The Association for Child and Adolescent Mental Health

Adapting Family-Based Treatment (FBT): when, why and how?

FBT has a strong evidence base for anorexia nervosa in adolescents, but not every young person responds to the standard model in the same way.

Research has identified several factors associated with treatment response:

Early response

Early weight restoration is one of the most consistent predictors of treatment outcome

Parental factors

Parental criticism has been consistently associated with poorer outcomes, while parental self-efficacy may also be important in treatment response

Clinical characteristics

Age, illness duration, baseline weight and eating-related obsessionality have all been investigated as factors associated with treatment outcome

What can clinicians take from adaptations to FBT?

Research has explored a range of adaptations to FBT. Some show promise, but evidence remains limited regarding which modifications are most effective, and for whom. Current findings suggest that FBT can be adapted in several ways:

WHO TAKES PART — **Parent-focused approaches can be an effective alternative to standard FBT when clinically appropriate**

For early non-responders, additional parental coaching may be particularly helpful when parents have low self-efficacy — **HOW PARENTS ARE SUPPORTED**

HOW MUCH TREATMENT IS NEEDED — **Some young people may do well with a shorter course of FBT, while others may benefit from additional or more intensive support**

FBT can be delivered in different settings and formats, including at home, virtually, and through guided self-help — **WHERE AND HOW IT IS DELIVERED**

Explore FBT in greater depth with Prof. Daniel Le Grange. Join our expert-led training