UC San Diego
Intensive Family Treatment Program (IFT)

Stephanie Knatz, Ph.D.
Samira Zakkout, M.Ed/Ed.S.

UC San Diego Eating Disorders Program
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)
<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00-9:00</td>
<td>BREAKFAST</td>
<td>BREAKFAST</td>
<td>BREAKFAST</td>
<td>BREAKFAST</td>
<td>BREAKFAST (weights and vitals)</td>
</tr>
<tr>
<td>9:00-9:30</td>
<td>Orientation</td>
<td>Meal Feedback</td>
<td>Medical Consequences of ED</td>
<td>The Gauntlet Exercise</td>
<td>Cross-generational interview</td>
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<tr>
<td>9:30-10:00</td>
<td>Introduction to Neurobiology</td>
<td>Medical Consequences of ED</td>
<td>and Physiological Effects of</td>
<td>The Gauntlet Exercise</td>
<td>Cross-generational interview</td>
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<tr>
<td>10:00-10:15</td>
<td>SNACK</td>
<td>SNACK</td>
<td>SNACK</td>
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<td>SNACK</td>
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<tr>
<td>10:15-10:30</td>
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<td></td>
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<tr>
<td>10:30-11:00</td>
<td>Multi-family introductions</td>
<td>Psychoeducation: Neurobiology of Eating Disorders</td>
<td>Behavioral Contracting: Negotiating Terms</td>
<td>Behavioral Contracting: Negotiating Terms</td>
<td>Behavioral Contracting: Negotiating Terms</td>
</tr>
<tr>
<td>11:00-11:30</td>
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<tr>
<td>11:30-12:00</td>
<td>Parents: Meal planning</td>
<td>Behavioral Contracting: Activity</td>
<td>Dialectical Behavior Therapy: DEARMAN</td>
<td>Survival Toolkit</td>
<td></td>
</tr>
<tr>
<td>12:00-1:00</td>
<td>Multi-Family Meal</td>
<td>Multi-Family Meal</td>
<td>Multi-Family Meal</td>
<td>Multi-Family Meal</td>
<td>Multi-Family Meal</td>
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<tr>
<td>1:00-1:30</td>
<td>BREAK</td>
<td>BREAK</td>
<td>BREAK</td>
<td>BREAK</td>
<td>BREAK</td>
</tr>
<tr>
<td>1:30-2:00</td>
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<td></td>
</tr>
<tr>
<td>2:30-3:00</td>
<td></td>
<td></td>
<td>Parent Group: Preparation for Parent Education</td>
<td>Parent Group: Coping Skills Training</td>
<td>Parent Group: Coping Skills Training</td>
</tr>
<tr>
<td>3:00-3:30</td>
<td>SNACK</td>
<td>Intra-family Role Play</td>
<td>Family Sculpt</td>
<td>Behavioral Contracting</td>
<td>Psychiatric Follow-up appointments</td>
</tr>
<tr>
<td>3:30-4:00</td>
<td>Review Goals and Wrap-Up</td>
<td>SNACK</td>
<td>SNACK</td>
<td>SNACK</td>
<td>SNACK</td>
</tr>
<tr>
<td>4:00-5:00</td>
<td>Separate Family Therapy Sessions</td>
<td>Separate Family Therapy Sessions</td>
<td>Separate Family Therapy Sessions</td>
<td>Separate Family Therapy Sessions</td>
<td>Separate Family Therapy Sessions</td>
</tr>
</tbody>
</table>
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

Multi-family group therapy

Patient

Parents

Psychoeducation

Patient skills training

Behavioral contracting

Parent management skills training
Primary Treatment Components

UC San Diego Family Treatment Program (IFT)
Core Therapeutic Components

- Multi-family group therapy
- Patient
- Parents
- Patient skills training
- Behavioral contracting
- Parent management skills training
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

Multi-family group therapy

- Patient
- Parents

- Patient skills training
- Behavioral contracting
- Parent management skills training

Psychoeducation
Psycho-Education

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

Multi-family group therapy

- Patient
- Parents

- Patient skills training
- Behavioral contracting
- Parent management skills training
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

Multi-family group therapy

Patient

Parents

Patient skills training
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

Multi-family group therapy

Patient

Patient skills training

Parents

Parent management skills training
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

Teen Behavior → Parent Response → Future Response Likelihood
# Behavior Management Strategies

<table>
<thead>
<tr>
<th>Validation</th>
<th>Distraction</th>
<th>✓</th>
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<tbody>
<tr>
<td>Consequences</td>
<td>Time limit</td>
<td>✓</td>
</tr>
<tr>
<td>Rewards</td>
<td>Predictability</td>
<td>✓</td>
</tr>
<tr>
<td>“Broken Record”</td>
<td>Praise</td>
<td>✓</td>
</tr>
<tr>
<td>Breaking down the task into smaller parts</td>
<td>Shaping</td>
<td>✓</td>
</tr>
<tr>
<td>Remaining calm</td>
<td>Confidence</td>
<td>✓</td>
</tr>
<tr>
<td>Consistency – routine and structure</td>
<td>If-when statements</td>
<td>✓</td>
</tr>
<tr>
<td>Clear boundaries and expectations</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Threats</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Threats</td>
<td>✗</td>
</tr>
<tr>
<td>Nagging</td>
<td>✗</td>
</tr>
<tr>
<td>Screaming/yelling</td>
<td>✗</td>
</tr>
<tr>
<td>Guilting/blaming</td>
<td>✗</td>
</tr>
<tr>
<td>???</td>
<td>✗</td>
</tr>
<tr>
<td>???</td>
<td>✗</td>
</tr>
</tbody>
</table>
Meal Coaching

• Therapist role:
  • Modeling
  • Prompting
  • Reinforcing
  • Reflecting
Therapeutic Components

Multi-family group therapy

Patient

Parents

Psychoeducation

Patient skills training

Behavioral contracting

Parent management skills training
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

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

<table>
<thead>
<tr>
<th>Target Behavior</th>
<th>Refusing to eat breakfast, lunch, and dinner.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concrete rule addressing behavior</td>
<td>Amy must complete 100% of 3 supervised meals per day (breakfast, lunch, and dinner).</td>
</tr>
<tr>
<td>Short-term reward</td>
<td>For every successful day, Amy will get her phone back in the evening.</td>
</tr>
<tr>
<td>Short-term consequence</td>
<td>If Amy doesn’t complete meals, she will not leave the house for any reason besides school for 24 hours.</td>
</tr>
<tr>
<td>Long-term consequence</td>
<td>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.</td>
</tr>
</tbody>
</table>
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 Marzola¹,², 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:  
- Red: >25 families
- Orange: >10 families
- Yellow: 3-4 families
- Light yellow: 2 families
- Green: 1 family
Outcome for Entire Sample

- Good: 61%
- Intermediate: 27%
- Poor: 12%
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”
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

Inpatient
- Medical
- Behavioral/Psychiatric
- Medical AND Behavioral

Residential

10-hour PHP

6-hour PHP

IOP 5-day

IOP 3-day

Outpatient

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

- Inpatient
- Residential
- 10-hour PHP
- 6-hour PHP
- IOP 5-day
- IOP 3-day
- Outpatient
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