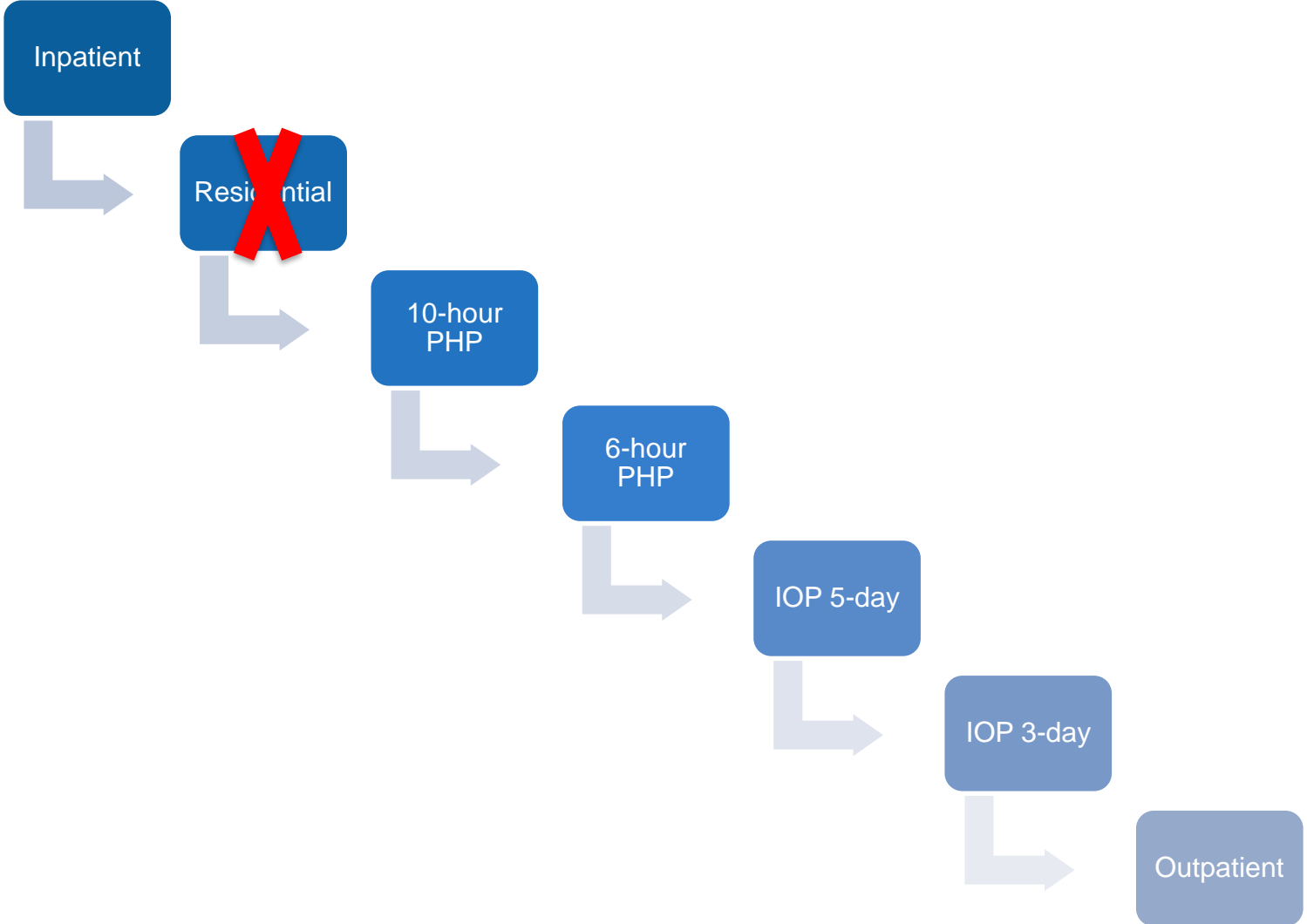


Medical Behavioral Unit (MBU)

