Process of change in family therapy for adolescent anorexia nervosa

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Therapeutic models of change

- Models of change and therapeutic modalities
 - Psychodynamic therapy Changes in reflective functioning and affect regulation
 - Behaviour therapy Extinction of maladaptive learnt behaviours
 - CBT Behaviour change leading to improved perception of self-efficacy
- Models of change and family therapy
 - Structural family therapy Changing family structure/intra-family boundaries
 - Attachment based family therapy Repairing relational/attachment ruptures
 - Narrative family therapy Changing self narratives from disempowering life stories to self-narratives that are empowering and self-efficacious

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Common versus model specific factors

Common features and functions of psychotherapy

Common features

- a helpful relationship
- a healing setting
- a rationale or "myth" explaining the client's problems
- a "ritual" implied by the myth that is believed to help solve the problem"

Common functions

- a decrease in alienation through the therapeutic relationship
- expectations of improvement
- providing new learning experiences
- emotional arousal
- enhancing a sense of mastery and self-efficacy
- providing opportunities for practice

Recent common factor accounts

- an emotionally charged bond between the therapist and patient
- a confiding healing setting in which therapy takes place
- a therapist who provides a psychologically derived and culturally embedded explanation for emotional distress
- an explanation that is adaptive (i.e., provides viable and believable options for overcoming specific difficulties) and is accepted by the patient
- a set of procedures or rituals engaged by the patient and therapist that leads the patient to enact something that is positive, helpful, or adaptive

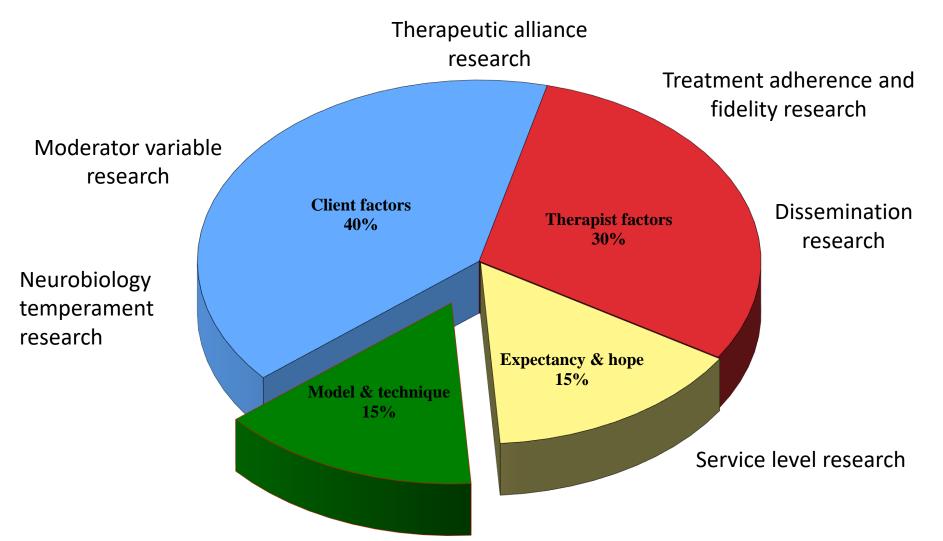
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Laska, Gurman, & Wampold, (2014). Expanding the lens of evidence-based practice in psychotherapy: A common factors perspective. *Psychotherapy*, 51, 467-481 See also:

Common factors in psychotherapy



Short term versus long term goals of psychotherapy

- Short term goals (therapy model specific techniques)
 - Free association in psychoanalysis
 - Diary monitoring in CBT
 - Circular questions in family therapy
- Long term goals (broader therapeutic strategies)
 - Paying attention to behaviours, thoughts and feelings leading to selfreflection and new insights in the patient

Psychosomatic family model

(individual vulnerability interacts with specific dysfunctional family transactions leading to ED)

Illness family model

(the family accommodates to an enduring, life-threatening illness)

ED an expression of interpersonal conflict		ED an illness of unknown but not family aetiology	ED an illness with underlying neurobiological vulnerability	
1975	1985	1995	2005	2015>
Putative mechanism of change		Putative mechanism of change	Putative mechanism of change	
Clarifying intra-family boundaries		Raising parental anxiety to promote control of eating	Changing the meaning of feeding the child from control to caring	
Reducing enmeshment of family relationships		Strengthening parental executive system	Changing behavior around eating and reversing effects of starvation	
Facilitating tolerance of conflict		Changing parental sense of self-efficacy	Addressing maintenance factors (e.g. intolerance of uncertainty)	
Blocking the role of ED as a mediator of family conflict		Block role of ED as mediator of relationships	Addressing relational/attachment issues where necessary	

