

Family Based Treatment (FBT)

Information for young people and families

Family Based Treatment, or FBT, is a specific form of intensive, outpatient, family-based intervention for the treatment of anorexia nervosa and bulimia nervosa in young people. It is built around the principle that the family is the strongest resource in bringing young people back to full health. It is recommended by eating disorder guidance (SIGN, 2022) as having the strongest evidence base in treating child and adolescent anorexia nervosa and bulimia nervosa.

Reversing the state of starvation and reducing eating disorder behaviours is essential and FBT seeks to empower parents/carers to support their child in this process.

In most cases, the treatment has three phases over a period of 6-12 months, led by a CAMHS Clinician and typically involves the whole family (e.g. young person, parents/carers, siblings, other family who live with or care for the young person) in hour-long regular sessions. Parents/carers are supported to in developing the knowledge and skills in supporting their young person to challenge their eating disorder. 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 young person is seen individually at the start of each session to obtain their weight. The weight is recorded and shared with the family at the start of 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.

The treatment aims to support parents/carers to restore their young person's health and eating behaviours back to normal and be on track developmentally before handing back age-appropriate responsibilities of eating to the young person, and then encourages typical development free of their eating disorder.

The treatment is divided into three 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 refeeding phase tasks parents/carers temporarily to take on an extraordinary approach to parenting with them taking full responsibility around what, when and how much their young person eats. Young people need extra support with the process of eating at each meal and snack time and interrupting eating disorder behaviours such as purging.

The FBT clinician will support the family through increasing awareness and knowledge of eating disorders and work through 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 to take time off from work and young people time off from school.

Phase II: Returning responsibility over eating to the young person: This phase of treatment involves the parents/carers gradually encouraging the young person to take age appropriate responsibility over their eating and activity. Appointments are less frequent and move to fortnightly. Phase II commences when parents/carers feel confident in their approach to supporting their young person, their young person's weight has been restored sufficiently and there has been stabilisation of eating patterns.

Phase III: Establishing healthy adolescent identity: Phase III is initiated when the young person is able to maintain healthy weight on their own and eating disorder behaviours have 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 appointments will also reduce to a level agreeable to the family and clinician (often 4-6 weekly).

