

Innovations in
**FAMILY
THERAPY** for
**EATING
DISORDERS**

*Novel Treatment Developments,
Patient Insights, and the Role of Carers*

Edited by
STUART B. MURRAY
LESLIE KARWOSKI ANDERSON
LEIGH COHN

Innovations in Family Therapy for Eating Disorders

Innovations in Family Therapy for Eating Disorders brings together prominent voices of the most esteemed international experts to present conceptual advances, preliminary data, and patient perspectives on family-based treatments for eating disorders. This innovative volume is based partly on a special issue of *Eating Disorders: The Journal of Treatment and Prevention* and includes a section on the needs of carers and couples, “Tales from the Trenches,” and qualitative studies of patient, parent, and carer experiences. Cutting edge and practical, this compendium will appeal to clinicians and researchers involved in the treatment of eating disorders.

Stuart B. Murray, DCLinPsych, PhD is an assistant professor in the department of psychiatry at the University of California, San Francisco, and also serves as director of the National Association for Males with Eating Disorders, the co-chair for the Academy of Eating Disorders Special Interest Group (SIG) panel on male eating disorders, and an honorary associate at the University of Sydney.

Leslie Karwoski Anderson, PhD is an associate clinical professor and training director at the UC San Diego Eating Disorders Center for Treatment and Research. She is also associate editor for *Eating Disorders: The Journal of Treatment and Prevention*, and co-chair of the Academy of Eating Disorders Special Interest Group (SIG) on Suicide.

Leigh Cohn, MAT, CEDS is the founder and editor in chief of *Eating Disorders: The Journal of Treatment and Prevention* and co-editor of four other Routledge books, including *The Last Word on Eating Disorders Prevention* (2016). He is also publisher of Gürze Books and co-author of several trade books on eating disorders.

“This groundbreaking volume brings together some of the most creative voices to continue the development of family-based treatments, which are founded on the invaluable insight that families are part of the solution, instead of merely part of the problem. In addition, the authors provide an experience-near view of the trials and triumphs the whole family faces in this complex endeavor. Highly recommended, and sure to be referenced for many years to come.”

Tom Wooldridge, PsyD, assistant professor
at Golden Gate University

“*Innovations in Family Therapy for Eating Disorders* is a tour de force that advances the field in the treatment of anorexia nervosa and bulimia nervosa. It brings together major theoretical frameworks in one volume and provides novel treatment methods. This book is an invaluable addition for all eating disorder practitioners.”

Ray Lemberg, PhD, private practice, Prescott, AZ

“This book is exactly what I have been waiting for. The expert team of editors and authors offers compelling treatment innovations and novel clinical perspectives. This text delivers the wisdom of years of clinical practice in an accessible and academically rigorous format. The editors have artfully crafted an integrated work from both cutting edge, data-based research and the enlightening perspectives of patients, parents, and carers. Those working in the field will find this book to be a valuable resource.”

Catherine Cook-Cottone, PhD, associate editor of
Eating Disorders: The Journal of Treatment & Prevention
and associate professor of counseling and school
psychology at the University at Buffalo—SUNY

Innovations in Family Therapy for Eating Disorders

Novel Treatment Developments, Patient
Insights, and the Role of Carers

Edited by
Stuart B. Murray, DClínPsych, PhD
Leslie Karwoski Anderson, PhD
Leigh Cohn, MAT, CEDS

First published 2016
by Routledge
711 Third Avenue, New York, NY 10017

and by Routledge
2 Park Square, Milton Park, Abingdon, Oxon OX14 4RN

Routledge is an imprint of the Taylor & Francis Group, an informa business

Based partially on a Special Issue of *Eating Disorders: The Journal of Treatment and Prevention*
(Volume 23–24, Summer 2016)

© 2017 Taylor & Francis

The right of Stuart Murray, Leslie Anderson, and Leigh Cohn to be identified as the authors of the editorial material, and of the authors for their individual chapters, has been asserted in accordance with sections 77 and 78 of the Copyright, Designs and Patents Act 1988.

All rights reserved. No part of this book may be reprinted or reproduced or utilised in any form or by any electronic, mechanical, or other means, now known or hereafter invented, including photocopying and recording, or in any information storage or retrieval system, without permission in writing from the publishers.

Trademark notice: Product or corporate names may be trademarks or registered trademarks, and are used only for identification and explanation without intent to infringe.

Library of Congress Cataloging in Publication Data

Names: Murray, Stuart, 1982– editor. | Anderson, Leslie, 1976– editor. | Cohn, Leigh, editor.

Title: Innovations in family therapy for eating disorders: novel treatment developments, patient insights, and the role of carers / edited by Stuart Murray, Leslie Anderson, and Leigh Cohn.

Description: New York, NY: Routledge, 2016. |

Includes bibliographical references and index.

Identifiers: LCCN 2016027964 | ISBN 9781138648982 (hbk: alk. paper) |

ISBN 9781138648999 (pbk.: alk. paper) | ISBN 9781315626086 (ebk)

Subjects: LCSH: Eating disorders—Treatment. | Family psychotherapy.

Classification: LCC RC552.E18 I52 2016 | DDC 616.85/26—dc23

LC record available at <https://lcn.loc.gov/2016027964>

ISBN: 978-1-138-64898-2 (hbk)

ISBN: 978-1-138-64899-9 (pbk)

ISBN: 978-1-315-62608-6 (ebk)

Typeset in Baskerville
by Out of House Publishing

Contents

<i>About the Editors</i>	ix
<i>About the Contributors</i>	x
<i>Foreword</i>	
<i>Daniel Le Grange</i>	xvii
<i>Acknowledgments</i>	xx
<i>Introduction</i>	xxiii
STUART B. MURRAY, LESLIE KARWOSKI ANDERSON, AND LEIGH COHN	

PART I	
Innovations in Family Therapy for Anorexia Nervosa and Bulimia Nervosa	1
1 Adapting Family-Based Treatment for Adolescent Anorexia Nervosa across Higher Levels of Patient Care	3
STUART B. MURRAY, LESLIE KARWOSKI ANDERSON, ROXANNE ROCKWELL, SCOTT GRIFFITHS, DANIEL LE GRANGE, AND WALTER H. KAYE	
2 Who’s in the Room? Parent-Focused Family Therapy for Adolescent Anorexia Nervosa	15
ELIZABETH K. HUGHES, SUSAN M. SAWYER, KATHARINE L. LOEB, AND DANIEL LE GRANGE	
3 A Brief, Intensive Application of Multi-Family-Based Treatment for Eating Disorders	25
STEPHANIE KNATZ PECK, STUART B. MURRAY, BRITTANY MATHESON, KERRI N. BOUTELLE, ROXANNE ROCKWELL, IVAN EISLER, AND WALTER H. KAYE	

