Utilizing Family Systems Therapy in the Treatment of Eating Disorders

Amy W. Stoeber, PhD
10001 SE Sunnyside Rd, 140
Clackamas, OR
503.653.5205

Introduction

- Family Systems Expert vs. Eating Disorder Expert
- Developmental Expert vs. Eating Disorder Expert
- Family Systems within the Treatment of Eating Disorders – my experience

Family Systems

- Large bodies of research on family systems, functional family therapy, and multi-systemic therapy support use of family therapy as an integral part in the treatment of adolescents
- Here are a few specific to ED…

Family Systems Research

- Meta-Analysis by Courtier, Kimber & Szatmari, (Int'l Journal of ED, 2012)
  - Showed no significant data post treatment; significant outcome variation 6-12 months post treatment for FBT)
- Systematic Review by Retzlaff, von Sydow, Beher, Haun, & Schweitzer (Family Process Journal, 2013)
  - Reviewed 38 random trials of us of systemic therapy for internalizing disorders of children and adolescents – found to be efficacious up to 5 years post-study

Family Systems

- Families can offer greater support to children compared to adults in ED treatment
  - Emotional resources
  - Education about ED
  - Financial resources
  - Creating Zero Tolerance for the ED

Family System Research

- Adolescent-onset Anorexia has relatively high rates of eventual recovery; yet the illness is often protracted, and even after recovery from the eating disorder there is an ongoing vulnerability to psychosocial problems in later life (Espie and Eisler, Adolescent Health, Medicine, and Therapeutics, 2015)

The Role of Family Therapists in ED Treatment

- One member of a Team
  - Medical doctor – ED expert, or willing to learn appropriate rubric for treating ED
  - Nutritionist
  - Individual Therapist
  - Family Therapist
- Why Each Member is Necessary

Additional Roles of Family Therapist in Treating ED

- Information Gatherer
- Educator
- Problem-Solver
- Non-expert

- And…

One More Role of Family Therapist

- …Sometimes the "Bad Guy!"

Common Themes in Families of ED Clients

- Negative Self-Evaluation (Fairburn, Cooper, et.al, 1999; Stice & Agras, 1998)
- Perfectionism (Fairburn, Cooper, et.al, 1999; Kaye, Gendall, & Strober, 1998)
- Low or No Frustration Tolerance (Strober, 1980)
- Unwillingness to Allow Child to Sit with Anxiety (Minuchin refers to overprotectiveness as early as 1978 with AN)

Common Themes in Families of ED Clients (Cont'd)

- Excuse-Making (e.g. too busy, mom dieting too, allow for tx non-compliance)
- Alignment with Child versus Co-Parenting (Enmeshment often occurs)
- Secondary Gain related to ED (e.g. beauty, treatment, distraction from larger problems) (Fairburn, et.al, 1997; Strober, 1995)
- It should be noted that some of these observations have been questioned as to be the cause or the consequence of ED

Chicken or the Egg?

- Eisler (2005)
  - Points out that family therapy is most effective when problems are seen as a response and adaptation to the ED versus the other way around. It shapes a better starting point.
    - Decreases blame and guilt
    - Values family strengths
    - Increases confidence in the parents' ability to help
    - Increases empowerment
    - Increases symptom management

Chicken or the Egg? (Cont'd)

- Increased collaboration amongst professionals (e.g. If IT sees the parents as "helpers" versus the cause, relationship shifts)
- Lock and Growers (2005) found that treatment that included parents help in restoring weight and inhibiting binging/ purging had the most empirical effectiveness, particularly for AN

Chicken or the Egg?

- In summary, while there are several symptoms and manifestations of families who have a child with an ED, there is little research to show that the family system was the direct cause of the ED

Case Conceptualization

- Examples of Growth for Clients when Family Therapy is Involved
  - Support for the family is available b/c family therapist can focus on family assistance
  - Growth/Progress is seen sooner than without Family Therapy
- Other examples?

Family Therapy Interventions

- Espie and Eisler (2015) point out that Family Therapy within Eating Disorders has evolved from "generic" family therapy (with a more psychodynamic approach) to therapy specific to targeting the eating disorder
- So, what really happens behind closed doors?

Family Therapy is about Fit and Trust (e.g. Therapeutic Alignment)

Why take the jump? What am I going to get out of this? Does he/she see that we have inherit strengths? Will our family be further pathologized? Have I caused this in my daughter/son? What will family therapy add that we don't already have?

Examples of Family Therapy Interventions

- CBT for Family therapy
  - Externalizing approaches (bad house guest)
  - Use of algorithms for family and/or personal goals
  - "Retraining" each other (type of reframe)
  - Helping everyone "sit" with tough emotions
- Structural Family Therapy
  - Ways to align with members; ways to help members find ways to advocate

Family Therapy Interventions (Cont'd)

- Psychoeducation for Family Therapy
  - ED on the Anxiety Spectrum, liken it to a type of OCD-like behavior
  - Know what's going on with other systems and in other treatment rooms
- Medical Model for Family Therapy
  - "Talk the talk" with docs
  - Know what your IT and RD need

Boundaries and Family Systems

- Secrets
- My boundaries (e.g. appointment setting, texts, emails)
- Training of Emotional Boundaries
  - Reiterate "training" each other
  - Being a good neighbor (curiosity, compassion, freedom)
  - Getting rid of "Ed"

Questions and Comments

Thank you!

Amy W. Stoeber
503.653.5205