

**Anorexia Nervosa:
Treatment protocol for adolescents and their families
(Eisler and Lock Combined Framework)**

Knowledge

Knowledge of the structure of the intervention

An ability to draw on knowledge that the treatment can be seen as having three phases:
engagement in treatment
helping the family to challenge the symptom
exploring issues of individual and family development

Knowledge of eating disorders

An ability to draw on knowledge of the signs and symptoms of eating disorders and related disorders in order to achieve an accurate diagnosis of anorexia nervosa
An ability to draw on knowledge of the effects of starvation on:
physiological processes
cognitive processes
on mood
An ability to draw on knowledge of the physical risks of starvation (immediate and future)

Knowledge of parenting and child/adolescent development

An ability to draw on knowledge relating to positive parenting (e.g. a focus on reinforcing appropriate behaviour and the avoidance of punishment) and resilience factors (e.g. ability to cope with crises, manage difficult transitions) that are associated with a positive outcome
An ability to draw on knowledge of developmental issues associated with adolescence

Assessment and Engagement

Ability to undertake a systemic assessment

An ability to integrate ongoing assessment and therapy throughout all stages of the intervention
An ability to consider the implications of the referral process for treatment, including:
the role of professionals in the generation and management of the referral
the history and relationship of the family with other helping systems (particularly when there has been multi-agency involvement)
An ability to identify those factors which may impact on the eating problem (e.g. changes in relationships with peers, physical changes in the adolescent, emerging sexuality, family conflicts)
An ability to assess the family structure and interaction patterns including:
its hierarchical structure
the nature of boundaries (whether rigid or 'permeable')
family communication styles
alliances and coalitions
sub-systems within the family

Ability to assess the impact of the eating disorder on the family

An ability to gather information about the history of the eating disorder
An ability to gather information about the ways in which the family has attempted to manage problems associated with eating
An ability to explore family beliefs about the problem and its development
An ability to assess how the family have become caught up in processes focused on anorexia and:
the ways in which this prevents them from using their resources and strengths
how this might need to change in order to initiate recovery
An ability to elicit different family members' "narratives" about their experience of the problem
An ability to notice when family members may be feeling guilty or blamed, and to address this early on

Ability to assess medical risk

An ability to assess the severity of the anorexia
An ability to work in a multidisciplinary team to get a detailed medical and risk assessment of the young person in order to ensure physical safety and permit outpatient treatment
an ability to use this assessment as part of the process of engaging with the family.
An ability to establish procedures for monitoring the client's weight, either directly or by liaising with a healthcare professional who is regularly weighing the client

Ability to convey the rationale for a family intervention

An ability to emphasise that the primary task is to overcome the young person's anorexia rather than to focus on the causes of the problem
An ability to explain that the reason for meeting the family is not because they are seen as the source of the problem, but because they are needed to help the young person to recover
An ability to convey that all families get caught up in the processes around anorexia, that this may prevent them from using their strengths
an ability to explain that the aim of therapy is to understand how this happened for this particular family, and how this might need to change in order to start the process of recovery
An ability to convey to the family that although the therapist (and team) have expertise in eating disorders, this is different from knowing what a family will need to do to overcome the problem
An ability to give an account of the development and course of the disorder and the impact of and course of treatment so as to establish a timeframe for recovery that goes beyond the immediate problem(s)

Ability to give information to the family while maintaining a therapeutic stance

An ability to impart information to the family while drawing on knowledge of the potential problems associated with taking an expert position (e.g. undermining the family by reinforcing a sense of dependency on professionals, or risking allying the therapist with the parents)
An ability to give the family information about the effects of starvation, including the physical risks, effects on mood and cognitive processes, and physiological effects
An ability to draw on knowledge of issues that may typically arise in adolescence and an ability to discuss this information with families

Ability to mobilise family resources by intensifying anxiety

An ability to convey to the family a knowledge of and familiarity with eating disorder behaviours, weight loss and other symptoms, whilst maintaining an appropriate level of concern and without minimising the seriousness of the problem

An ability to intensify the family's concern, whilst at the same time maintaining an optimistic approach to treatment, through:

explaining the gravity of the problem

explaining the significance of different aspects of the symptoms

refraining from offering reassurance ,

Ability to engage the young person with anorexia

An ability to engage the young person with anorexia in the room with their parents/family present.

An ability to maintain a therapeutic stance that empathises with the young person and their predicament while maintaining a clear stance against the anorexia and the risks that it poses, and to model this position for the parents.