4	The Integration of Family-Based Treatment and Dialectical Behavior Therapy for Adolescent Bulimia Nervosa: Philosophical and Practical Considerations	34
	LESLIE KARWOSKI ANDERSON, STUART B. MURRAY, ANA L. RAMIREZ, ROXANNE ROCKWELL, DANIEL LE GRANGE, AND WALTER H. KAYE	
5	Multi-Family Therapy for Bulimia Nervosa in Adolescence	44
	CATHERINE STEWART, STAMATOULA VOULGARI, IVAN EISLER, KATRINA HUNT, AND MIMA SIMIC	
PART II		
	Special Topics in Family Therapy for Eating Disorders	55
6	Is Family-Based Treatment a Specific Therapy for Adolescents with Anorexia Nervosa?	57
	JAMES LOCK	
7	Dissemination and Implementation of Manualized Family-Based Treatment: A Systematic Review	72
	JENNIFER L. COUTURIER AND MELISSA S. KIMBER	
8	Physician–Therapist Collaboration in Family-Based Treatment for Anorexia Nervosa: What Each Provider Wants the Other to Know	81
	KATHARINE L. LOEB AND LESLIE SANDERS	
9	The Integration of Wider Family Therapy Practices into Family-Based Treatment for Adolescent Anorexia Nervosa	97
	STUART B. MURRAY AND SCOTT GRIFFITHS	
10	When Family Therapy Isn’t Enough: New Treatment Directions for Highly Anxious and Dysregulated Adolescents with Anorexia Nervosa	113
	MIMA SIMIC, LESLIE KARWOSKI ANDERSON, LAURA A. BERNER, STEPHANIE KNATZ PECK, KATRINA HUNT, WALTER H. KAYE, AND IVAN EISLER	

PART III

Carers

133

- 11 Couple-Based Interventions for Adults with Eating Disorders 135

JENNIFER S. KIRBY, CRISTIN D. RUNFOLA, MELANIE S. FISCHER,
DONALD H. BAUCOM, AND CYNTHIA M. BULIK

- 12 Helping Couples Address Higher Level of Care Treatment for
Anorexia Nervosa 144

JENNIFER S. KIRBY, DONALD H. BAUCOM, MARIA C. LA VIA, AND
CYNTHIA M. BULIK

- 13 Collaborative Care: The New Maudsley Model 152

JANET TREASURE, CHARLOTTE RHIND, PAM MACDONALD, AND
GILL TODD

- 14 Family in Residence Program: A Family Empowerment Model
for Higher Levels of Care 161

ELIZABETH EASTON, JAMIE MANWARING, GRANT SALADA, GINGER
HARTMAN, OVIDIO BERMUDEZ, AND CRAIG JOHNSON

- 15 Parent Coaching Model for Adolescents with Emotional Eating 176

STEPHANIE KNATZ PECK, ABBY BRADEN, AND KERRI N. BOUTELLE

- 16 The Influence of Carer Fear and Self-Blame when Supporting a
Loved One with an Eating Disorder 185

AMANDA STILLAR, ERIN STRAHAN, PATRICIA NASH,
NATASHA FILES, JENNIFER SCARBOROUGH, SHARI MAYMAN,
KATHERINE HENDERSON, JOANNE GUSELLA, LAURA CONNORS,
EMILY S. ORR, PATRICIA MARCHAND, JOANNE DOLHANTY,
AND ADÈLE LAFRANCE ROBINSON

PART IV

Tales from the Trenches: Personal Accounts

197

- 17 Looking Back on *Brave Girl Eating* 199

HARRIET BROWN AND ANNA YOUNG

18	Adolescent Impressions of Family Involvement in the Treatment of Eating Disorders	208
	ERIN PARKS, LESLIE KARWOSKI ANDERSON, AND ANNE CUSACK	
19	A Qualitative Study on the Challenges Associated with Accepting Familial Support from the Perspective of Transition-Age Youth with Eating Disorders	220
	GINA DIMITROPOULOS, JESSICA HERSCHMAN, ALENE TOULANY, AND CATHLEEN STEINEGGER	
20	Multi-Family Therapy in Anorexia Nervosa: A Qualitative Study of Parental Experiences	236
	SOFIE ENGMAN-BREDVIK, NIVIA CARBALLEIRA SUAREZ, RICHARD LEVI, AND KARIN NILSSON	
21	Parents' Experiences of Having and Caring for a Child with an Eating Disorder	249
	ELIN SVENSSON, KARIN NILSSON, RICHARD LEVI, AND NIVIA CARBALLEIRA SUAREZ	
22	Mothers' Experiences of Home Treatment for Adolescents with Anorexia Nervosa: An Interpretative Phenomenological Analysis	261
	JESSICA BEZANCE AND JOANNA HOLLIDAY	
PART V		
	"How I Practice"	279
23	The Venus Flytrap and the Land Mine: Novel Tools for Eating Disorder Treatment	281
	LAURA L. HILL AND MARJORIE M. SCOTT	
24	Behavioral Contracts for Eating Disorders: A Tool to Enhance Motivation and Elicit Change	286
	STEPHANIE KNATZ PECK	
25	Going around in Circles: Circular Questioning and Family Therapy for Eating Disorders	295
	STUART B. MURRAY	
	<i>Index</i>	300

About the Editors

Stuart B. Murray, DClínPsych, PhD is an assistant professor at the University of California, San Francisco, co-director of the National Association for Males with Eating Disorders, and co-chair of the Academy of Eating Disorders Special Interest Group on male eating disorders. He is an active clinician-researcher, and has published over 60 scientific articles and book chapters. Dr. Murray is particularly known for his interest in male eating disorders, and the family therapy-based treatment of eating disorders.

Leslie Karwoski Anderson, PhD is an associate clinical professor and training director at the UC San Diego Eating Disorders Center for Treatment and Research. She is also associate editor for *Eating Disorders: The Journal of Treatment and Prevention*, and co-chair of the Academy of Eating Disorders Special Interest Group on Suicide and Eating Disorders. Her research interests center around the application and dissemination of evidence-based treatment for eating disorders.

Leigh Cohn, MAT, CEDS is publisher of Gürze Books in Carlsbad, CA, editor in chief of *Eating Disorders: The Journal of Treatment and Prevention*, and co-author of several books, including the first publication ever written about bulimia. He has spoken at professional conferences and universities throughout North America, and has received awards from the International Association of Eating Disorders Professionals, the Eating Disorders Coalition, and the National Eating Disorders Association, of which he is a member of the Founders Council.

About the Contributors

Donald H. Baucom, PhD is Distinguished Professor of Psychology and Neuroscience at the University of North Carolina at Chapel Hill. His research focuses on evaluation of couple-based treatments for relationship and individual distress.

Ovidio Bermudez, MD is Chief Clinical Officer and Medical Director of Child and Adolescent Services at the Eating Recovery Center, Denver, CO. He is a board-certified pediatrician and adolescent medicine specialist working with patients and families struggling with eating disorders.

Laura A. Berner, PhD is a postdoctoral research fellow and Davis Scholar at the UC San Diego Eating Disorders Center for Treatment and Research.

Jessica Bezance, DClínPsy is a clinical psychologist working in adult mental health, Berkshire Healthcare NHS Foundation Trust, UK.

