



# Treatment goals for families & carers in FBT

## Where are we headed & how will we know we are there?

### Where are we heading initially: Weight gain & distress acknowledgement / management

- Ideally 0.5 -1.0kg weight gain/week through feeding & cessation of compensatory behaviours e.g. weight control focused exercise, purging, laxatives etc
- Helping our child manage distress during this time is important as gaining weight & eating is extremely anxiety provoking.
- Eating trumps all else but where you can, keep your child engaged in normal life
- Improve my understanding & discuss with team plans for managing my child's weight & shape distress

### How we will know we are there:

- Weight restoration (periods in girls, approx. return to growth curve)
- Some increased flexibility in eating behaviours, reduction in anxiety, increase in socialisation, cognitive improvement e.g. concentration
- Cessation of most compensatory behaviours



### Where are we headed next: Decrease in ED cognitions & increase normalised eating

- Gradually work towards normalised age-appropriate independent eating. This is eating which involves eating **regularly**, eating **adequate** amounts, eating includes a wide **variety** of foods, eating **socially** & **spontaneously** (RAVES model)
- Monitor for compensatory behaviours & interrupt if re-emerge
- Discuss with team if any ongoing mental health concerns need specific treatment: Medication may also be considered
- Child gradually returns to normal life activities e.g. school, sport (if not contraindicated), socialising
- Family starts reorienting back to normal family life
- Improve child understanding & response to weight & shape concerns & other life stressors

### How we will know we are there:

- Weight maintained or increased if still growing
- Eating is normalised as per RAVES
- No compensatory behaviours
- Greater skills/resources for child in managing anxiety or other mental health skills
- Family less impacted by disorder



### Where is our final destination: Maintenance & relapse prevention

- Remain prepared to support your child's eating wellbeing
- Monitor for early signs of relapse, changes in eating behaviours or exercise, triggers for anxiety & step back in as necessary
- Child continues to develop skills in managing life stressors & anxiety
- Family back to normal in terms of normal child/adolescent to parent interactions & expectations
- Young person is fully engaged back into normal life

### How we will know we are there:

- Weight maintained or increased if still growing
- Eating is normalised as per RAVES
- No compensatory behaviours
- Greater skills/resources for child in managing anxiety or other mental health issues
- Family life not impacted by the eating disorder
- No relapse



This timeline can be fluid & at times your child may revert back to an earlier phase. Clinical team composition & contact time can vary between services & phases - ask your team for this information.  
For more resources & links for families/carers visit [www.ceed.org.au](http://www.ceed.org.au)