



NEDDC e-Bulletin

Issue Eleven | May 2013

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Editor's Note:

Welcome to the May edition of the NEDC e-Bulletin. We have some great articles this month including a personal account of an eating disorder support group specifically for fathers in Western Australia. We also have more family related content this edition with a feature article about family-based therapy and a roundup of the recent first national carers' conference in Australia.

We hope you enjoy this edition and if you would like to suggest topics or events to be featured in future editions of the e-bulletin, please contact us at info@nedc.com.au.

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Feature article: the evidence for family-based therapy



A special issue of the [Journal of Family Therapy](#) has highlighted the role of family therapy in the treatment of eating disorders in adolescents, and the growing body of evidence to support taking a family-inclusive approach.

Eating disorders have a significant impact on the functioning and well-being of a family unit. Family processes may also play a role in the maintenance of disordered patterns of behaviour. [Whitney and Eisler \(2005, p.](#)

[577\)](#) capture the way in which a family can be affected:

“The impact of the illness on the family is immediately evident...just as issues around food, eating and weight dominate the sufferer’s thoughts and behaviours, food may also take a predominant role within family life and interactions”.

The national standards published by the NEDC include the importance of the role of the carer and family in the treatment of an eating disorder. Family Based Therapy (FBT) sees parents and care-givers as the primary resource for recovery and the most appropriate support for regaining a healthy weight and ending unhealthy behaviours.

Generally, FBT is implemented as an intensive, outpatient treatment model. FBT is separate to traditional family therapy which addresses interpersonal and relationship issues within a family unit, although this may form part of an FBT approach. While commonly used with adolescents, there are also new developments in the use of family and couple therapy models to treat adults.

While many forms of family and couple therapy are suggested as important in working with eating disorders, there are only a handful of family-inclusive treatment options that have been empirically evaluated.

The NEDC [National Framework](#) (2010) and [Evidence Review](#) (2010) both acknowledge that family oriented interventions are an integral component of any treatment model for children and adolescents with anorexia nervosa and that evidence in other uses of family based interventions is emerging.

The UK National Institute of Health and Clinical Excellence guidelines reviewed all available research evidence prior to 2004 and concluded that the best outcomes for anorexia nervosa in patients under 18 years of age were obtained from family therapy ([NICE, 2004](#)).

The Journal of Family Therapy special edition includes a methodological review of family-based treatment in the last 25 years ([Downs & Blow, 2013](#)). Overall they found studies of family-based treatments for eating disorders to be promising. Particularly promising were those using the Maudsley approach and adaptations for adolescents with anorexia nervosa who are still in the early stages of illness.

A meta-analysis conducted by [Couturier, Kimber, & Szatmari, 2012](#) indicated that behaviourally based FBT (or Maudsley Family Therapy) for adolescents with both anorexia nervosa and bulimia nervosa is superior to individual therapy at a 6-12 month follow-up. In addition, they reported that family therapy focusing on intervention with disordered eating behaviours should be recommended as the first line of treatment for adolescents with eating disorders.

A recent [Cochrane review](#) meta-analysis also examined family-based interventions for individuals of all ages with anorexia nervosa and concluded that remission rates were higher in family therapy compared with standard treatment. However, there was not enough evidence to determine whether family therapy had better remission rates than other types of psychological interventions.

The findings of the Cochrane review may have been influenced by the inclusion of both adult and adolescent participants and a wide range of family therapy models. Evidence is less clear on the outcomes of FBT for adults with anorexia nervosa, and those of any age with other eating disorders. There is some evidence that adolescents may have a better response to family interventions when compared to adults. Currently, the largest evidence base specifically relates to the Maudsley Approach; traditionally implemented with adolescents.

FBT holds significant promise for adolescents with anorexia nervosa and the growing evidence base for this approach to treatment is also developing a body of supporting research-to-practice initiatives. Further research and evaluation is needed in this area of practice, particularly as it relates to other eating disorders, different age groups and different

family-based therapy models. Family based therapy is evidence based and should be considered as a treatment option for anyone with an eating disorder. No single treatment will be effective in all instances but this is a form of treatment that has promising outcomes for many and places the family as an integral component of the treatment team.