Kerri N. Boutelle, PhD is a professor of pediatrics and psychiatry at UCSD and the Director of the Center for Healthy Eating and Activity Research and the Senior Supervising Psychologist at the UC San Diego Eating Disorders Treatment Center.

Abby Braden, PhD is an assistant professor of psychology at Bowling Green State University in Bowling Green, Ohio. Her primary research and clinical interests are in the area of eating disorders and obesity.

Harriet Brown is the author of *Brave Girl Eating: A Family's Struggle with Anorexia* and *Body Of Truth: How Science, History, and Culture Drive Our Obsession with Weight – and What We Can Do About It*, as well as other books. She is an associate professor of magazine journalism at the S. I. Newhouse School of Public Communications at the University of Syracuse, New York.

Cynthia M. Bulik, PhD, FAED is Distinguished Professor of Eating Disorders at the University of North Carolina at Chapel Hill and Professor of Medical Epidemiology and Biostatistics at the Karolinska Institute, Stockholm, Sweden.

Nivia Carballeira Suarez, MD, PhD is a psychiatrist at present working at the Child and Adolescent Psychiatry Clinic in Huddinge, Sweden. At the time of the study she was working in Child and Adolescent Psychiatry at Umeå University Hospital and Umeå University.

Laura L. Connors, PhD is a psychologist employed at the IWK Health Centre in Halifax, Nova Scotia, Canada. She is involved in ongoing research evaluating the use of emotion-focused family therapy for eating disorders and general mental health.

Jennifer Couturier, MD, MSc, FAED is an associate professor, McMaster University, and medical co-director of the Eating Disorders Program at McMaster Children's Hospital. Her research interests include treatments for young people with eating disorders and their uptake into clinical practice.

Anne Cusack, PsyD is a program manager of adult day treatment and intensive outpatient treatment at the UC San Diego Eating Disorders Center.

Joanne Dolhanty, PhD, C.Psych is a psychologist at the Mount Pleasant Therapy Centre in Toronto, Ontario. She co-developed emotion-focused family therapy. She supervises clinicians and teams from organizations across Canada and Europe.

Gina Dimitropoulos, PhD is an assistant professor with the Faculty of Social Work and cross appointed to the Department of Psychiatry at the University of Calgary, Alberta.

Elizabeth Easton, PsyD is Clinical Director of Child and Adolescent Services at the Eating Recovery Center, Denver, CO. She specializes in parent education and empowerment using a family-centered treatment model.

Ivan Eisler, PhD, FAED, FAcSS is Emeritus Professor of Family Psychology and Family Therapy, King's College London and Joint Head of the Child and Adolescent Eating Disorders Service, Maudsley Hospital, London, UK.

Sofie Engman-Bredvik MD was a medical student at Umeå University at the time of the study. Her name is now Koivisto-Engman and she is PRHO/intern at the Hospital of Avesta, county of Dalarna, Sweden.

Natasha Files, MSW, RSW is a family therapist in private practice and at the Looking Glass Residence for Eating Disorders in Vancouver, BC. She is also a sessional instructor in social work at the University of the Fraser Valley.

Melanie S. Fischer, MA is a doctoral student in clinical psychology at the University of North Carolina at Chapel Hill. Her research focuses on psychopathology in the context of intimate relationships and the development and evaluation of couple-based treatments.

Scott Griffiths, PhD is a lecturer in psychology at the University of Canberra, a visiting research fellow at the Australian National University, and an executive board member of the National Association for Males with Eating Disorders.

Joanne Gusella, PhD is a clinical psychologist in private practice in Halifax, NS, and an assistant professor in the Department of Psychiatry at Dalhousie University. She specializes in treating youth and adults with eating disorders and in researching treatment approaches.

Ginger Hartman, RD is a registered dietician at the Eating Recovery Center, Denver, CO. She helped develop the nutrition education modules for the Family in Residence program.

Katherine Henderson, PhD, C.Psych is Co-director and Co-founder of Anchor Psychological Services in Ottawa, Canada, where she specializes in eating disorders and emotion-focused family therapy. She is an adjunct research professor in the Department of Psychology at Carleton University.

Jessica Herschman, BA (Hons), MA is currently completing her Master in Social Work at the Factor-Inwentash Faculty of Social Work at the University of Toronto.

Laura Hill, PhD is the President and CEO of the Center for Balanced Living, a free-standing not-for-profit organization that specializes in the education, treatment, and research of eating disorders.

Joanna Holliday, PhD, DClInPsych is a consultant clinical psychologist working in the Child and Adolescent Eating Disorder Service serving Buckinghamshire and Oxfordshire, UK.

Elizabeth Hughes, PhD is the Lead Research Fellow for Eating Disorders at the Royal Children's Hospital and University of Melbourne, Australia. Her research focuses on the treatment of adolescent eating disorders, particularly family-based treatment for anorexia nervosa.

Katrina Hunt, BSc, DClInPSy is a consultant clinical psychologist for the National and Specialist Child and Adolescent Eating Disorder Service and Service Lead for the National and Specialist CAMHS Dialectical Behaviour Therapy Service, Maudsley Hospital, London, UK.

Craig Johnson, PhD is Chief Science Officer and Director of the Family Institute at the Eating Recovery Center, Denver, CO. He has authored numerous scientific articles and books related to the causes and treatment of eating disorders. He has also been instrumental over the last three decades in developing many of the organizations that have advanced the field.

Walter Kaye, MD is a professor of psychiatry and director of the Eating Disorder Research and Treatment Program, UC San Diego School of

Medicine. He has authored more than 300 publications on anorexia and bulimia nervosa.

Melissa Kimber, PhD, RSW is a post-doctoral fellow within the Offord Centre for Child Studies at McMaster University. Her work focuses on the intersection between eating disorders and family violence, and the implementation of evidence-based practices in adolescent behavioral healthcare.

Jennifer S. Kirby, PhD is Clinical Associate Professor in the Department of Psychiatry at the University of North Carolina at Chapel Hill. She specializes in developing and evaluating couple-based interventions for individual psychopathology, including eating disorders and emotion dysregulation.

Maria C. La Via, MD is Associate Professor of Psychiatry at the University of North Carolina at Chapel Hill, and is the former clinical and medical director of the UNC Center of Excellence for Eating Disorders in Chapel Hill, NC.

Adèle Lafrance Robinson, PhD, C.Psych is an associate professor in the Psychology Department at Laurentian University. She is a psychologist and co-developer of emotion-focused family therapy. She supervises clinicians and teams from organizations across Canada and Europe.

Daniel Le Grange, PhD, FAED is Benioff UCSF Professor in Children's Health, and Eating Disorders Director at the University of California, San Francisco. He is also Emeritus Professor of Psychiatry and Behavioral Neuroscience at the University of Chicago. He is the co-author of several books on adolescent eating disorders.

Richard Levi, MD, PhD, MBA is Senior Consultant in Neurology and Psychiatry and Adjunct Professor in Neurological Rehabilitation at Linköping University and University Hospital, Sweden. At the time of the study, he was Professor of Physical Medicine and Rehabilitation at Umeå University, Sweden.

