Centre of Knowledge on Healthy Child Development

Offord Centre for Child Studies

Treating teen anorexia with family therapy: Which method works best?

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The Bottom Line:

Family therapy is an effective way to treat anorexia nervosa in teenagers and the effects are long lasting. Both conjoint family therapy and separated family therapy are effective but separated family therapy seems to produce better results if the mother is noted at the beginning of therapy to be critical of her child's appearance or behaviour. Teens who had a history of having been treated in hospital before entering into family therapy did not do as well as teens without that history.

What problem is being addressed?

Anorexia nervosa (AN) is a serious health condition that affects mostly adolescents and young women between the ages of 15 and 22. The condition is not benign: it can cause serious illness from which the victim does not fully recover, and, in a small percentage of cases, even death. Family therapy is known to be effective in many teens with AN but it has not been known which type of family therapy works best and for whom.

What intervention is being tested?

Two types of family therapy were tested: conjoint family therapy, in which the teenager with AN and his/her family are engaged in therapy together; and separated family therapy, in which the teen and parents are treated separately by different therapists.

What is the *real scientific* evidence?

This was a follow-up to a trial conducted with 39 girls and 1 boy aged between 13 and 16, and their families. The teens had been ill anywhere between 2 months and 3 years, with the average being 1 year. Some of the teens and their families had participated in conjoint family therapy; others underwent separated family therapy.

About five years after completion of the treatment, the participants were contacted again and 38 took part in an assessment of their nutritional status, mental state, menstrual function, psychosexual adjustment, and socioeconomic status. Overall, the participants in both groups had done well since treatment completion. However, participants with a critical mother or parents who criticized each other fared less well in conjoint family therapy. They tended not to have achieved the same weight gain as those exposed to these conditions but who participated in separated family therapy. It may be that such families have difficulty forming a trusting relationship with the therapist (referred to as

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“therapeutic alliance”). They may find the therapy sessions make them feel more helpless or ineffective in treating their child, or that they are being blamed for causing their child’s illness.

Teens who had been hospitalized for their illness before entering family therapy had the worst outcome. This is likely because they were the most seriously physically ill, had poorer motivation to get well, or had other psychological problems.

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The preceding is a summary of:

Eisler I. Simic M, Russell GFM, Dare C. *A randomised controlled treatment trial of two forms of family therapy in adolescent anorexia nervosa: a five-year follow up*. Journal of Child Psychology and Psychiatry 2007, 48(6): 552-560.