

Patient & Family Guide

2023

Family-based Treatment for Eating Disorders in Children and Adolescents



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Family-based Treatment for Eating Disorders in Children and Adolescents

What is family-based treatment (FBT)?

- FBT is an outpatient treatment for eating disorders (like anorexia nervosa [AN] and bulimia nervosa) in children and adolescents (teenagers).
- FBT focuses on supporting parents and/or guardians in stopping their child or adolescent's disordered eating and helping them eat in a more healthy way.

What causes eating disorders?

- There is no ultimate cause for eating disorders. FBT focuses on changing a person's behaviours, instead of looking for an underlying cause.
- This focus on changing behaviours leads to recovery.

How can parents help?

Parents and/or guardians take an active role in their child or adolescent's recovery.

- We ask parents and/or guardians to take an active role in supporting behavior change because they are best able to:
 - › Help their child or adolescent gain weight (for AN)
 - › Stop problem behaviours (like vomiting [throwing up], hiding food, exercising too much)
 - › Help with their child or adolescent's long-term recovery
- Children or adolescents who have an eating disorder are not able to make good decisions about food, weight, and activity. Parents and/or guardians must take charge of these decisions for them until they recover.
- It is very hard to stop disordered eating. Your child or adolescent will be the most successful when they have healthy, regular habits.

How can other family members help?

FBT involves the whole family.

- We ask that the following family members attend treatment:
 - › Anyone that lives with the child or adolescent (including siblings)
 - › Adults that live outside the home that are caregivers to the child or adolescent (like grandparents, other relatives, close family friends)
 - › Other family members that are important sources of support for you and your child or adolescent (especially if they join your family for meals often).

Who will be on my child or adolescent's treatment team?

FBT uses a team approach.

- The treatment team is led by the FBT clinician. They will partner with your family to support you in helping your child or adolescent recover.
- Your treatment team will also include your primary health care provider (family doctor or nurse practitioner), who will monitor your child's or adolescent's physical health.

- Depending on your child's or adolescent's treatment needs, other members of the team could include a registered dietitian and/or a child and adolescent psychiatrist (for example, if your child is taking psychiatric medication). Your FBT clinician will also consult with other eating disorder professionals, as needed.
- FBT sessions will be held with the FBT clinician. Other team members will be consulted, as needed.
- Your child or adolescent's health care team will consult with their primary health care provider to manage medical issues. This includes sending them our recommendations at the start of treatment and sending them regular updates.
- We also ask that your child or adolescent's primary health care provider update the FBT health care team each time they see your child or adolescent.

How does FBT work?

FBT usually takes 6 to 12 months. At first, treatment sessions are held each week. Over time, they are less often.

FBT has 3 phases:

- In Phase 1, for your child or adolescent to become healthy again and gain weight, parents and/or guardians are put in charge of interrupting eating disorder behaviours (like refusing to eat, vomiting, hiding food, or exercising in secret).
- Phase 2 involves helping your child or adolescent gradually gain independence with eating. This includes:
 - › Choosing foods on their own
 - › Serving themselves the right amount of food
 - › Stopping eating-disordered behaviours
 - › Going back to doing sports or other physical activities they used to enjoy

As your child or adolescent recovers from their eating disorder, they will also be able to enjoy more independence in other areas of their life, like spending time with friends.

- Phase 3 involves:
 - › Monitoring to make sure the eating disorder does not come back
 - › Getting ready for or going back to normal activities that may have been put on hold because they were sick (like driving a car, getting a part-time job, making new friends)

Phase 1: Gaining weight and stopping eating disorder behaviours

- Phase 1 focuses on helping your child or adolescent create good eating habits:
 - › For AN, this means renourishing your child or adolescent. Refeeding means helping them gain back the weight they lost, and stopping behaviours that would get in the way of weight gain (like exercise, vomiting).
 - › For bulimia nervosa, this means stopping your child or adolescent from binge eating and purging, and helping them follow a healthy eating schedule.
- Treatment sessions will usually be once a week for 50 to 60 minutes.

- To help your child or adolescent work on good eating habits, we will ask you to support them during meals. This involves:
 - › Choosing what, how much, and where they eat each meal
 - › Supervising all meals and snacks
 - › Supporting your child or adolescent to finish their food
 - › Providing longer times for meals to be finished
 - › Providing support and distraction (like watching TV, doing a craft, reading a book) during and after meals to help with distress
 - › Stopping bingeing and/or purging
- Your child or adolescent may want to avoid certain foods (like bread, meat, dairy, desserts, or “fast food”). If they ate these foods before they got sick, keep offering these foods.
- If your child or adolescent has AN, they will likely try to stop gaining weight. This can be challenging. They may need to eat more food than usual and eat different foods than the rest of the family. You will have to take control of their eating habits, while offering emotional support.

