Family Therapy in Eating Disorders Treatment

The Philosophy and Practice of Family-Centered Care

Lisa Geraud, LMFT, RD

Eating Recovery Center of Washington

Objectives

- Describe how family-centered care developed as a treatment approach.
- Describe differences between traditional family therapy and family-centered therapy for treatment of eating disorders.
- Define characteristics of family-centered care and the health professional and how both contribute to optimum treatment.

EATING Recovery CENTER of Washington

Outline

- How family centered care evolved
- How family centered care benefits patients and families
- Key family centered care practices in eating disorders treatment
- Traits of the health professional providing family centered care for eating disorders

Family-Centered Care Philosophy and Practice

- Prompted by widespread recognition that
  - separation of young patients from caregivers had negative effects on youngsters
  - Parents and families felt frustrated with lack of information about loved one's illness or treatment and expressed feeling ill prepared to manage crises.

A broad definition of family

- Family = kin + significant others
- People very important in a patient's life due to strong bonds similar to kin bonds.

Two philosophies of family care

Family-*focused* care: meeting the patient's needs while taking the family into consideration

- Provider meets with patient
- Provider explores family issues as they relate to the patient's treatment goals
- Provider may encourage patient to express emotions and conflicts to family occasionally

Two philosophies of family care

- Provider may give summaries of care to family by
  - bringing them into portions of sessions
  - updating periodically on progress, with or without the patient present
- Summaries may include how family can support the patient based upon the therapist-patient therapeutic work.

EATING Recovery CENTER of Washington

Two philosophies of family care

Family-***centered*** care: meeting the needs of both patients and families

- Emphasizes relationships.
- Recognizes and builds on the strengths and interconnectedness of families.

EATING Recovery CENTER of Washington

Two philosophies of family care

- Regards highly the family's insights about
  - the patient and their vulnerabilities to illness
  - The patient's resiliencies
- Partners and collaborates with parents and families about treatment decisions, discharge plans
- Beyond diagnosis and treatment, adds the following:
  - educating the family
  - assessing needs of the whole family
  - providing resources for support

EATING Recovery CENTER of Washington

Family-centered Care: Core Assumptions

- Families play a key role in supporting loved ones with mental health disorders
- Families experience caregiver burdens and stress that require the compassionate attention of health care professionals
- Early involvement of families helps both patients and family members be well

EATING Recovery CENTER of Washington

Family-centered Care: Core Assumptions

- Children and teens with psychiatric illnesses need their parents longer and benefit from extended parental oversight due to the disruption of psychiatric illness to normal development and the reality of relapse in mental health disorders.

EATING Recovery CENTER of Washington

Family-centered Care: Core Components

- Patients and families are treated with dignity and respect
- Communication is open with patients and families
- Family strengths are recognized and supported
- Partnerships *between family members* are the focus far more than the partnership or therapeutic alliance between provider and patient or his/her family

EATING Recovery CENTER of Washington

Family-centered Care: Core Components

- The care provider collaborates with patients and families in
  - making treatment decisions
  - monitoring progress
  - evaluating treatment.

Family-centered Care: Core Components

- The care provider solicits information about patients from both patient and family members
- Needs, preferences and culture of the family are recognized and treatment is individualized with these realities in mind

Family-centered Care: Core Components

- The patient and family members receive education about the patient's illness
- The patient and family are connected to resources for support, including other families dealing with the same illness

How this improves treatment

- It is empowering
- It builds on strengths rather than correcting weaknesses, nurturing confidence and hope in the family to meet the challenges of the illness
- It keeps the “loss of perspective” of illness from controlling the treatment
- It provides support that people with mental illnesses need, especially at start of treatment when fear, grief and confusion are highest

Eating Recovery Center of Washington

The evidence

- Research shows that family centered care
  - Hastens patient recovery from mental illness
  - Lowers the risk of death
  - Reduces reliance on health care services
  - Reduces relapse rates
  - Enhances medication compliance
  - Bolsters family relationships and health

EATING Recovery CENTER of Washington

The evolution of family therapy to family-centered treatment in eating disorders treatment

"With us and for us"

-Craig Johnson, PhD

Traditional Family Therapies: Important Contributions

- Understanding families as complex systems is helpful in explaining relationships and behaviors
- Roles of parents versus children were better defined, as were traits of healthy families and family characteristics associated with well adjusted children

Traditional Family Therapies: Important Contributions

- Interventions were created for in-depth treatment of individual and relationship problems

All of these contributions and benefits may be relevant and helpful in eating disorders treatment, yet are likely to be most effective at later stage recovery.

