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Assessing Family Functioning Before and After an Integrated Multidisciplinary Family Treatment for Adolescents With Restrictive Eating Disorders

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Introduction: Previous studies applying the Lausanne Trilogue Play (LTPc), a semi-structured method for observing family dynamics, highlighted dysfunctional interaction patterns in the families of individuals affected by restrictive eating disorders (REDs). Family-centered approaches are considered the first-line treatment for severe cases of REDs in adolescence.

Objectives: To investigate family functioning in the families of adolescents with severe REDs assessed before and 6 months after a multidisciplinary family treatment program that combined psychodynamic psychotherapy, parental role intervention and triadic or family-centered intervention.

Methods: Sixty-seven families of adolescent patients diagnosed with REDs were assessed for eligibility between July 2017 and October 2020. Family functioning was assessed using the clinical version of LTPc. Nutritional counseling and neuropsychiatric monitoring were also provided.

Results: We observed a significant change in the family functioning score for the LTPc phase 2, in which the father interacts with his daughter while the mother acts as a silent observer. This suggests that the fathers, when playing an active role, could improve dyadic family functioning. The treatment was not found to change triadic functioning: a 6-month treatment may not be long enough to modify interactions at the triadic level.

Conclusions: A brief multidisciplinary treatment program may significantly improve family functioning in the families of patients diagnosed with severe REDs. Although appropriate clinical trials are needed to further test the efficacy of this treatment, our study reinforces the concept that treatment programs targeting the individual patient and both the parents should be a first-line approach in adolescents with severe REDs.

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Keywords: Adolescents; Integrated Multidisciplinary Family Treatment; Restrictive Eating Disorders; Family functioning

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Self-report questionnaires in eating disorders: do we need to be careful interpreting self-report in conditions with self-perception issues?

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Introduction: A major revolution in psychiatry since the late 20th and early 21st Century has sought to put the individual client at the heart of intervention, promoting shared decision making. Increasing use of patient reported outcome measures (PROMs) to evaluate interventions and even steer therapies (“power assisted steering for psychotherapy”, Evans 2012) appears congruent with this. But is caution needed interpreting PROMs where self-perception distortions form a core part of the client’s problem? Eating disorders are a paradigmatic test.

Objectives: To see if PROM scores at initial presentation at services for ED seemed congruent with help-seeking. We report CORE-Outcome scores here.

Methods: Inclusion criteria were a diagnosis of an ED and opting in to treatment. Consecutive new clients at all the centres were approached for participation. Scores distributions were analysed to see if numbers of low scores, “non-clinical range” scores seemed congruent with help-seeking.

Results: 18% of the participants who completed the CORE-OM at baseline had a score below the Clinically Significant Change (CSC) cutting point. Though the rate was higher in participants with an Anorexia type I diagnosis (22.6%) than those with other ED diagnoses (15.8%): in the expected direction, the difference was narrowly non-significant (chi-squared = 3.5, d.f. = 1, p = .06). Scores did relate to treatment level.

