

Family Based Treatment (The Maudsley Method) An Overview

Eating Disorder Coalition of New Jersey



What is FBT?

- An intensive outpatient treatment where parents play an active and positive role in order to
 - Phase I - Help restore their child's weight to normal levels expected given their adolescent's age and height
 - Phase II- Hand the control over eating back to the adolescent
 - Phase III - Encourage normal adolescent development through an in-depth discussion of these crucial developmental issues as they pertain to their child



Fundamental Assumptions of FBT

- Agnostic view of cause of illness
 - Neither parents nor adolescent are to blame
 - Causality not the focus of treatment
- Non authoritarian therapeutic stance
 - Joining with the family
 - Therapist acts as a consultant - Therapists are experts on ED, Parents are experts on their child



Fundamental Assumptions of FBT

- Parents are responsible
 - Not for the illness but for taking care of their child
- Externalization
 - Separating the child from the illness
 - Parents need to be firm with the ED and supportive of the adolescent
- Initial focus on symptoms
 - Emphasis is first on behavioral change – no direct cognitive focus with patient
 - Delay of other issues until patient is less behaviorally and psychologically involved with ED
 - Sessions focus on eating and weight regain



Effects of FBT Tenets

- Highly focused, staged treatment
- Emphasis on behavioral recovery rather than insight and understanding or cognitive change
- This approach might indirectly improve family functioning and cognitive change



FBT History

- Developed at the Maudsley Hospital in London in the 1980s
- Continues to be refined at Stanford, Chicago, London, Melbourne, New York and others



Rationales for Employing FBT

- Hospitalization → Traumatic → Disempowers Parents
 - Parents feel like they should be able to feed their children
 - Suicidality and medical instability ultimately dictate level of care
- Empirical Support
 - Inpatient care is not superior to outpatient treatment for AN
 - Individual psychotherapy has not demonstrated systematic superiority over family treatments
 - Family treatments are the most studied



Myths About FBT

- FBT advocates force feeding
 - TRUTH – The treatment involves compassionate, yet persistent and firm expectations that the adolescent eat an amount of food that can reverse the state of starvation his or her body is in and help them gain weight.
- FBT is punitive
 - TRUTH - Food is medicine
 - » Do what it takes to save the child's life



Myths About FBT

- FBT will ruin a parent-child relationship
 - TRUTH- Once child has completed re-feeding process, parents and child generally report a strong bond
- Isn't an ED about autonomy? My child will not get better if I take away her autonomy around eating.
 - TRUTH - When an adolescent has anorexia nervosa, food choices are *one* part of independence that must be *temporarily* withdrawn. Other aspects of an adolescent's independence, as determined by the parents, are not restricted.



Incorporating FBT at EDPAH

- Outpatient FBT
- FFT Track
 - Parent orientation
 - Family meals
 - FBT therapists as consultants
 - Role of RDs