For further reading on adolescent family based treatment in clinical practice, please refer to some of the other articles included in the special edition of the Journal of Family Therapy:

[Adapting family-based therapy to a day hospital programme for adolescents with eating disorders: preliminary outcomes and trajectories of change.](#)

[Multiple family therapy for adolescents with anorexia nervosa: a pilot study of eating disorder symptoms and interpersonal functioning.](#)

[Patients' characteristics and the quality of the therapeutic alliance in family-based treatment and individual therapy for adolescents with anorexia nervosa.](#)

[Innovations in Maudsley family-based treatment for anorexia nervosa at the Children's Hospital at Westmead: a family admission programme.](#)

For more up-to-date research on best practice in eating disorders, explore our [knowledge hub](#).

Personal story: fathers and eating disorders

A number of years ago at Princess Margaret Hospital for Children in Perth a group of fathers whose children had recovered from eating disorders talked together with a group of clinicians about the experiences and needs of fathers. Out of these fruitful discussions the Fathers' Group emerged. It kicked off with a BBQ and beers and over time evolved into a core clinical service provided at the children's hospital. Co-facilitated by fathers with children in the recovery stage and male clinicians, it provides a men-only forum where dads can talk with other dads, about the experience and role of fathers in recovery. In this article we hear from Dave about his experience as a father of a child with an eating disorder, and how other dads helped him with his journey.

My Experience as a Father of a Child with an Eating Disorder



As a father of a child who has suffered from an Eating Disorder I feel I can now look back and realise how much this illness has consumed not only my child but all my family members and indeed loved ones.

Being a father, I can only describe my own feelings and thoughts throughout this journey and although all eating disorders differ in many ways, I feel some of the emotions and thoughts shown by other fathers I have met are very similar.

As a father, from the day my children were born my purpose in life changed. I instantly became the proudest man in the world and I accepted all the responsibility's that came with raising a family. I also felt the need to fix everything whether it was a bike tyre or a broken heart, and to be honest I thought I was doing quite well until my daughter Eva developed an eating disorder. All of a sudden I wasn't in control. Anorexia had taken that from me.

After a long and tiring period trying to 'fix' this illness myself, I realised that maybe I couldn't fix everything alone and that we needed professional help. Enter the Princess Margaret Hospital Eating Disorders Program.

The day we took Eva to PMH via the emergency department, was just as emotional as the day she was born, but for totally different reasons. Instead of pride I felt guilt that I couldn't protect Eva from this illness. Once we entered the program I felt that no matter how long or hard our journey would be we would not be alone as we had a team of very professional and compassionate people on our side.

"I would encourage any father in this situation to connect with other people. Sometimes your hope can come from someone else's experiences."

While Eva was hospitalised I was introduced to the PMH EDP Fathers' Group. My first thought was "do I have enough energy to attend a meeting?" because it was at a point when Eva's illness seemed to be setting in more and more every day. But I had nothing to lose, only gain, and at that stage even a small chance of a gain was not to be passed up.

On the first night that I attended the Fathers' Group, I was so unaware of what to expect. But looking back, that night was probably the start of my journey out of the emotional bunker I had built around myself. To be in a room with other dads going through similar situations to myself both past and present was, in a way, a comfort. I could open up and tell my story whether it be good or bad and know that I wasn't going to be judged, just as I would listen to other fathers' stories in the same way.

After that first Fathers' Group meeting I was driving home and I felt I had had a big weight lifted off my shoulders. I suddenly realised the benefits of talking and expressing my feelings, ironic in a way as that is what an ED patient may be encouraged to do.

As a Dad in a very scary and relatively helpless situation, I tended to think a lot but talk very little. The PMH EDP Fathers' Group helped me to open up and talk freely without having any feelings of guilt or failure. This had a positive affect not only with me but with relationships around me including my wife and son.

As our journey has been on the improvement for a while, I still reflect upon the education and support we received from the PMH EDP and in particular the Father's Group. I feel it has been an invaluable link in the chain of recovery for me and my family and I would encourage

any father in this situation to connect with other people, especially other dads. Sometimes your hope can come from someone else's experiences.

That feeling of pride I experienced when Eva was born is now the same feeling I have knowing that she, myself and my family are surviving such a taxing journey as anorexia.