Family Therapy in the Treatment of Eating Disorders

"It Takes A Village"

Clinicians as the experts on eating disorders

Families as the experts on their loved ones

EATING Recovery CENTER of Washington

Families as a Key Resource in Recovery

Treatment Resistance of Eating Disorders

+

Effects of Serious Psychiatric Illness on Family

+

Physical Health Threats of the Illness

↓

focused, intensive family interventions recognizing the patient's need of his/her family to get well

EATING Recovery CENTER of Washington

Influence of Genetics and Brain Research on Treatment of Eating Disorders and Families

- Genetic vulnerability exists long before an eating disorder is activated

  -Temperament features -Other genes

- Starved brain explains much of the mood disturbance and cognitive distortion seen in eating disorders

Families don't cause eating disorders and people with eating disorders don't choose them.

EATING Recovery CENTER of Washington

Maudsley and Family Based Treatment (FBT)

- A family-based treatment intervention for eating disorders is studied and developed in London:
- The clinical focus shifted from the *effect of the family* on the illness to the *effect of the illness* on the family.

Maudsley and Family Based Treatment (FBT)

- The treatment is further developed in the USA as a brief intensive family therapy model
  - 20 sessions by a single practitioner

Maudsley and FBT

- Attention to strengths of the family that helped youngsters get well
  - Parents aligned with each other about expectations of their loved one
  - Parents taking leadership in the recovery of their loved one through feeding them and evaluating readiness for resumed independence

Maudsley and FBT

- Attention to common responses to the illness that undermined those strengths
  - Disrupted parental alliance
  - Accommodation to patient fears or preferences maintaining illness
  - Blame and searches for root cause

FBT

- Parents invigorated and empowered to take charge of re-feeding their anorexic teen
- Focus maintained on weight restoration when teen is underweight
- Complete reframe about parental control
  - Rather than being encouraged to *step back* from controlling the behavior of their teen, parents were coached to *step in* for their son/daughter's welfare
  - Revolutionized treatment of adolescents with eating disorders

EATING Recovery CENTER of Washington

FBT

- Parents seen as key resource in recovery of their teen
- Therapist is consultant rather than expert
- Externalizing helped get family members on the same side against the eating disorder

What is “Externalizing?”

- A philosophical and treatment concept used widely for depression, OCD, etc. to make a distinction between the whole patient and the illness experienced by the patient
- The illness is characterized -- given an identity of sorts -- related to it’s nature, motives and agenda for the person

“Anorexia is never in favor of you eating or relaxing after a meal and will pressure you to run off every crumb you have consumed.”

EATING Recovery CENTER of Washington

FBT

- Parents provide “lovingly insistent” and consistent meal support for their son or daughter until he/she can feed self again
- Parents provide supervision of high risk times for purging, binge eating, exercising or other eating disorder behaviors
- Parents and siblings provide distractions and comforts for the physical discomfort and anxiety of eating and keeping food down

EATING Recovery CENTER of Washington

FBT

- The effect of the illness on all family members is discussed and treated as it relates to possible “maintaining factors” that could keep the illness going

FBT: a type of family-centered care

- Focus of treatment is on fighting the eating disorder and postponing other family problems to later in the course of care
- Parents are educated about eating disorders to empower them against the illness their loved one is experiencing

FBT: a type of family-centered care

- Most suited to young teens with recent onset of an eating disorder
- May be effective also for older teens and young adults when patient acknowledges benefits of parents taking over feeding to help them move forward in recovery
- Family-centered nature of FBT led to an adaptation for couples called UCAN (Uniting Couples Against Anorexia Nervosa)

EATING Recovery CENTER of Washington

When FBT may not be the best model

- High conflict and criticism from parent to child that doesn't resolve early in treatment
- Parental abuse

BUT – this does not mean the family is not involved in treatment. The involvement is simply different.

