Family Treatment in Child and Adolescent Psychiatry

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Session 8
Eating Disorders

Family Illness

- Illness in a family member will require medical treatment, psychological adaptation and often family stress and adjustment
- The degree of difficulty is a combination or interaction between the nature of the illness and its treatment and the family's flexibility in adjusting to the requirements of illness care
- Illness in a parent is distressing for the ill person, the children and partner while also requiring reassignment of the day to day tasks of the ill parent
- Illness in a child requires medical treatment and adjustment of normal expectations (school) while also causing parental emotional distress

- Illness in the family requires acceptance of the family's inability to make the illness go away
- Parents feel helpless in the face of childhood illness and are often deeply distressed by the child's pain and suffering caused by the illness and its treatment
- Accessibility and quality of medical treatment may vary and depend on factors such as economic status of the family and geographic location
- Illness care can be expensive and illness can lead to a loss of income or other resources
- Necessary medical treatment may be challenging for the child and adherence to the medical regimen may be a source of parent child conflict

- Successful coping with medical illness requires:
  - Clear understanding of the effects of the illness, its treatment and prognosis
  - Trusted relationship with healthcare professionals
  - Family cohesion in accepting the illness and treating the ill person
  - The more expectable and consistent the course of illness and the response to treatment is, the easier family adaptation can be
  - Active role for individuals and family members in treatment care
  - Community and extended family support
  - Available support for meeting family responsibilities

- Psychological support for families with ill members will always be part of treatment
- In some instances the medical team can provide that support if the family is successfully adaptable
- In other instances therapy may be necessary to support individual family members or the entire family as members work together to deal with the stress of illness and adherence to treatment
- In some situations the illness will progress to death and the family will need help with grieving
- Illness may impact elderly members of the family creating additional stresses for parents

- Stress in the child's life may increase symptoms of illness or challenges in illness management
- Adherence to treatment requirements is often a problem in adolescence and can be a problem for organization of family life
- The family will need support to help the child with the stresses of illness and encourage the child to pursue treatment consistently
- This will require parents to set limits on treatment regimens while supporting the child's emotional reaction to the situation

- Loss of a child is always stressful and distressing for the entire family
- The grief reaction for the family can include guilt, shame, isolation, anger, relationship stresses
- Parents may be involved in their own grieving and not able to attend to the emotional support and attention that siblings need
- Marital dissolution can occur leading to the challenges of separation and divorce

- Therapy will need to support emotional expression, encourage mutual care and can include the development and practice of family rituals remembering the lost child
- As the parents grieve the loss of their child, support from community members, spiritual counselors and their physicians can be very helpful
- Recovery from the loss of a family member usually takes place over two years and grieving may recur at important dates like birthdays, anniversaries, holidays
- Children may grieve a family loss when it occurs and again during adolescence

Eating Disorders and the Family

- Eating disorders include:
  - Anorexia Nervosa
  - Bulimia Nervosa
  - Binge Eating Disorder

- Anorexia Nervosa
  - Absolute refusal to maintain normal weight
  - Persistent dieting potentially with excessive exercise and/or purging
  - Distortion of body image
  - Weight loss not as a result of medical illness or decreased appetite
  - Weight loss occurs as a result of control of eating, rather than a loss of appetite, and leads to a sense of mastery
  - Physical symptoms and medical complications can occur as a result of malnutrition

- Buliumia Nervosa
  - Repetitive episodes of binge eating and purging
  - Purging can occur through self induced vomiting and/or use of laxatives, diet pills and diuretics
  - The individual is dissatisfied with their weight and body shape
  - Medical complications can occur through repetitive purging
  - The individual is distressed by the symptoms and often attempts to hide their behaviors

- Binge Eating Disorder
  - Repetitive ingestion of excessive calories, either with meals or separately
  - Selected foods are ingested during binges
  - Binges may be planned or spontaneous, and may occur in secret, often at night
  - Purging doe not occur and the patient often gains weight
  - The patient is distressed by their behavior but cannot control overeating

Eating Disorders and Family Interactions

- In all Eating Disorders the child may attempt to keep the behavior secret
- The parents discover the behavior or the weight loss or gain and become alarmed
- There may be conflict about the behavior itself or its negative effects
- The parents seek assistance with a great deal of concern and anxiety
- Parents and family members feel helpless to deal with the problem

- In all Eating Disorders parental polarization is common with one parent supporting the child's experience of distress and the other parent wanting to set limits on dieting or binging behavior
- Arguments between parent and child can become conflicts among all family members
- The doctor evaluating the situation will notice family distress and helplessness
- The patient's hunger, irritability and dismay at their symptoms often worsens family disagreements

- All Eating Disorders represent an attempt at emotional regulation and improvement in mood
- Anorexia, through the experience of fasting, Bulimia and Binge eating through the experience of satiation or the relief from purging
- This brief improvement in mood reinforces the symptoms and worsens the situation

Family Interventions for Eating Disorders

- All Eating Disorders require a team treatment approach, including physician, mental health professional and nutritionist
- This team will need to work together in providing care and resolve any disagreements about the treatment approach among team members
- An accurate diagnosis and family education about the disorder and its treatment are essential

- The evidence based treatments are:
  - Anorexia-family based treatment
  - Bulimia-Individual Cognitive Behavioral Therapy and family therapy, and SSRI medication
  - Binge Eating Disorder- CBT, family support, and Vyvanse

- Anorexia treatment:
  - Step 1: nutritional guidance for diet and parental direction ensuring dietary adherence
  - Step 2: with gradual weight gain the adolescent is able to include food choices
  - Step 3: with continued weight gain approaching healthy weight, the adolescent is responsible for food choices and adequate dietary intake

- The therapist supports the parents and child participating in this program and helps produce successful collaboration between the parents and child
- The physician regularly monitors the patient's weight and reports progress to the therapist and family
- The nutritionist ensures that the meal plan provides adequate calories for consistent weight gain
- Hospitalization at times is necessary due to medical instability.
- Psychopharmacology is not helpful in achieving weight gain

- The goal of treatment is steady weight gain to achieve normal weight for age and height and resumption of physical well being including menses in girls
- As treatment progresses the therapist encourages normal adolescent behavior and experiences for the patient and normal developmental progress
- Recovery depends on return to normal weight within 6-12 months
- Parental divorce or single parent status can make treatment more complicated
- The adolescent may participate in treatment reluctantly and may challenge the consistency of the treatment team

- Treatment of Bulimia and Binge Eating Disorder:
  - Step 1: Development of a cohesive treatment team including patient, parents, nutritionist and doctor
  - Step 2: Engaging everyone in learning how to manage food without binging
  - Step 3: Challenging helplessness and accepting relapses
  - Step 4: Adding medication if necessary, addressing depression and anxiety
  - Step 5: Building an orientation towards recovery and healthy eating

- Helplessness and frustration are common in treatment
- The doctor's hopefulness about recovery engages patient and family motivation
- Relapsing behavior is common and acceptance of episodic problems is important
- Gradual recovery is the goal
- Emphasis on participation in normal development and age appropriate activities and relationships is also an important aspect of treatment
- Helping the child develop an identity outside of the problem facilitates recovery
- Bulimia and Binge Eating Disorders can be intermittent and lifelong problems