An ability to convey to the young person a distinction between taking sides against the anorexia as opposed to taking sides against the young person

Ability to reframe the family relationship to anorexia using “externalising techniques”

An ability to use language that begins to label the eating problem as an external force taking over the young person's life and which they are unable to resist on their own.

An ability to use “externalising conversations” in which anorexia is labelled as separate from the young person

An ability to use an externalising stance as a way of giving new meaning to some of the behaviours and experiences of anorexia (e.g. describing the effects of starvation on healthy volunteers)

An ability to engage both parents and the young person in adopting an externalising stance to ensure that both retain responsibility for the management of the problem and to ensure that the parents do not take control

Ability to explore family background, family values and the cultural context of the family

An ability to explore further the family background, cultural context, belief systems, in order to focus on strengths and resilience

An ability to help the family discuss difficult issues in the family background through the use of :

future questioning

facilitating the adolescent observation of her parents discussing their own experiences of growing up

Helping the family to challenge the problem

Ability for the family to monitor eating behaviour and weight

An ability (while acknowledging taking an expert stance as the therapist) to communicate to the parents that they, as parents, know that their child has to eat to gain weight and that they have a key role to play in achieving this aim

An ability to help the parents not to listen to the *anorexic voice* speaking to their child, by using techniques such as:

giving a meal plan and using diet sheets (if needed)

having a joint consultation with a dietician (if needed)

Ability to describe behaviour at mealtimes

An ability to get a detailed description of what happens at mealtimes, including:

who makes decisions about food

who prepares the food

who serves the food

how much food is served

An ability to discuss in a non-judgemental way how the family interacts around food,

An ability to ask how mealtimes/food used to be managed by the family and how this has evolved to the current patterns

Ability to challenge beliefs about the impossibility of parental action

An ability to explore with the parents how their usual ways of managing have been undermined by the eating disorder

An ability to explore how the parents work together and how they deal with differences between themselves

An ability to explore differences between the parental positions as a potential resource

An ability to emphasise the need for parents to develop a united stance in facing anorexia

An ability to offer examples of ways that parents can cope by :

meeting parents' requests for instructions on how to manage mealtimes through the use of examples of approaches taken by other families, while being clear that these may not work for them.

offering examples as ideas and not as instructions thereby helping to foster thought about what can be done to challenge the anorexia

Ability to explore the role that anorexia has acquired in managing emotions and interpersonal relationships

An ability to stress how emotions and interpersonal relationships as a result of the anorexia have developed rather than the role they may have played in the development of anorexia

An ability to use examples of other illnesses where adaptive responses might have become unhelpful over time

Ability to explore the young person's motivation to change

An ability to meet individually with the young person early in the treatment (while ensuring this does not become an alternative to family treatment)

An ability to explore areas that the young person may have found difficult to talk about in the presence of their parents, including the possibility of abusive experiences

An ability to explain and consider the implications of the limits of and boundaries to confidentiality with the young person in a family intervention

An ability to use techniques to explore the young person 's motivation to change, e.g.:

exploring the pros and cons of change

homework tasks such as writing letters to "anorexia my friend" and "anorexia my enemy"
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Exploring issues of individual and family development

Ability to explore issues of individual and family development

An ability to draw on knowledge that exploring issues of individual and family development can only start when concerns around eating and weight recede and parents can hand back control of eating to the young person

An ability to draw on knowledge that the timing of exploring issues of individual and family development will need to vary according to the young person's age, their motivation to change, stability of their weight, and the family's negotiated role in the recovery process

Ability to identify issues as "adolescent rather than anorectic"

An ability to help the parents to differentiate between 'adolescent' and 'anorectic' behaviour by:
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challenging the continued use of externalisation where all problems are seen as arising from anorexia

focusing the discussion on normal developmental issues that have been put on hold by anorexia

emphasising volition on the part of the young person
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encouraging the parents to consider the possible causes of difficult behaviour other than the anorexia
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Ending Treatment

An ability to decide when to end treatment according to the needs of the family

An ability to discuss with the family how they will decide when the time is right to give back control over eating to the young person
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An ability to judge what is needed in order to end the therapeutic relationship with the family including any difficulties that the family may have in ending treatment

An ability to help families to reflect on progress and what they have learned about themselves
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An ability to discuss with the family whose responsibility it would be to do something if eating problems re-emerged
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An ability for the therapist to reflect on their own wishes to see continue working with the family until all problems have been resolved
