

# Maudsley Parents Newsletter



maudslеyparents.org  
family-based treatment for eating disorders

APRIL 2013

What's new at Maudsley Parents? Upcoming events and new "Ask an Expert" questions! As always, we'd love to hear from you. Write us at [contact@maudslеyparents.org](mailto:contact@maudslеyparents.org).

## Upcoming Events

### Free NEDA Webinar April 5, 1-3 pm EST



Angela Celio Doyle, PhD



Rina Ranalli

Dr. Angela Celio Doyle, Co-Director of the Eating and Weight Disorders Center of Seattle, will lead this free online webinar on Family-Based Treatment (FBT), an evidence based therapy for treating adolescents with eating disorders known as the Maudsley approach.

Dr. Doyle will discuss fundamental assumptions of FBT and provide an overview of the FBT model. Rina Ranalli, whose daughter was successfully treated using the Maudsley approach, will share insights into some of the most challenging aspects of treatment and recovery as well as strategies for making FBT work. This webinar is geared toward families, but will be helpful to clinicians as well. Come join us for an interactive discussion. Register [here](#).

### Conference in Madison, Wisconsin

#### *Helping Kids Recover*

Friday April 19, 1-5 pm  
Doubletree Hotel, Madison, Wisconsin  
Cost: \$50

Please join us for our 2013 conference as we focus on recovery strategies for pediatricians, therapists, and parents. This conference will bring together experts and families to talk about current treatments, new directions, and hope for the future. Featured speakers include Catherine Glunz, MD; Daniel Le Grange, PhD; and Harriet Brown, co-chair of Maudsley Parents.



Catherine Glunz, MD



Harriet Brown



Daniel Le Grange, PhD

Who should attend? Families, friends, treatment providers, pediatricians, and therapists. We hope to see you there!

For information or to register, click [here](#).

## Ask an Expert

In our [“Ask an Expert” column](#), we turn to leading eating disorder experts for advice on parent concerns. This month, Lauren Muhlheim, PsyD answers reader questions:

**My 16-year-old daughter began skipping meals and restricting her food intake more than two years ago. Since then we have struggled to find help. Despite consulting a few therapists and a brief admission to an eating disorder clinic she remained unwell. Each time she gained weight it was suggested we back off and she began to lose weight immediately. Excessive exercise has been a big problem too.**

**Working on our own we have managed to get her near a healthy weight. We recently found a new therapist familiar with the Maudsley approach and asked her to help us reach goal weight and then transition into phase 2. At the first session control was handed back to our daughter and she quickly lost 8 pounds. We have managed to help her regain that weight, but we are stuck. The therapist has suggested that we allow her to choose snacks and resume running but when we've tried she quickly loses weight. How do we move forward?**

First of all, congratulations on getting your daughter to near a healthy weight. The transition to Phase 2 is often a difficult one to navigate and more ambiguous than Phase 1. The criteria for beginning Phase 2 are: 1) the client is nearly weight restored (the Lock and LeGrange manual specifies 87% of ideal body weight), 2) meals are going smoothly, and 3) parents are empowered to step back in if need be. This final criterion is especially important; the reason for this is that the transition to Phase 2 is rarely smooth.

As in all aspects of treatment, not all patients may be prepared to regain control at the same point, and some patients may not be ready for more control until they have maintained 100% of ideal body weight for a few months. Introducing a vigorous exercise like running can burn a lot of calories and is therefore more risky than handing back other types of control. One strategy might be to talk to the FBT therapist about handing back control more gradually: for example, to let your daughter choose and prepare one snack per day under parental supervision. You can then wait a week or so before handing back control of another snack or meal, still under parental supervision so that you have the ability to correct her if she doesn't choose enough food. You might want to hold off on reintroducing running until she has maintained 100% of ideal body weight for a few months. When you feel she is ready to resume running, you could start small (30 minutes once per week) and tie it to an extra snack or make it contingent upon maintaining a minimum weight.

Regular weighing during Phase 2 is crucial as it allows you to spot problems early and step back in before significant weight is lost. If your daughter has trouble in any transition, recognize this as feedback, not failure. Take back control and try again in a month when she may be more ready.

**Our daughter was first diagnosed 2 years ago when she was 16. She has always presented as orthorexic. She's willing to eat, but only “healthy” foods. She has been through 3 hospitalizations, months of day treatment and even a 2 month residential stay. This all took place before she turned 18. None of the advice worked for her because she didn't like the food choices. In fact her symptoms have gotten worse over time, rather than better.**

**Now that she is 18 she won't go to the hospital even though she's lost more weight now. She's 5' 3" and 96 lbs. Orthorexia is confounding because she's eating, just not enough. She avoids fats, proteins and carbs. Her favorite foods are vegetables and fruits. Sometimes she'll eat a salad that weighs 1.5 lbs for dinner. She's in counseling (both individual and family), but there's no talk about her fixation on "healthy" foods. In fact her behavior appears more like OCD, with a food focus. She**

**also doesn't identify as an eating disorder patient, even after all the treatment she's been through. Any recommendations as to how to support her are welcome.**

OCD, Anorexia, and Orthorexia share many similarities. Your daughter is underweight and you're right that she is not eating enough and is not eating the right foods. Regardless of diagnosis, she needs to eat more flexibly and needs to gain weight. I would encourage you to find a Maudsley therapist who will address and support you in helping her with her eating behaviors. In FBT, we encourage parents to feed their children "according to their severe state of malnutrition and not according to the wishes of the eating disorder." In FBT you can use structured family meals to introduce your daughter to foods that her body needs but that she is afraid to eat. She desperately needs fats, proteins, and carbs.

In addition to the need to gain weight, I like to think of where we want children to end up after treatment. Having a very restrictive diet cuts off life opportunities. My family lived in China for two years. Not only was the food unfamiliar, it was difficult to even ask what ingredients were in restaurant meals. If your daughter is only comfortable eating vegetables and fruits, it will be hard for her to have experiences like travel and social occasions with friends. In addition, some recent studies have associated a positive outcome for eating disorder treatment with higher consumption of fat and greater variety of foods. In FBT, parents learn to use parental leverage to encourage more flexible eating.



Lauren Muhlheim, PsyD is a clinical psychologist in Los Angeles who specializes in providing evidence-based psychotherapy for a variety of problems experienced by adults and adolescents. Read more about Dr. Muhlheim [here](#).

## New and Notable

Video: Eating Disorders in Late Childhood and Preteens



The signs of eating disorders in tweens are different from older adolescents. The diagnosis is often missed. An expert panel from Lucile Packard Children's Hospital spoke on recognizing and treating this age group during National Eating Disorders Awareness Week. Check out the video presentation with Cynthia Kapphahn, MD; Kara Fitzpatrick, PhD; Casey Keane-Miller, RD; and Anne Sinha, OT [here](#).



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