

Family Based Treatment, FBT (also known as the “Maudsley Approach”)

Information for Young People and Families

FBT is a specific form of intensive, outpatient, family based intervention for the treatment of anorexia nervosa and bulimia nervosa in young people with recent onset (less than 3 years). It is built around the principle that the family is the strongest resource in bringing children and young people back to full health. It is recommended by eating disorder guidance* (NICE, 2017) as having the strongest evidence base in adolescent anorexia nervosa and bulimia nervosa.

Eating disorders are life-threatening illnesses. Anorexia nervosa has the highest mortality rate of any other mental health condition. Reversing the state of starvation and renourishment is essential and FBT seeks to empower parents to support and insist their child does things they and the eating disorder find highly distressing, including eating regularly, reintroducing foods, being weighed and gaining weight.

In most cases, the treatment has three phases over a period of **6-12 months**, led by a family-based therapist, and involves the **whole family (young person, parents/carers, siblings) in hour-long regular sessions**. The parents/carers are coached in how to help their young person eat (and/or stop purging and over-exercising) and siblings are encouraged to be an ally with their sibling. Typically, there would also be initial dietetic appointments and regular medical monitoring alongside FBT.

What to expect during FBT?

The treatment aims to support parents/carers to restore their child's weight back to normal level or be on track developmentally before handing back age appropriate control of eating to the young person, and then encourage typical adolescent development free of their eating disorder. The young person is also seen briefly individually to be weighed at the start of each session. This weight is recorded and shared with the family in each session. FBT does not look for or place blame on any individual for the development of an eating disorder and tries to separate out the decisions, beliefs and behaviours of the eating disorder and the young person.

Treatment Phases

The treatment is divided into three core phases:

Phase I: The Re-feeding phase: The first part of treatment starts with weekly appointments and aims to bring about renourishment and consequent reversal of the state of starvation. The re-feeding phase tasks parents to take full control and responsibility around what, when, and how much the young person eats. Young people need support and supervision at all eating times, as the eating disorder will make it exceptionally difficult for the young person to make the appropriate choices.

The FBT clinician will support the family through increasing awareness and knowledge of eating disorders and to manage the distress caused by their illness.

Siblings can play an important supportive role that is not tied up with the task of refeeding. Phase I can be exceptionally difficult for all family members involved, and can sometimes require parents/carers having time off from work and young people time off from school.

Phase II: Returning control over eating to the adolescent: The second part of treatment commences when the parents have taken full control of all of the behaviours associated with the eating disorder, and their child's weight has been restored sufficiently. This phase of treatment involves parents *gradually* encouraging the young person to take age appropriate control over their eating and activity. Appointments are less frequent and move to fortnightly.

Phase III: Establishing healthy adolescent identity: Phase III is initiated when the adolescent is able to maintain healthy weight on their own and self-starvation has completely ceased. The therapist and family work to restore normal (for that individual and family) and age-appropriate lifestyle and relations between family members. Relapse prevention and ending treatment will be discussed within Phase III. Frequency of appointment will also reduce to a level agreeable to the family and clinician.

For more information please visit www.maudsleyparents.org

*Eating Disorders recognition and treatment, NICE Guideline [NG69], May 2017, www.nice.org.uk/guidance/ng69

Eating Disorders, SIGN Guideline [SIGN 164], Jan 2022 <https://www.sign.ac.uk/our-guidelines/eating-disorders/>