

Family-based Treatment – Phases, Sessions & Notes

Treatment Phase	Week	Session & Intensity	Task / Focus of Session	Notes
Medically unstable ; <75% EBW	-	Inpatient admission	Medical admission for medical stabilisation	- Paediatric medical unit – unit staff provide meal supervision
Phase I (medically stable, 75 – 90% mBMI)	1-2	S 1-4 Twice weekly	<p>S1: ↓ guilt / blame & externalise illness; align & activate parents to refeed & weight restore child</p> <p>S2: family meal: "one more mouthful than AN would want"</p> <p>S3-4: focus on eating & wt progress - successes & barriers; continue to align parents & reduce criticism of child</p>	<ul style="list-style-type: none"> - 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
	3-10	S 5-12 weekly	<p>S5-10: continue focus on, & expect eating & wt progress - successes & barriers; continue to align parents & reduce criticism of child</p>	<ul style="list-style-type: none"> - 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 (90-100% mBMI, conflicts re eating ↓ ↓, ED cognitions may continue)	11-18	S 13-16 fortnightly	<p>Support parents to hand back regulation of eating & ongoing wt restoration to child; physical development back on track;</p> <p>Begin to explore & identify how AN has delayed development & other issues for further work</p> <p>Begin to explore relapse prevention – how confident are parents & child that parents could identify & manage re-emergence of AN</p>	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - 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