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## Treating Anorexia with the Maudsley Approach

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**About the Author:** Mr. Bullock is a skilled individual, group, and family therapist with 17 years of experience in the treatment of adolescents and adults.

Since joining Lindner Center of HOPE, Mr. Bullock has played an active role helping the team develop a standardized, consistent approach to the treatment of eating disorder patients in an acute inpatient psychiatric setting. He serves as the eating disorder team's intake coordinator and helps determine the most appropriate level of care for treatment of each new patient to the team. He also leads the psychotherapy efforts for adolescents with eating disorders, providing Family Based Therapy to patients receiving inpatient, partial hospitalization and outpatient care.

Mr. Bullock is a member of AED (Academy of Eating Disorders) and a supporter of the Maudsley Parent organization. Mr. Bullock is active in community education with a goal to heighten awareness in the tri-state area about the mortality and morbidity of Eating Disorders. Optimal effective care of Eating Disorders is provided in our patient's own community where they have to face the stressors of everyday living.

### Summary:

A recent study found over half of adolescent patients receiving family based treatment for anorexia were more likely to experience remission after a year than those treated with traditional therapy methods. This article provides more in-depth information about the study results and how family based eating disorder treatment works.

### Treating Anorexia with the Maudsley Approach

Adolescents with anorexia nervosa are likely to recover faster when family is involved in the treatment process, new research shows.

More than 50 percent of patients receiving family based treatment (FBT) experienced full remission following a year of eating disorder treatment, compared to 23 percent treated through adolescent-focused individual therapy (AFT), according to a recent study. Only 10 percent of FBT patients achieving remission experienced a relapse in the year following treatment, compared to 40 percent of AFT patients.

The study followed the progress of 120 anorexia nervosa patients recruited by Stanford University and the University of Chicago Medical Center. The participants were randomly assigned to receive FBT or AFT for one year. Only 15 percent of adolescents enrolled in the FBT program were hospitalized for medical stabilization compared to 37 percent of AFT patients.

Commonly known as the Maudsley approach, FBT starkly contrasts from traditional treatment programs for anorexic adolescents, where family members tend to have less participation in the recovery process. The Maudsley method aims to avoid patient hospital visits by having parents

instead of doctors or nurses take the lead in restoring a child's weight to the appropriate level for their age and height.

The Maudsley approach consists of three phases featuring between 15 to 20 treatment sessions over the course of a year. The first phase focuses on restoring the patient's weight to normal levels. During this stage, parents are coached on how to help their child increase their food intake using supportive techniques that also strengthen family bonds. Once steady weight gain is realized, parents are encouraged to let their children take more control over their eating habits during phase two. When weight is restored by over 95 percent of the target goal, phase three begins, during which time the patient focuses on analyzing the impact anorexia has had on their well-being.

Despite being officially recognized as a medical illness for over 130 years, only six randomized controlled studies for adolescents with anorexia nervosa have taken place. Study co-author Dr. Daniel Le Grange believes eating disorder clinics should place more emphasis on family based treatments with their adolescent anorexic patients.

"What this study demonstrates is if you have an adolescent with anorexia nervosa who is medically stable, family based treatment should be the first line of treatment," said Le Grange, director of the Eating Disorders Clinic at the University of Chicago Medical Center. "For the first time, we can confidently present parents with a treatment we consider the gold standard for this patient population."

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**Sources:**

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