



Treatment Options for Children & Teens with Anorexia Nervosa

A guide for parents

When your child or teen is diagnosed with Anorexia Nervosa it can feel overwhelming. Knowing about the treatment options available can help you feel more confident and involved in their recovery. Below is a summary and comparison of three evidence-based therapies for young people with anorexia nervosa: Family-Based Treatment (FBT), Adolescent and Parent-Focused Therapy (APT), and CBT-E for Adolescents.



Family-Based Treatment (FBT)

Who is it for?

Children and adolescents (usually under 18) living at home with supportive parents or caregivers.

Core idea:

Parents take an active, central role in helping their child restore weight and normal eating.

Key features:

- Parents are taught how to help their child or young person eat and restore their health
- FBT is typically structured in 3 phases:
 1. Re-nourishment with close parental assistance
 2. Gradual return of management of food to the young person (to an age-appropriate level)
 3. Support with sense of identity and development without the eating disorder.
- FBT has a strong focus on rapid behaviour change and teaching distress management skills for assisting with emotional wellbeing

Evidence base:

This treatment has the strongest evidence for helping children and adolescents with Anorexia Nervosa. It is the first-line treatment in many clinical guidelines.

Pros:

- Strongest evidence base for treating adolescent Anorexia Nervosa.
- Empowers parents to take immediate and active steps toward re-nourishment.
- Clear structure and stages provide a roadmap through recovery.
- Focuses on action over insight, which can be effective in a malnourished brain.
- Treatment can start without requiring the young person to be motivated for change.

Cons:

- Requires significant time investment by the family, especially in early phases.
- Can be stressful for families already under strain.
- Less focus on underlying emotional issues or trauma in early stages.
- May be harder to implement when family conflict is high or caregivers aren't available.
- Adolescents may feel disempowered initially.



Adolescent and Parent Focused Therapy (APT)

Who is it for?

Adolescents with Anorexia Nervosa

Core idea:

Combines individual therapy for the adolescent with support and education for parents.

Key features:

- Adolescents have their own individual therapist to explore thoughts, emotions, and goals associated with eating.
- Parents are supported alongside (but are not in control of) the young person's eating.
- Considers developmentally appropriate autonomy.
- Addresses emotional regulation, perfectionism, and identity.

Evidence base:

Adolescent and Parent Focused Therapy has an emerging evidence base. It is most suitable for families who may not be able to engage in FBT, or who have not found it a good fit.

Pros:

- Offers a balance of individual and parental involvement.
- Respects the adolescent's growing need for autonomy and emotional space.
- Addresses emotional development, identity, and coping skills more directly.
- Can feel more supportive and validating for adolescents.

Cons:

- Less research support than FBT; still considered emerging.
- Slower weight gain may occur compared to FBT.
- Parents have a less directive role, which some may find uncomfortable.
- Less clear structure than FBT, which can feel uncertain for some families.



Cognitive Behaviour Therapy-Enhanced (CBT-E)

Who is it for?

Older adolescents (usually 16+) who are ready to take more personal responsibility for recovery.

Core idea:

Helps the young person understand and challenge the thoughts, behaviours, and beliefs maintaining the eating disorder.

Key features:

- Collaborative, structured, and problem-focused.
- Involves exploration of and education about their eating disorder; behavioural experiments to test out whether fears are real or not; and identifying and working through distressing or unhelpful thoughts.

- May involve limited family sessions, but is primarily individual.
- Targets not only eating behaviours, but also low self-esteem, perfectionism, and rigidity.

Evidence base:

Well-supported in adult populations; growing evidence for adolescents, especially older teens who are motivated for individual work.

Pros:

- Structured and collaborative: young people are active participants.
- Focuses on psychological processes, not just eating and weight.
- Tailored to individual needs – can address perfectionism, body image, etc.
- Encourages long-term skill development for relapse prevention.
- Often preferred by older adolescents wanting more independence.

Cons:

- Requires a motivated and cognitively engaged young person – harder if severely malnourished or ambivalent.
- Weight restoration is addressed, but may not be the central focus early on.
- May not involve family as closely, which can be difficult for concerned parents.
- Less evidence in adolescents compared to adults.



In Summary

The best treatment choice for your child or teenager will depend on a number of factors, including how medically unwell they are, how long they have been unwell for, how motivated they are for change, and your family's circumstances. This table provides a visual overview of why you might opt for one treatment approach over another.

	Best For	Parent Role	Focus	Suitability
FBT	Teens with good family support	Parents lead re-feeding with therapist support	Weight restoration first, distress management, aims to get back on track with life as usual ASAP	First-line, especially for recent and severe illness
APT	Adolescents who have not responded well to FBT	Support the implementation of goals the adolescent sets with their therapist	Renourishment, education, management of emotional and developmental needs	A good alternative when FBT is not suitable
CBT-E	Older adolescents with sufficient motivation to work on recovery independently	Involved, aware of goals, but not central in their implementation	Thoughts, behaviours, and emotions associated with the eating disorder	Best for those ready to take ownership of change



Get in Touch!

At Balanced: Mind Body Life we have clinicians with experience in the use of all three types of treatment for Anorexia Nervosa. We will be able to assess your needs and offer guidance as to which seems like it would be the best fit. If you are concerned about your child or teenager and would like to book an assessment and/or ongoing treatment, you can reach out to us. Medicare rebates apply if you have a referral from your GP.

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You can also fill out our contact form at www.tasmindbodylife.com