You may need to:

- › Increase their portion sizes
- › Provide foods that have more calories and healthy fats (like nut butters, whole milk)
- › Have them eat more often (3 meals and 3 snacks)
- You will have to stop your child or adolescent from exercising if:
 - › They need to gain weight.
 - › They have been medically unstable (they have medical symptoms because they have not gotten enough nutrition for normal growth).
 - › They are currently or have previously used exercise to lose weight or prevent needed weight gain.
 - › Their exercise habits appear compulsive (they have trouble limiting it to a healthy amount).
- Depending on their needs, this may mean no physical activity at all, or no intense (very hard) activities (like sports and gym class).

Phase 2: Helping your child or adolescent gain independence

- Once your child or adolescent is healthier and eating well under your supervision, you will move to Phase 2. In this phase, treatment sessions will be held less often, spaced every 2 to 3 weeks.
- In Phase 2, you will slowly let your child or adolescent eat more independently over time. As they practice choosing meals and eating on their own, you will closely monitor to make sure they stay healthy (gaining or maintaining weight, as needed).
- Their primary health care provider and FBT clinician will work together to decide when it is OK for them to be more active, under your supervision.
- In your FBT sessions, you may talk more about the issues that affect your child or adolescent's eating (like stress at school, friendships, or puberty) and help them return to having a healthy relationship with food.

- As your child or adolescent recovers, sessions may focus on helping them get involved in activities with their friends. They may start with gentle physical activities (like watching movies or hanging out at home) and then add in more physically demanding activities when they are ready (like shooting hoops, ice skating, skateboarding, swimming).

Phase 3: Returning to healthy development

- When your child or adolescent's weight, eating, and exercise habits have returned to normal, they will move to Phase 3. In this phase, the main goal is to help them get back to healthy development.
- Sessions will be held about every 4 to 6 weeks. You may only need 1 or 2 sessions. FBT sessions will focus on helping your child get fully back on track with their development. Your FBT clinician will help you talk about and deal with issues of adolescence that are important to you and your child, like puberty, sexuality, friendships, schooling, or taking on more responsibility (learning to drive, getting a job, chores, curfew changes).

- Your FBT clinician will continue to check in with your family about your child’s progress. They will ask whether your child or adolescent is keeping up healthy eating and exercise habits, and maintaining a healthy weight. Your FBT clinician will help you identify what is going well, and plan for how to stay in recovery long-term and prevent relapse. If any issues come up that could interfere with recovery, your FBT clinician can help you problem-solve these issues now and in future.
- If your child or adolescent has other mental health concerns (like anxiety or depression), their FBT clinician can refer them to services. Ask the health care team for a referral, or call Mental Health and Addictions Intake:
 - › Phone (toll-free): 1-855-922-1122

What are your questions?

Please ask. We are here to help you.

Resources

Books for parents and/or guardians

Help Your Teenager Beat an Eating Disorder,
Second Edition by James Lock, MD, PhD and
Daniel Le Grange, PhD

*When Your Teen Has an Eating Disorder: Practical
Strategies to Help Your Teen Recover from
Anorexia, Bulimia & Binge Eating*, by Lauren
Muhlheim

Website

Maudsley Parents: A site for parents of children
with eating disorders

- › www.maudsleyparents.org

Videos

BC Children's Hospital™ Kelty Mental Health
Resource Centre

- › [www.youtube.com/playlist?list=PL21D7E85
D804263B2](https://www.youtube.com/playlist?list=PL21D7E85D804263B2)

The Victorian Centre of Excellence in Eating
Disorders – Anorexia Full Documentary

- › [https://ceed.org.au/video/anorexia-
parents-parents-what-we-wish-we-had-
understood/](https://ceed.org.au/video/anorexia-parents-parents-what-we-wish-we-had-understood/)

Looking for more health information?

Find this pamphlet and all our patient resources here: <https://library.nshealth.ca/PatientEducation>

Contact your local public library for books, videos, magazines, and other resources.

For more information, go to <http://library.novascotia.ca>

Connect with a registered nurse in Nova Scotia any time: call 811 or visit <https://811.novascotia.ca>

Learn about other programs and services in your community: call 211 or visit <http://ns.211.ca>

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The information is not intended to be and does not constitute health care or medical advice.

If you have any questions, please ask your health care provider.

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The information in this pamphlet is to be updated every 3 years or as needed.