<table>
<thead>
<tr>
<th>Treatment Phase</th>
<th>Week</th>
<th>Session &amp; Intensity</th>
<th>Task / Focus of Session</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medically Unstable; 75% EBW</td>
<td>-</td>
<td>Inpatient admission</td>
<td>Medical admission for medical stabilisation</td>
<td>- Paediatric medical unit – unit staff provide meal supervision</td>
</tr>
</tbody>
</table>
| Phase I | 1-2 | S 1-4 Twice weekly | **S1**: ↓ guilt / blame & externalise illness; align & activate parents to refeed & weight restore child  
**S2**: family meal: “one more mouthful than AN would want”  
**S3-4**: focus on eating & wt progress - successes & barriers; continue to align parents & reduce criticism of child | - At home  
- IP & Parents take 2 weeks off from school, work & other activities so all meals & snacks can be supported / supervised. Encourage parental teamwork  
- Encourage sufficient food for weight gain; encourage return to normal variety as quickly as possible  
- Help parents problem solve how to help their child with other ED behaviours (BE, purging, exercise)  
- Assist parents to develop strategies to help their child with distress or aggression; plan to manage any psychiatric risk |
| Medically stable 75-90% mBMI | 3-10 | S 5-12 Weekly | **S5-10**: continue focus on, & expect eating & wt progress - successes & barriers; continue to align parents & reduce criticism of child | - If no wt gain by S5 – review & address service, team or family related barriers to treatment  
- IP recommences school as soon as practical (parents to plan for support / supervision of meals)  
- Return to normal physical activity will be dependent on impact on safety & health recovery goals |
| Phase II | 11-18 | S 13-16 Fortnightly | Support parents to hand back regulation of eating & ongoing wt restoration to child; physical development back on track;  
Begin to explore & identify how AN has delayed development & other issues for further work  
Begin to explore relapse prevention – how confident are parents & child that parents could identify & manage re-emergence of AN | - Handover of regulation step by step, encourage increasing collaboration from the IP  
- Assist parents to develop strategies to help their child with any ongoing ED cognitions  
- Build parents’ (& child’s) confidence in their ability to identify & manage ANs’ impact on their child |
| Phase III (eating & weight are healthy) | 19-24 | S 17-18 Every 3 weeks | Tackle developmental & other issues put on hold by AN Further explore relapse prevention | - Plan for developmental needs of IP  
- Review how parents are as a couple & how family is now  
- Reflect on change & learning  
- Encourage alertness to relapse |