James Lock, MD, PhD is Professor of Psychiatry and Pediatrics at Stanford University and Director of the Eating Disorders Program in the Department of Psychiatry and Behavioral Sciences. He is the co-author of *Treatment Manual for Anorexia Nervosa: A Family-Based Approach*, *Treating Bulimia in Adolescents*, and *Help Your Teenager Beat an Eating Disorder*.

Katharine L. Loeb, PhD, FAED is Professor of Psychology at Fairleigh Dickinson University. She is on the faculty of the Training Institute for Child and Adolescent Eating Disorders, and is co-editor of the book, *Family Therapy for Adolescent Eating and Weight Disorders: New Applications*.

Pam Macdonald, PhD conducted research into carers at King's College London. She now works as a freelance researcher and coaches carers of people with eating disorders using the New Maudsley method.

Jamie Manwaring, PhD is a therapist at the Eating Recovery Center, Denver, CO, and was a co-creator and facilitator of its Family in Residence program. She has authored several peer-reviewed publications on the subject of eating and weight disorders.

Patricia Marchand, MSW, RSW is the Team Leader and Coordinator of the child and adolescent eating disorders clinic at the Hotel Dieu Hospital in Kingston, ON.

Brittany Matheson, MS is a graduate student researcher in the San Diego State University/UC San Diego Joint Doctoral Program in Clinical Psychology. She is a lead therapist for the UC San Diego Eating Disorders Center's Intensive Family Treatment program.

Shari Mayman, PhD, C.Psych is the Co-founder and Co-director of Anchor Psychological Services, a private practice in Ottawa, ON. She is active in the research and delivery of emotion-focused family therapy, as well as in the training of other professionals.

Patricia Nash, MEd, CCC is the Counselor and Program Facilitator at the Eating Disorder Foundation of Newfoundland and Labrador in St. John's, NL. She is also a mom with lived experience who is passionate about helping families struggling with eating disorders.

Karin Nilsson, PhD is a psychologist, psychotherapist and supervisor in psychotherapy. She is an assistant professor at Umeå University and a psychologist at Umeå University hospital, Sweden. Her main research interests are treatment of eating disorders and families.

Emily Orr, PhD is a clinical psychologist with the Eating Disorders Clinic at Cape Breton Regional Hospital. She also maintains a private practice in the Sydney, NS area.

Erin Parks, PhD is a clinical psychologist with a background in neuroscience research and eating disorder treatment. She currently serves as the Director of Outreach and Admissions at the UC San Diego Eating Disorders Center for Treatment and Research.

Stephanie Knatz Peck, PhD is a clinical psychologist and Program Director for the Intensive Family Treatment (IFT) programs at the UCSD Eating Disorders Treatment and Research Center.

Ana Ramirez, PhD is a licensed clinical psychologist and a manager of the adolescent program at the UCSD Eating Disorders Center for Treatment and Research. She has co-authored several peer-reviewed articles on the treatment and prevention of eating disorders.

Charlotte Rhind, PhD studied those with eating disorders and their carers at King's College London and now works at the South London and Maudsley NHS Foundation Trust as a clinical psychology trainee.

Roxanne E. Rockwell, PhD is a licensed clinical psychologist and Director of the adolescent eating disorder program at the UC San Diego School of Medicine.

Cristin D. Runfola, PhD is Clinical Instructor in the Department of Psychiatry and Behavioral Sciences at Stanford University and Adjunct Assistant Professor at the University of North Carolina at Chapel Hill. She specializes in eating disorder treatment and research.

Grant Salada, LCSW is a therapist at the Eating Recovery Center, Denver, CO. He is a co-creator and facilitator of the Family in Residence program working to educate and empower parents in the treatment process.

Leslie Sanders, MD is a board-certified adolescent medicine physician. She is the Medical Director of the Eating Disorder Program of the Atlantic Health System at the Goryeb Children's Center/Overlook Medical Center in Summit, NJ.

Susan Sawyer, MD, FRACP holds the Geoff and Helen Handbury Chair of Adolescent Health at the University of Melbourne. A pediatrician, she established the specialist eating disorder program at the Royal Children's Hospital where she is Director of the Centre for Adolescent Health.

Jennifer Scarborough, MSW, RSW is a clinician in the eating disorders program at the Canadian Mental Health Association in Waterloo, ON. She is currently completing her PhD at Wilfrid Laurier University with a focus on pediatric eating disorders and parental emotions.

Marjorie Scott, LISW-S is the Assistant Director of the Partial-Hospitalization Program for eating disorders for the Center for Balanced Living, Columbus, OH.

Mima Simic, MD, MSc, MRCPsych is a consultant child and adolescent psychiatrist for the National and Specialist CAMHS DBT Service and Joint Head of the National and Specialist Child and Adolescent Eating Disorders Service, Maudsley Hospital, London, UK.

Cathleen Steinegger, MD, MSc is an adolescent medicine physician and Head of the Eating Disorders Program at the Hospital for Sick Children and Assistant Professor of Pediatrics at the University of Toronto, ON.

Catherine Stewart, BA, PGCE, PhD, DClinPsy is a senior clinical psychologist for the National and Specialist Child and Adolescent Eating Disorders Service, Maudsley Hospital, London, UK.

Amanda Stillar, MA is a doctoral student in counselling psychology at the University of Alberta. She is active in eating disorder research, with a focus on emotion-focused family therapy and the role of parental emotions.

Erin Strahan, PhD is a faculty member in the psychology department of Wilfrid Laurier University. She is active in body image research, with a focus on process models.

Elin Svensson, MD was a medical student at Umeå University at the time of the study. Her name is now Elin Birnefeld and she is a resident in Anesthesiology and Intensive Care at Umeå University Hospital, Sweden.

Gill Todd, RMN, MSc worked for 30 years in the NHS as a psychiatric nurse, spending 27 of those years in the field of eating disorders. Now retired from the NHS, she continues to serve as a motivational enhancement trainer in eating disorders and provides supervision and training for Professor Janet Treasure. She started the annual National Carers Conference for Eating Disorders in 1996.

Alene Toulany, MD, FRCPC is an adolescent medicine specialist at the Hospital for Sick Children and Assistant Professor of Paediatrics in the Faculty of Medicine at the University of Toronto, ON.

Janet Treasure, OBE, PhD, FRCP, FRCPsych has specialized in the treatment of eating disorders at the South London and Maudsley Hospital and has also had an academic career at King's College London for the majority of her career.

Stamatoula Voulgari, BSc, Postgrad Dip, MSc is a senior systemic family psychotherapist, trainer and training co-ordinator for the National and Specialist Child and Adolescent Eating Disorders Service, Maudsley Hospital, London, UK.

Anna Young is an avid cyclist and the proud owner of a Great Dane. She is completing her Bachelor's of Science in Nursing.