For more information on the father's support group contact the [Princess Margaret Hospital](#).

For more information on the role of family in the treatment and management of eating disorders read [our report](#) from Australia's first eating disorders conference for families and carers.

Conference Roundup

Several local and international eating disorders events and professional development opportunities have been held in the last month. For those of you not able to attend these events here are some of the highlights and key findings.

At Home with Eating Disorders

From 23 – 25 May the first Australian conference for families and carers was held in Brisbane, Queensland.

The conference not only provided carers with access to a range of expert knowledge and skills but also gave them opportunities to network and connects with one another in a safe, supported environment.

The program featured presentations by international experts in Eating Disorders from both Australia and abroad as well as those with a wide range of personal experience with eating disorders. Sessions focused on the ways family can be included in treatment models, navigating access to treatment and recovering from an eating disorder. Throughout the conference there were opportunities for participants to engage with speakers and ask questions.

Participants and presenters alike found the conference of tremendous value in bringing carers and families together for support and education. The conference highlighted that each person and each family have a unique journey with eating disorders and require services that are responsive to their individual needs.

ICED 2013

The Academy of Eating Disorders (AED) held the 2013 International Conference on Eating Disorders (ICED) from 2-4 May in the beautiful city of Montreal. More than 1,000 eating disorders professionals gathered for three days of education and networking. The program featured some of the world leaders in eating disorders research including Australian experts Stephen Touyz, Tracey Wade, Sloane Madden, Anthea Fursland and Michelle Williams.

Common themes at the event included epigenetics, co-morbidity, gender, ethnicity and culture. Several presentations also focused on new services in the treatment of eating disorders, including a service established at Hobart Hospital in Tasmania. With the

publication of the DSM-5 this month, some of the changes in the diagnostic criteria for eating disorders featured in several sessions (NEDC will explore the changes in the DSM-5 in our July e-Bulletin).

The AED has also acknowledged the contributions made by our Steering Committee members to the international eating disorders field. Professor Susan Paxton was awarded the 2013 International Academy of Eating Disorders Leadership Award for Research. This is a very well deserved honour and continues to mark Australia on the international eating disorders research map. Last year the same award went to another of our Steering Committee members, Professor Stephen Touyz. Claire Vickery, NEDC Steering Committee member and founder of The Butterfly Foundation, has also been acknowledged by the AED for her valuable contributions to the field through an appointment to their Advisory Board.

Next year's ICED 2014 will be held on March 27-29 in New York City, USA. Details can be found on the [AED website](#). Upcoming events can be found on our [events](#) and [professional development](#) pages.

Opportunities to get involved

We need your help!

We are currently working on ensuring the [resource directory](#) in the NEDC Knowledge Hub is up to date and to do this, we need your help!

The NEDC website provides a central location for you to access the latest evidence based information relevant to eating disorders. We are looking for new resources that have been published or released since the beginning of 2013 with an emphasis on identifying resources that are already in use in an Australian setting. These resources could be related to: eating disorders, body image, mental health or obesity.

If you have any new resources, send us an email at nedc@thebutterflyfoundation.org.au. All resources are reviewed by the NEDC research team before their inclusion on the website.

Participate in a research study

There are a number of exciting research studies on eating disorders currently taking place in Australia. Many of these researchers are actively looking for participants.

To foster collaboration and research participation we maintain a directory of ethically approved Australian research projects on our website. If you are interested in participating, or know someone who might be interested, check out our directory of [current Australian studies](#).

In addition to the Australian studies highlighted on our website, there is also an exciting international research study underway that will contribute to our understanding of the genetic components of anorexia nervosa. The Anorexia Nervosa Genetics Initiative (ANGI) involves investigators in Australia, the United States, Sweden and Denmark, including one of the NEDC's Steering Committee members Professor Tracey Wade. The study needs to collect 8,000 DNA samples. If you think you may be able to participate, or would like further information, please go to the study [website](#).

If you have a current research study that you would like us to include in our listings, or you would like some help recruiting study participants, contact us at info@nedc.com.au.

The online version of this e-Bulletin can be found at: <http://www.nedc.com.au/e-bulletin-number-eleven>