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Short term versus long term goals

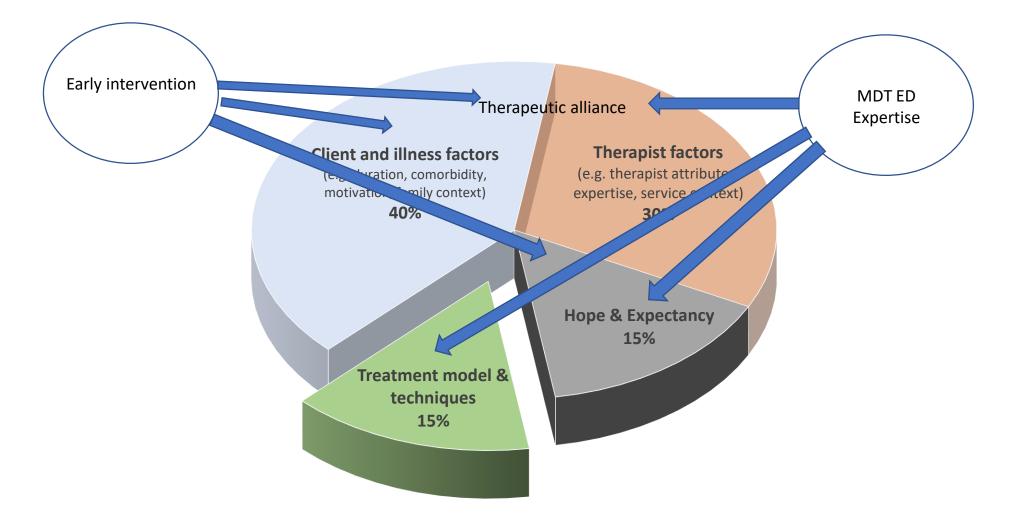
.... [the technique of] **anxiety induction** is a powerful way of developing a focus within which the parents are consistently addressed as the responsible, **executive subsystem** of the family. This facilitates the development of an appropriate **hierarchically structured control** system within the family. At the same time, the parental couple also differentiate themselves from the child or children subsystem [...] achieved when the parents **are able to take control** of their daughter's eating ...

This **expresses their separateness** from their child in an age-appropriate way and thus, paradoxically, the very act of taking control actually **enhances the process of differentiation**. This differentiation is crucial both for the development of the adolescent as an individual and also for the adaptation of the family

Dare et al., (1990). The clinical and theoretical impact of a controlled trial of family therapy in anorexia nervosa. Journal of Marital and Family Therapy, 916, 39-57.

a theory of change in FT-AN

The role of extra-therapy factors



(Some elements of) a theory of change in FT-AN

Treatment context Intervention Initial goals **Predisposing/** Relational frame Medium t. goals Longer t. goals maintenance factors Dependent Assessment of relationship early Team/service Changes in medical risk Increase in treatment Creating a safe base characteristics eating tolerance of (family/therapist) for treatment MD expertise behaviours uncertainty Treatment philosophy Intolerance leading to Psychoeducation **Referral process** of uncertainty improved about the effects of Hope Reduction of Dependent nutrition starvation Expectancy effects of relationship early starvation in treatment Anxiety (parents/child) Reduction in Reduction of Externalising guilt and blame effects of Therapist Changes in selfconversations characteristics starvation perception and Achievement Expertise self-esteem Shift in orientation Warmth Family shared therapeutic Empathy sense of purpose Engagement Changes in relationship later Congruence Taking with whole parental sense in treatment responsibility family incl. Hostile critical of self-efficacy paralleled by for future relationships young person and locus of change in parent progress child relationship control Activation of parenting pattern Insecure Difference in Reframe attachment family and Motivation to meaning relationships therapist time change of feeding Shift in locus frame

of control

What is missing from the above account

- A lot
- Empirical evidence
- Having appropriate measures of mediating mechanisms
- Understanding where the neurobiological predispositions fit
- Understanding of the "roadblocks" when therapy does not work
- Understanding how the process of change overcoming "roadblocks"
- And a great deal more