Foreword

This volume is part of a gathering body of work in the field of family therapy for eating disorders. It is gratifying to see that the work that started at the Maudsley Hospital in London in the 1980s has brought about a cadre of new clinicians and researchers who all are building on those early foundations. Most notable from this work, perhaps, is that the Maudsley team has elevated the family to being part of the solution as opposed to part of the problem. And now, this volume has put together 25 chapters that discuss different formats of family therapy and in a variety of contexts – each taking a page from that early work that was started in London.

Families with a teen diagnosed with an eating disorder did not always have such great advocates as they might have today. While the role of the family in the context of eating disorders has been acknowledged in the earliest writings (cf. Gull, 1997), the family was seen as a hindrance rather than a resource in treatment. In fact, Gull and his contemporaries, such as Charcot, advocated for patients with anorexia nervosa to be separated from their families, as the influence of the latter was “particularly pernicious.” This stance toward families has persisted through much of the twentieth century. In fact, today, well after Gull and others’ condemnation of families, many clinicians in our field still resolutely consider the families’ involvement in treatment as detrimental to the adolescent and ultimately not helpful in securing a good outcome. It is in this climate that the sea change brought about by the Maudsley pioneers is so significant. Instead of blaming parents for their child’s eating disorder, Ivan Eisler and his colleagues (a) saw no evidence for such causality and instead (b) held parents in high esteem *and* elevated them as a resource and as part of the solution. This particular stance built on Salvador Minuchin’s and Mara Selvini Palazzoli’s earlier work, and solidified a specific family therapy for adolescent anorexia nervosa, i.e. a treatment that purposefully engages parents to support their child through this illness, and in so doing brought about a radical departure from decades of excluding parents from treatment.

Since this work started at the Maudsley Hospital, much has happened regarding family therapy for adolescents with eating disorders. Among the most prominent developments, perhaps, is the publication of two family therapy manuals, one for anorexia nervosa and another for bulimia nervosa (Le Grange & Lock,

2007; Lock & Le Grange, 2013). These manuals have been helpful in promoting training in this approach while at the same time providing opportunities for replicable treatment outcomes research. Several randomized clinical trials have now been published, mostly utilizing these clinician manuals. It must be especially gratifying for our colleagues in London, and equally gratifying for many of the rest of us working in this field, to see this treatment modality with families being implemented in such a systematic way in so many different parts of the world. Numerous families and their adolescent offspring have benefitted from this collective body of work. That said, though, we have much more work to do.

And with that, allow me to turn to the current volume. No treatment is a panacea, and family therapy for adolescent eating disorders is no exception. Therefore, as a field, we need to continue to challenge ourselves, bemoan the modest rates of remission achieved by our best-known treatments, and be prepared to confront the “holy cows” of such treatments. And this volume does that. For instance: should family therapy be restricted to the outpatient setting, should this approach only be conducted in conjoint format, is the family meal necessary, what about convening multiple families instead of single families, and why not test whether incorporating strategies from other evidence-based treatments into family therapy would stand to ultimately improve outcomes for this patient population? These are just some of the many questions that we should ask ourselves and that this volume attempts to address. It does more than just that, though. It also turns to the “trenches,” to borrow a phrase from the editors. While we do a lot of talking to the patients and families we work with, this volume reminds us to pay close attention to *what* the families and their offspring have to say, *how* they experience treatment and recovery, and what they can teach us, not just about their therapy needs, but also how we may go about our work in more effective ways. The final “voice” of this volume comes from the therapists themselves. After all, we are in the trenches *with* our patients, and we can all benefit from listening and learning from one another.

We have come a long way since those early pessimistic days that bemoaned the “pernicious” families of patients with anorexia nervosa. Many pioneers of family therapy bravely changed that outlook, and since then, numerous clinicians and researchers have collectively contributed to promoting *and* practicing that positive message. Countless sufferers have benefitted from this family therapy approach, and, although more work needs to be done, this volume contributes in a significant way toward a better understanding of this treatment for youth with eating disorders. The messages to question what we think we know, to think outside the box, and to listen to our families and patients, all come across loud and clear!

Daniel Le Grange, PhD

Benioff UCSF Professor in Children's Health
Eating Disorders Director

Department of Psychiatry, UCSF Weill Institute for Neurosciences
University of California, San Francisco
Emeritus Professor of Psychiatry and Behavioral Neuroscience
University of Chicago

References

- Gull, W. W. (1997 [1868]). Anorexia nervosa (apepsia hysterica, anorexia hysterica). *Obesity Research & Clinical Practice*, 5(5), 498–502.
- Le Grange, D., & Lock, J. (2007). *Treating bulimia in adolescents: A family-based approach*. New York: Guilford Press.
- Lock, J., & Le Grange, D. (2013). *Treatment manual for anorexia nervosa: A family-based approach*, 2nd edition. New York: Guilford Press.

Acknowledgments

We are most grateful to the 70 authors who generously contributed their time and expertise to the chapters in this book. They include many of the most esteemed clinicians and researchers in the eating disorders field. We are also appreciative of the entire staff at Routledge/Taylor & Francis, especially Ngoc Le and Kate Bracaglia, our editors there for *Eating Disorders: The Journal of Treatment and Prevention*, where much of this book's material originated, and Christopher Teja, the Associate Acquisitions Editor, who has been a great supporter of expanding special issues of the journal into comprehensive texts.

Stuart Murray: This book would not have been possible without the friendship, mentorship, and support of Leslie Karwoski Anderson and Leigh Cohn, and I could not imagine a better team to embark on a journey like this with. My deep gratitude also goes to many amazing mentors and teachers, including Elizabeth Rieger and Chris Thornton, who collectively turned a wide-eyed student into a clinical psychologist, and Daniel Le Grange and Walter Kaye, whose passion for furthering our evidence base shaped my approach to scientific inquiry. Thanks to Chris Teja and the team at Routledge for supporting our vision for this book. I'm eternally grateful to my parents, whose guiding hands are evident at every juncture in my life. Lastly, this book is dedicated to Lilliana, Emiliana, and Luciana, who have been my biggest source of support, encouragement, and inspiration.

Leslie Karwoski Anderson: I want to acknowledge my many wonderful professional mentors over the years, especially Walter Kaye, Steve Ilardi, and Terry Schwartz. And, of course, so much gratitude to Stuart Murray for collaborating with me on as many projects as either of us can dream up, and Leigh Cohn, who has become a trusted friend and mentor. Special thanks to my parents, Gail and Chester Karwoski, who showed me how it's done in terms of studying psychology and publishing books. And I am so grateful to my husband, Lucas Anderson, for being my biggest supporter while I balance work and our children and projects like this.

Leigh Cohn: As founding editor of *Eating Disorders: The Journal of Treatment and Prevention*, I've had the opportunity to oversee numerous special issues, several

of which have been expanded into books. My collaboration with Stuart and Leslie on this project has been the most enjoyable of those experiences. I have tremendous love and respect for them both.

All editors would like to thank Emily Nauman and acknowledge her wonderful assistance in proofing and indexing this volume.