Separated Acceptance-based Family Therapy: A Family-centered Approach

- Sessions treat patient and family, but many sessions separate
- Empowerment model playing to family strengths
- Parents don't take over the responsibility of feeding

EATING Recovery CENTER of Washington

Separated Acceptance-based Family Therapy: A Family-centered Approach

- Although not taking leadership of feeding their loved one, the family is still engaged in treatment with them
- A focus is on education about the illness, as in FBT

Family-Centered Care and FBT

- FBT is one kind of family-centered care
- SAFT is another type
- Family Centered Care is larger than any particular eating disorder treatment model and therefore has wide applications.

EATING Recovery CENTER of Washington

What about confidentiality?

- All patients entitled to confidentiality (age 13 in state of WA) must be informed about the approach a health care provider takes.

What about confidentiality?

- Ethical practice is describing pros and cons of treatment and why clinician chooses to utilize the models they use.
- The philosophy and approach may be described while ensuring confidentiality about matters not relevant to the disorder.

Family-centered care for eating disorders

- First session: Parents and child/teen/young adult attend
  - Whole session or partial session attended by parents or family members depending on child/teen age and preference.
  - Patient and family describe how they noticed the eating disorder starting and how it affects their loved one AND them.

Family-centered care for eating disorders

- All are asked about the strengths of the family and the relationships
- All are asked what keeps or could keep the eating disorder going and what it would take to successfully fight the illness
- Family conflict is normalized rather than “pathologized”

Family-centered care for eating disorders

- All are encouraged to ask questions
- Focus is aligning the family against the eating disorder by “externalizing” -- making the distinction between the loved one and the illness

EATING Recovery CENTER of Washington

"Externalizing" for patient

- "You want to eat and part of you is even worried about you health, but the eating disorder won't let you. It shames you for wanting to eat, calls you a disgusting, fat pig, makes you check your body for any trace of fat and holds you to starving and relentless exercise routines."

Eating Recovery Center of Washington

"Externalizing" for parent

- "You see that your daughter needs you to help her fight the eating disorder, yet her behaviors are confusing and upsetting for you and you know she will become upset when you challenge the eating disorder. It is easy to wonder if you are doing the right thing when the negative reaction to your encouragement is so strong."

Eating Recovery Center of Washington

Family-centered care for eating disorders

- Goals and hopes of all family members are illuminated by the provider
- Obstacles to attaining goals are identified
- Solutions to obstacles are identified
- Commitment of family members, including patient, is nurtured by the provider

EATING Recovery CENTER of Washington

Common influences of eating disorders on the family

- Parents intimidated by the rigidity, the behaviors and the cognitive distortions
- Parents intimidated by changes in their teen's personality and health

Restoring disrupted family structure

- Parents encouraged to assume executive leadership in the family
- Parents encouraged to make decisions together about expectations of their son or daughter, then share those together
- Parents may need to “lovingly demote” a sibling who has become parental

Common effects of eating disorders on the family

- Parents wonder if they did something wrong to cause the illness
- Parents, under pressure, become “split” about how to respond to behaviors.
  - Disagreements about what to expect
  - Different tolerances for conflict that can have one parent resort to accommodating the illness

Traits of the family-centered care provider

- Warm and engaging, yet professional
- Conveys compassion regarding the challenges of the illness for both patient and family
- Humble and inquiring as opposed to dictatorial, yet candid about the realities of the illness

Traits of the family-centered care provider

- Provides clinical feedback clearly and compassionately
- Continually seeks the family's perspective
- Maintains an optimistic, solution-focused and hopeful stance and encourages patients and families toward the same

Family Education

- Families learn about
  - Research on eating disorders
  - Who gets an eating disorder and why
  - Which treatments are shown to be effective
  - How long treatment takes
  - What it is like to experience an eating disorder
  - Resources to support them and their treatment goals

EATING Recovery CENTER of Washington

Family support

- Families receive support for their role in the recovery process
- Families receive support for self-care
- Families have a place to unburden to each other and be a resource to one another
- Families learn from each other

  -“We are in this together”

EATING Recovery CENTER of Washington

Family Satisfaction and Evaluation of Treatment

- Families are engaged in evaluating treatment throughout the care process
- Families are asked their opinions about how treatment and family education could improve

Summary

- Family-centered care evolved from the recognition that people with mental illness, especially youngsters, need empowered parents and families to help them achieve and sustain optimum health
- Family-centered care recognizes and utilizes the power of family bonds and relationship commitments in healing

Summary

- When the whole family receives care, support and education for the challenges of illness, most are able to meet the challenges of illness and overcome them