

Family Based Therapy (also known as the “Maudsley Approach”)



Information for Young People and Families

Family Based Therapy, or FBT, is a specific form of outpatient family therapy for the treatment of anorexia nervosa in young people. It is built around the principle that the family is the strongest resource in bringing children back to full health. It is recommended by eating disorder guidance as having the strongest evidence base in treating adolescent anorexia nervosa.

The treatment aims to help restore the child’s weight back to normal level, hand the control over eating back to the adolescent, and then encourage normal adolescent development free of anorexia nervosa.

In most cases, the treatment has three phases over a period of **6-12 months**, led by a family-based therapist, and involves the **entire family in hour-long weekly sessions**. The parents are coached in how to help the patient eat (and/or stop purging and over-exercising) and siblings are encouraged to ally with their sibling.

Treatment Phases

The treatment is divided into three core phases:

Phase I: The Re-feeding phase: The first part of treatment aims to bring about medical stability as quickly as possible, through helping the child return to their normal weight. In many instances, a young person with an eating disorder experiences great difficulty around food choices, and food decisions and meal times typically become difficult and entangled with the anorexia nervosa. The re-feeding phase helps parents in taking full control and responsibility. Parents take responsibility for decisions of what, when, and how much the ill patient eats as well as behaviours around food.

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 anorexia nervosa, and their child’s weight has been restored. This phase of treatment involves encouraging the child to gradually take more control over their eating, initiating a gradual transition of control back from the parents to the adolescent.

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 and age-appropriate lifestyle and relations between family members.