Taylor & Francis

Taylor & Francis Group

<http://taylorandfrancis.com>

Introduction

*Stuart B. Murray, Leslie Karwoski Anderson,
and Leigh Cohn*

A cursory glance back over the history of eating disorders illustrates the central role that families have purportedly occupied in illness presentations, since the very first depicted reports of anorexia nervosa (AN). Indeed, the early historical landscape was littered with rich clinical descriptions of how the pernicious influence of one's family both underpinned and maintained AN psychopathology. As such, the prevailing treatment for many years advocated a "parentectomy" to extricate those with AN from their pathogenic parents and family members. However, the late 1970s marked the start of an important shift in our approach to the treatment of eating disorders. During this time, pioneering family therapists Salvador Minuchin and Mara Selvini Palazzoli, despite still retaining the notion that family structure and dynamics were implicated in the pathogenesis of AN, debunked the notion that families were toxic to the recovery process, and instead illustrated how families may drive a series of changes which may ultimately arrive at symptom remission. Subsequent to this, more groundbreaking work by Michael White, and Gerard Russell and colleagues at the Maudsley Hospital in London, actively rejected the notion that families were implicated in the pathogenesis of eating disorders, and, instead, were the greatest allies to the recovery process. This conceptual standpoint forms the basis of contemporary family therapy-based approaches to the treatment of eating disorders.

The last 20 years has witnessed rapid growth in the family therapy-based treatment of eating disorders, and equally rapid progress has been made. To date, the evidence-base for family therapy in the context of eating disorders eclipses that of family therapy for any other psychiatric ailment, and the deeply-seated roots of family therapy for eating disorders continue to spring new crops. Indeed, the precise configuration of family therapy-based approaches for the treatment of eating disorders is becoming increasingly diverse, and the existing evidence-base spans a multitude of data ranging from case studies through to multi-site, randomized controlled trials and manualized treatment manuals.

This book represents a panoramic view from the crest of this growing wave of family therapy treatment for eating disorders, and a look towards the horizon. The conceptual origin of this collected body of works stems, in part, from our liaison with pioneering family therapy groups during a conference

on innovative treatment approaches held at the University of California, San Diego in October, 2014. Additionally, the opportunity to edit a Special Edition of *Eating Disorders: The Journal of Treatment & Prevention*, which was entirely devoted to novel family therapy approaches to eating disorders, further galvanized our resolve in bringing this book to fruition. To this end, we've included the original journal articles and have added 15 more chapters to this volume. Its 70 contributors come from several countries and include many of the most prolific voices in this field.

As it stands, *Innovations in Family Therapy for Eating Disorders: Novel Treatment Developments, Patient Insights, and the Role of Carers* aims to address the most recent advances in the field of family therapy for eating disorders, illustrating an array of theoretical models of treatment across a transdiagnostic spectrum of eating disorders in both adolescents and adults alike. Further, we aim to illustrate the patient voice, which conveys a unique "insider knowledge" and expertise, which must be factored in to future clinical treatment developments. Additionally, we address the role of carers, including the parents, spouses, and partners of patients with an array of disordered eating ranging from AN to emotional overeating.

A broad, collected body of works like this naturally lends itself to division into distinct categories. Part I, *Innovations in Family Therapy for Anorexia Nervosa and Bulimia Nervosa*, relates specifically to novel treatment innovations in the context of AN and bulimia nervosa (BN). The opening chapter, by Stuart Murray and colleagues, outlines the adaptation of family-based treatment (FBT) for adolescent AN across higher levels of patient care. Next, Elizabeth Hughes and colleagues explore the mechanics of delivering parent-only FBT, without the adolescent being present, which was developed in Melbourne, Australia. In the third chapter, Stephanie Knatz Peck and colleagues provide a clinician's overview of a novel multi-family, intensive family therapy program, which was developed for transdiagnostic eating disorder treatment at the University of California, San Diego. The fourth chapter, by Murray and colleagues, revisits the historical roots of family therapy for the eating disorders and proposes an integration of several broader family therapy interventions into the delivery of FBT. Two chapters relating to adolescent BN conclude this section. Leslie Karwoski Anderson and colleagues outline the novel integration of the treatment philosophies underpinning FBT and dialectical behavior therapy (DBT), which is important when considering the emerging evidence for FBT in the context of BN, and the broader evidence supporting the efficacy of DBT in curtailing emotionally dysregulated behaviors. Lastly, Catherine Stewart and colleagues from Maudsley Hospital in London provide a clinical overview of the development of a novel multi-family program for the treatment of adolescent BN.

Part II, *Special Topics in Family Therapy for Eating Disorders*, includes chapters on diverse topics related to dissemination and implementation of FT. James Lock from Stanford University reviews treatment specificity within the realm of family therapy for eating disorders, noting how specialized family

therapy-based treatment offers more potent results than non-specific family therapy treatments. Dovetailing nicely with this chapter, Jennifer Couturier and Melissa Kimber from McMaster University in Ontario, Canada offer a carefully constructed systematic review of the factors implicated in the dissemination and implementation of specialized family therapy treatment. Next, Katherine Loeb and Leslie Sanders explore the roles of multidisciplinary treatment team members, focusing on how the therapist and physician can complement and enhance each other's work. The final two chapters in this part focus on ways to augment treatment response in family therapy for eating disorders. Murray and Scott Griffiths explore the integration of general family therapy techniques into family therapy for eating disorders, with detailed case examples to illustrate how this could be effective. Mima Simic and colleagues, including esteemed professors Ivan Eisler and Walter Kaye, examine ways to augment family therapy with a variety of other evidence-based approaches, including DBT, parent training, and cognitive behavioral therapy.

Part III, Carers, explores the role of family members and loved ones, who are much relied upon in treatment but often overlooked in empirical research. The first two chapters in this section, by Jennifer Kirby and colleagues, present a novel program, "Uniting Couples in the Treatment of Anorexia Nervosa" developed by Cindy Bulik's group at the University of North Carolina, Chapel Hill. They first provide an overview of the approach and then focus more specifically on strategies to engage carers in supporting their loved one in higher levels of care. Next, Janet Treasure and colleagues outline a conceptual overview of their novel treatment, the *New Maudsley Method*, which relates to the carers of adult patients. Elizabeth Easton and colleagues describe how Craig Johnson and Ovidio Bermudez's group at the Eating Recovery Center in Denver has made family involvement an integral part of their residential treatment program, despite the logistical barriers. Peck and colleagues outline a parent-driven treatment of adolescent emotional overeating, focusing specifically on parent coaching. Lastly, doctoral student Amanda Stillar, Professor Adele Lafrance Robinson and 11 Canadian colleagues review several important potential barriers that may stymie the role of carers throughout treatment, namely, fear and self-blame.

