What is Family-Based Therapy?

Family-based treatment (FBT) for eating disorders is an outpatient treatment that was developed at the Maudsley Hospital in London, UK. FBT is used to support families of young people with Anorexia or Bulimia Nervosa and aims to empower parents to take charge of the recovery process.

The main goals of FBT are to

Empower Parent(s)/Guardian(s) in the Renourishment Process

- Guardians take control of their child's food intake regarding regularity, adequacy, and variety
- The family setting is considered ideal for recovery

Non-judgmental Stance and Emotional Support

- Maintain a non-judgmental approach; no one is to blame for the eating disorder
- Distinguish the eating disorder from the individual and express emotions healthily

Family Involvement and Suitability of FBT

- Involve all family members, including siblings, in support roles
- FBT is suitable for young people under 18, and, in some cases, up to age 25 if living at home
- Treatment is structured and lasts up to 12 months, divided into three phases.

Family-Based Therapy

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Centre for Integrative Health

Psychology ■ Nutrition ■ Movement

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"Queensland's leading clinic dedicated to the prevention and intervention of eating, weight and body concerns"

What to expect

Firstly, congratulations on taking the first step. We understand that seeking treatment can be daunting, so here is some information about what you can expect from treatment at Centre for Integrative Health.

Therapeutic Support Services

- Safe, non-judgmental space for open sharing
- Thorough assessment of which addresses concerns, goals, history
- Evidence-based treatment for current challenges

Collaboration and Confidentiality

- Coordination with other health and medical professionals to achieve optimal outcomes
- Maintenance of confidentiality and privacy (except legal/ethical obligations)

What we ask of you

Guidelines for Treatment Participation

- Be open and honest with your practitioner
- Prioritise treatment (attend sessions and complete tasks)
- Follow medical monitoring requirements and commit to treatment goals
- Inform your practitioner of health changes or challenges
- Attend a final session for review and relapse prevention planning

Treatment structure

Phase One
Weekly

Refeeding and weight restoration

Parent(s)/guardian(s) renourish and manage eating disorder behaviours to focus on parental problem-solving.

Phase Two
Fortnightly

Transferring Control of Eating Back

Parent(s)/guardian(s) gradually transfer control of eating back to their child, who relearns how to feed themselves. The focus shifts away from weight and food, reintroducing regular family activities.

Phase Three
Monthly

Address Adolescent Concerns and Treatment Completion

Achieved healthy weight and self-managed eating behaviour. Emphasis on normal development, family realignment, and strengthening identity post-eating disorder.

**For young people who are not clinically underweight, the focus of Phase One will be on restoring the body back to health - which may or may not require weight restoration*

Common Questions

Q. Can we expect a full recovery?

A. Approximately 60% of patients who complete FBT reach full recovery. The likelihood of full remission is vastly improved if 2kg of weight is restored in the first 4 weeks of treatment.

Q. Why do all family members need to come in?

A. It is important that all family members are involved in your young person's treatment so that everybody knows what their role is and what they can do to help. Research shows that the best treatment outcomes are achieved if everybody is actively involved and working together.

Q. Are we going to look at the underlying cause?

A. The underlying cause of the eating disorder will not be addressed during treatment. Casual factors may come up throughout treatment if they are relevant to treatment goals, but discussion about cause is not the focus of treatment, nor is it required to make a full recovery.

Q. What will happen if we don't get treatment?

A. The short- and long-term complications of anorexia nervosa in young people are well-documented, including stunted growth, reproductive health issues, bone marrow insufficiency, structural problems, delayed puberty, and reduced peak bone mass. The estimated risk of death from anorexia complications is 6-15%, with half of the deaths due to suicide.