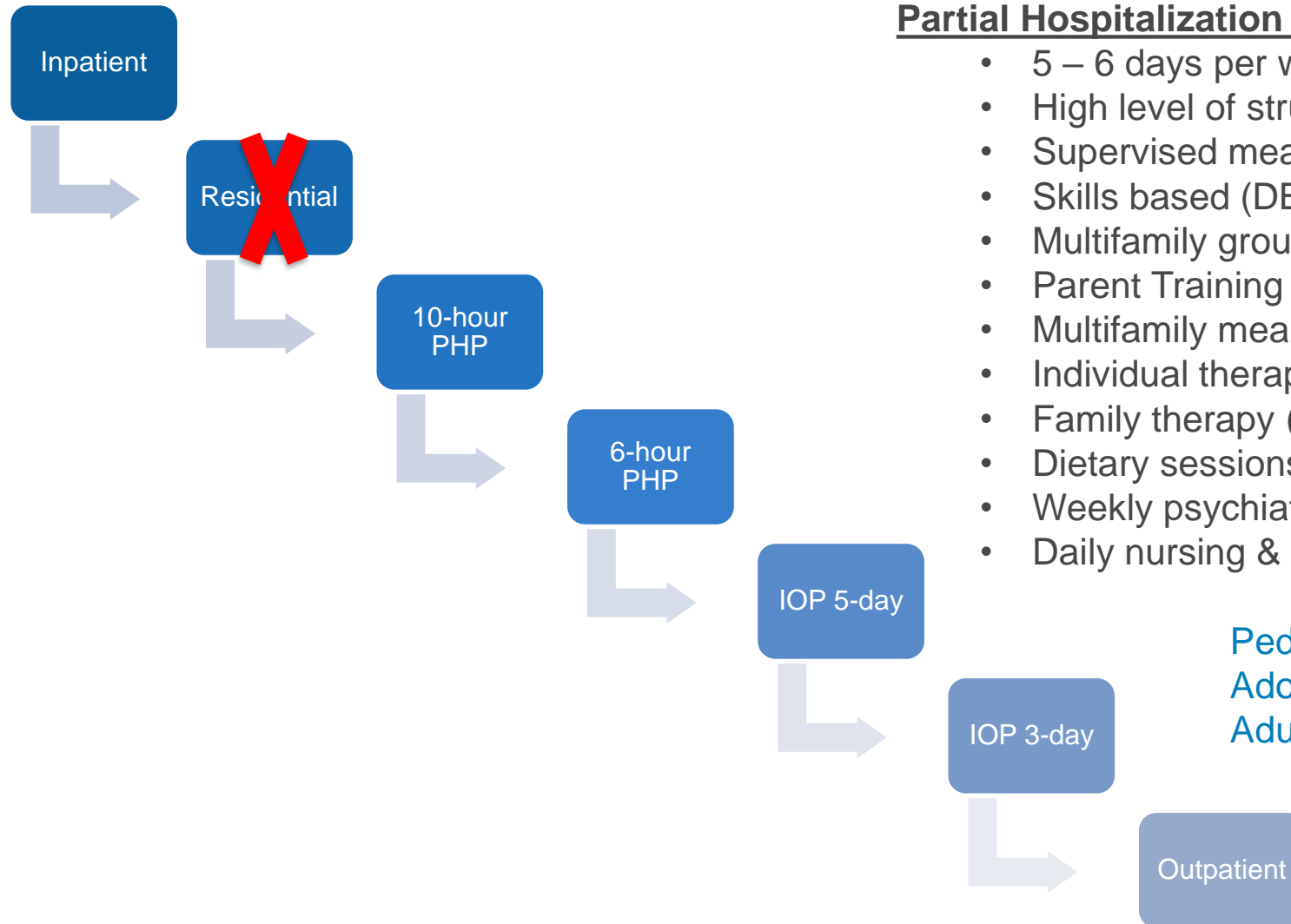
4th Floor Acute Care Pavilion at Rady Children's

- One of the only in the country
- Staffed with ED experts: psychologists, psychiatrists, pediatricians/adolescent MDs, nurses, social workers, dietitians
- Provides BOTH medical stabilization and behavioral health/psychiatric needs
- Daily Family therapy sessions (Maudsley)
- Group and family meals

Levels of Care



Levels of Care



Partial Hospitalization (PHP) = Day Treatment

- 5 – 6 days per week (30 – 60 hours/week)
- High level of structure to decrease ED bx
- Supervised meals and snacks
- Skills based (DBT) groups
- Multifamily groups
- Parent Training groups
- Multifamily meals
- Individual therapy (DBT)
- Family therapy (FBT/Maudsley)
- Dietary sessions (RD)
- Weekly psychiatric (MD) sessions
- Daily nursing & monitoring of vitals

Pediatric Clinic (Ages 8 – 13)
Adolescent Clinic (Ages 13 – 18)
Adult Clinic (Ages 18+)

Resources

“A brief, intensive application of family-based treatment for eating disorders.”

Family Therapy for Adolescent Eating and Weight Disorders: New Applications

Loeb, K., Le Grange, D., & Lock, J.

IFT Admission Process

- Families and/or professionals can call Admission Clinician, Samira Zakkout directly at 858-246-1825 or email: szakkout@ucsd.edu
- Admission Clinician will conduct a comprehensive phone assessment with parent(s) and patient for approximately 1.5 – 2 hours

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T: 858.534.8019

eatingdisorders.ucsd.edu