Part IV, Tales From the Trenches: Personal Accounts, gives voice to people who have had eating disorders or cared for someone in recovery. First, Harriet Brown, who wrote an inspiring memoir in 2011, and her daughter Anna Young, look back at their experiences doing family therapy for Anna's eating disorder. In the second chapter, Erin Parks and colleagues use a mixed methods design to explore how teenagers feel about having been through family therapy for their eating disorder, once the treatment has concluded. Next are two chapters from Karin Nilsson's Swedish collaborators. Sofie Engman-Bredvik and colleagues share a qualitative study of parental experiences in multi-family therapy in AN; Elin Svensson and colleagues explore the experiences of parents of children with an eating disorder, as well as their experiences caring for the child. Finally, Jessica Bezance and

Joanna Holliday examine the mother's perspective on delivering treatment for their adolescents with AN at home, through interpretive phenomenological analysis.

Finally, Part V, *How I Practice*, has instructional pieces by clinicians on how they use advanced techniques to enhance their family therapy work with eating disorder patients. Laura Hill and Marjorie Scott describe how they use metaphors and experiential exercises to bring the research on neurobiology of eating disorders to life for patients and their families. Next, Peck outlines how to design and implement behavioral contracts to encourage and support eating disorder recovery within families. Finally, Murray expands upon the classic family technique of circular questioning, including concrete examples of ways to rephrase linear questions into circular questions.

As we pause and take stock to survey the current landscape of family therapy approaches in the treatment of eating disorders, the horizon is broader, brighter, and more diverse than ever before. Our field has come a long way from the days of blaming parents and extricating families from treatment, and the multitude of evidence-based options available to clinicians working with families ought to inspire optimism among both practitioners and families alike. It is our hope that this collection of works may guide clinicians in forging new ways of working with families to overcome eating disorders, and encourage the evolution of emerging clinical practices while retaining the roots of family therapy. As one of the pioneers of family therapy, Salvador Minuchin (1974, p. 47), wrote, "It is only the family, society's smallest unit, that can change and yet maintain enough continuity to rear children who will not be 'strangers in a strange land,' who will be rooted firmly enough to grow and adapt."

Reference

- Minuchin, S. (1974). *Families and family therapy*. Cambridge, MA: Harvard University Press.

Part I

**Innovations in Family
Therapy for Anorexia
Nervosa and Bulimia
Nervosa**



Taylor & Francis

Taylor & Francis Group

<http://taylorandfrancis.com>

1 Adapting Family-Based Treatment for Adolescent Anorexia Nervosa across Higher Levels of Patient Care

*Stuart B. Murray, Leslie Karwoski Anderson,
Roxanne Rockwell, Scott Griffiths, Daniel Le Grange,
and Walter H. Kaye*

Anorexia nervosa (AN) typically demonstrates poor treatment outcomes, high rates of relapse and treatment dropout (Keel & Brown, 2010), elevated rates of premature death related to both medical complications (Steinhausen, 2002) and suicidality (Pompili, Mancinelli, Girardi, Ruberto, & Tatarelli, 2004), and reduced quality of life (Mond, Hay, Rodgers, Owen, & Beumont, 2005). However, when treated during adolescence, favorable treatment outcomes appear somewhat more attainable (Treasure & Russell, 2011). Thus, recent efforts have focused on treatments targeted at adolescent presentations, with family-based treatment (FBT) showing particular promise (Lock & Le Grange, 2013). However, while efforts to disseminate FBT have largely focused on outpatient settings (Couturier, Kimber, & Szatmari, 2013), there is a dearth of evidence detailing the application of FBT to more intensive levels of patient care.

AN is typically treated across a range of treatment contexts based on illness severity, with some arguing that presentations of AN ought to be delineated by stages of severity in order to allow for the most effective and appropriate treatment (Maguire et al., 2009). Indeed, the continuum of care model ensures that treatment dosage can be matched with illness severity, while significantly reducing the overall cost of treatment (Kaye, Enright, & Lesser, 1998; Wiseman, Sunday, Klapper, Harris, & Halmi, 2001).

A patient's transition through levels of care is typically determined by symptom severity, medical status, motivational status, treatment history, and logistical concerns, although with fluctuating levels of motivation for change (Geller, Zaitsoff, & Srikameswaran, 2005) and relapsing symptom severity (Strober, Freeman, & Morell, 1997), movement through the levels of care can be bidirectional. The significance of this multi-tiered level of care system is underscored when considering (a) the medically necessary need for urgent weight restoration in severe AN, (b) the management of clinical complexity and comorbidity, and (c) the need to ensure progress sustainability in the context of the high rates of relapse in AN (Strober et al., 1997). However, few treatment settings currently offer all levels of care within the same setting, and the integration of evidence-based treatment throughout varying levels of care in the treatment of

AN poses many challenges. This may be particularly important as it pertains to the role of families in treatment, given the differing beliefs as to the optimal role of families in the treatment of adolescent AN (Le Grange, Lock, Loeb, & Nicholls, 2010; Murray, Thornton, & Wallis, 2012a).

FBT is characterized by an agnostic stance towards the origin of AN and a conceptualization of parents as the primary resource in restoring their adolescent back to health. The focus of the treatment is orchestrating a parent-driven intervention to restore healthy eating patterns in the adolescent and then gradually transitioning the adolescent back to eating autonomy (Lock & Le Grange, 2013). Empirical evidence suggests that 50–70 percent of adolescents with AN undergoing FBT are weight-restored within a year of commencing treatment, and up to 40 percent being remitted of cognitive symptomatology (Lock et al., 2010). Follow-up studies and meta-analyses further support the efficacy of FBT, suggesting robust symptom remission over time (Couturier et al., 2013; Eisler, Simic, Russell, & Dare, 2007).

The Application of Family-Based Treatment across the Continuum of Care

The lack of clinical research on the efficacy and feasibility of FBT across the continuum of care is particularly important when considering (a) the volume of adolescents with AN who require non-outpatient-based treatment at some stage of their treatment trajectory (Katzman, 2005), and (b) recent findings underscoring the importance of theoretical consistency across treatment providers and levels of care (Murray et al., 2012a; Murray, Griffiths, & Le Grange, 2014). With recent findings documenting that (a) rapid intervention and early treatment mechanisms are indicative of overall treatment outcome (Doyle, Le Grange, Loeb, Doyle, & Crosby, 2010; Le Grange, Accurso, Lock, Agras, & Bryson, 2014), and (b) those with more severe AN psychopathology typically report greater benefit from FBT than those with less marked symptomatology (Le Grange, Lock, Agras, Bryson, & Kraemer, 2012), there appears to be a clear rationale for applying FBT to intensive treatment settings.

However, there are many challenges inherent in practicing FBT across levels of care while maintaining treatment fidelity. Given that higher levels of patient care warrant greater professional involvement, there is a risk of undermining the FBT treatment approach that centralizes parental involvement and decentralizes professional expertise. Indeed, while current clinical practice has advocated the use of FBT in higher levels of care (e.g. Girz, LaFrance Robinson, Foroughe, Jasper, & Boachie, 2013; Henderson et al., 2014; Hoste, 2015), little theoretical guidance exists in its application. We therefore aim to outline a theoretical framework of how FBT may be applied across higher levels of patient care, outlining several key challenges and explicating how the theoretical underpinning of FBT may be applied in a way that ensures treatment fidelity.

Establishing the Role of Parents and the Treatment Team Throughout the Continuum of Care

The central premise of FBT posits that parents ought to be the central architects of their child's recovery, providing a sustainable agent of change that persists beyond any treatment context (Lock & Le Grange, 2013). However, higher levels of care are typically characterized by reduced parental involvement in treatment, despite emerging evidence demonstrating that mechanisms of symptom remission in FBT appear to be driven by empowering parents to take control of their child's eating (Ellison et al., 2012). Thus, any adaptation of FBT to more intensive levels of patient care ought to carefully consider the dialectic of balancing the empowerment of parents while also ensuring thorough clinical management of medical instability.

Clinical Options

Restoring medical stability, offering respite for parents, and delaying the onset of FBT. The clinical reality in inpatient hospital settings is that urgent medical stabilization and caloric restoration take full priority. To this end, strict medical guidelines exist in expediently and safely curtailing the potential scope for medical complications in AN (Katzman, Peebles, Sawyer, Lock, & Le Grange, 2013). In this context, the time required to mobilize disempowered parents into active symptom resolution may likely contravene medical best practice, which urges the most immediate restoration of medical stability. Thus, greater illness severity often necessitates swift medical intervention at the expense of parent-driven symptom reduction.

However, a key distinction was recently drawn between hospital-based medical stabilization and hospital-based weight restoration, with current evidence supporting inpatient medical stabilization and an expedient step-down into less intensive levels of care and parent-assisted weight restoration (Madden et al., 2014). Thus, *inpatient hospital settings* might be most suited to the urgent medical stabilization of acute AN that might preclude full parental involvement, followed by the commencement of FBT once the adolescent is medically stable and parents may play a more central role in treatment. However, with emerging evidence supporting shorter periods of inpatient hospitalization for adolescents with AN and swifter transitions into FBT (ibid), it is important to caution against offering respite for parents beyond a point when they could feasibly be involved in the feeding of their child. Indeed, parental respite beyond this point may alleviate the necessity for swift parental intervention, undermining subsequent treatment (ibid).

Increasing parental involvement as adolescents progress through levels of care. While keeping in mind the medical gravity of severe AN, exploring creative ways to involve the family as much as possible, even at higher levels of care, may be particularly congruent with FBT.

Inpatient hospital settings. While inpatient settings are necessarily oriented towards urgent medical stabilization, these settings are also uniquely placed to orient families towards the early goals of FBT. For instance, FBT clinicians may work alongside medical teams in: (a) raising parental anxiety, which will further mobilize parental resources once FBT commences, and (b) working to create unity between the parents. Concurrently, the medical team may assume the role as expert on the patient's medical status and communicate that information to the parents, further assisting in generating parental anxiety. Similarly, while dietitian involvement is not typically prescribed in outpatient FBT, the imminent weight gain requirements in critically unwell adolescents, coupled with the risk of re-feeding syndrome, may necessitate dietitian involvement. However, integrating parental involvement within the context of dietetic assistance is plausible, for instance by having dietitians convey the calculated caloric requirements and consulting with parents as to how these calories are provided (Katzman et al., 2013).

Residential settings. A feature of residential programs is the temporary removal of adolescents from their home until symptom remission is indicated, which may impinge upon the prescribed and empirically supported role of parents throughout FBT (Ellison et al., 2012). As such, FBT in residential contexts may be inherently challenging, particularly when residential settings are not in the same geographical region as the family home. Endeavors towards this end may include encouraging parents' temporarily residing in the local area, including regular family meetings, the co-construction of treatment goals, and multiple family meals and parent coaching.

Patient hospitalization program/intensive outpatient program settings. Perhaps more amenable to an FBT framework, patient hospitalization program (PHP) and intensive outpatient program (IOP) settings feature day-based clinical treatment, coupled with home-based symptom management outside of program hours. Such settings allow for treatment goals to be oriented towards family psychoeducation and weight restoration in a manner consistent with outpatient FBT, although at a more intensive treatment dose and with more stringent medical monitoring. With respect to the broader treatment team, the physician (typically a pediatrician or psychiatrist), may not necessarily occupy the most central role at this level unless there are imminent medical concerns, instead serving as a consultant to the parents and FBT clinician while monitoring medical status (Katzman et al., 2013). Similarly, dietetic involvement may be downwardly adjusted in conjunction with increasing parental involvement over meal provision. For instance, dietitians at this level of care may serve primarily as a consultant to the family therapist as needed, especially in cases with complicated dietary features (e.g. diabetes, celiac disease, etc.), or in cases in which treatment is not progressing as expected (e.g. weight gain is not occurring, despite the family appearing to appropriately manage their child's behaviors). Furthermore, since patients in PHP/IOP typically attend most meals in program without the support of siblings, an individual therapist might play a role in a PHP/IOP setting by supporting the patient in the same way siblings are

encouraged to support the patient in outpatient FBT. Additionally, due to the high level of psychiatric comorbidities in higher levels of care, the individual therapist may concurrently provide other types of evidence-based treatment to address these issues.

Mobilizing and Empowering Parents throughout Treatment in Hospital and Partial-Hospital Settings

Prior to beginning treatment, it is commonplace for many families to feel disempowered and ambivalent about the challenge of weight restoring their child with AN. Indeed, many families report inadvertently accommodating an array of AN-type behaviors in an attempt to allay their child's anxiety (Eisler, 2005). Thus, a crucial tenet of FBT posits that parents ought to be immediately ushered beyond any anxiety or avoidance and charged with the responsibility of urgent intervention in their child's behaviors.

To this end, a therapeutic "double-bind" at the outset of FBT aims to simultaneously elevate parental anxiety and implore parental intervention in reversing their child's symptoms (Dare et al., 1995; Lock & Le Grange, 2013). This is accomplished through a somber discussion of the medical complications of AN, which aims to render the anxiety parents feel about *not* confronting their child's AN greater than any anxiety around confronting their child's symptoms.

However, the timing of this therapeutic double-bind may need adaptation for clinical settings that foster greater staff than parental involvement and thus afford less scope for parental responsibility in symptom reduction. Raising parental anxiety and imploring them to intervene in these settings may contraindicate the empowerment FBT advocates. For instance, it is possible that elevated parental anxiety at the outset of treatment may be more allayed by the child's involvement with the intensive staff-driven program than by their own increasing sense of mastery in managing their child's symptoms. In this respect, therapeutically elevating parental anxiety, when coupled with reduced scope for parental involvement and staff-driven reductions in parental anxiety, may potentially deepen a sense of reliance on staff-driven symptom reduction, which contravenes the mechanism by which the therapeutic double-bind was intended to operate in outpatient settings. Thus it is important that this double-bind at higher levels of care is carefully planned.

Clinical Options

Create greater scope for parental involvement in hospital and partial-hospital settings. Many schools of family therapy posit that the most effective time to mobilize familial anxiety is during the peak of the most intense crisis (Haley, 1980), which for some families facing AN will inevitably fall during admissions to higher levels of care. However, FBT theory would posit that raising parental anxiety and empowerment ought to coincide with the opportunity