

Family-based treatment for adolescents with eating disorders

Children's Mental Health: Eating Disorders

Literature review updated July 2019.

As part of WSIPP's research approach to identifying evidence-based programs and policies, WSIPP determines "what works" (and what does not work) to improve outcomes using an approach called meta-analysis. For detail on our methods, see our [Technical Documentation](#). At this time, WSIPP has not yet calculated benefits and costs for this topic.

Program Description: Family-based treatment engages the family system to address eating disorders in adolescents. This treatment approach typically progresses through several stages, including empowering parents to disrupt disordered eating behavior patterns, engaging adolescents in more collaborative relationships with parents to facilitate change in behavior, transitioning control of eating back to adolescents, and helping families to support adolescents' developmental processes. Family-based treatment for eating disorders is typically delivered by child psychologists or child psychiatrists in an outpatient setting. All of the studies included in this analysis compare family-based treatment to individual therapeutic approaches focusing on the adolescent. In some studies, the comparison group also received a limited number of family sessions. Adolescents in family-based treatment received a weighted average of 21 hours of therapy over ten months in the studies included in this analysis.

Meta-Analysis of Program Effects

Outcomes measured	No. of effect sizes	Treatment N	Adjusted effect size and standard error			Unadjusted effect size (random effects model)	
			ES	SE	Age	ES	p-value
Major depressive disorder	2	94	-0.290	0.179	16	-0.290	0.105
Hospitalization	3	148	-0.340	0.218	16	-0.340	0.118
Eating disorder	5	199	-0.473	0.169	16	-0.473	0.005

Meta-analysis is a statistical method to combine the results from separate studies on a program, policy, or topic in order to estimate its effect on an outcome. WSIPP systematically evaluates all credible evaluations we can locate on each topic. The outcomes measured are the types of program impacts that were measured in the research literature (for example, crime or educational attainment). Treatment N represents the total number of individuals or units in the treatment group across the included studies.

An effect size (ES) is a standard metric that summarizes the degree to which a program or policy affects a measured outcome. If the effect size is positive, the outcome increases. If the effect size is negative, the outcome decreases.

Adjusted effect sizes are used to calculate the benefits from our benefit cost model. WSIPP may adjust effect sizes based on methodological characteristics of the study. For example, we may adjust effect sizes when a study has a weak research design or when the program developer is involved in the research. The magnitude of these adjustments varies depending on the topic area.

WSIPP may also adjust the second ES measurement. Research shows the magnitude of some effect sizes decrease over time. For those effect sizes, we estimate outcome-based adjustments which we apply between the first time ES is estimated and the second time ES is estimated. We also report the unadjusted effect size to show the effect sizes before any adjustments have been made. More details about these adjustments can be found in our [Technical Documentation](#).

Citations Used in the Meta-Analysis

Godart, N., Berthoz, S., Curt, F., Perdereau, F., Rein, Z., Wallier, J., . . . Jeammet, P. (2012). A randomized controlled trial of adjunctive family therapy and treatment as usual following inpatient treatment for anorexia nervosa adolescents. *PLoS ONE*, 7.

- le Grange, D., Crosby, R.D., Rathouz, P.J., & Leventhal, B.L. (2007). A randomized controlled comparison of family-based treatment and supportive psychotherapy for adolescent bulimia nervosa. *Archives of General Psychiatry*, 64, 1049-1056.
- le Grange, D., Lock, J., Agras, W.S., Bryson, S.W., & Jo, B. (2015). Randomized clinical trial of family-based treatment and cognitive-behavioral therapy for adolescent bulimia nervosa. *Journal of the American Academy of Child and Adolescent Psychiatry*, 54, 886-894.
- Lock, J., Le Grange, D., Agras, W.S., Moye, A., Bryson, S.W., & Jo, B. (2010). Randomized clinical trial comparing family-based treatment with adolescent-focused individual therapy for adolescents with anorexia nervosa. *Archives of General Psychiatry*, 67, 1025-1032.
- Russell, G.F., Szmulker, G.I., Dare, C., & Eisler, I. (1987). An evaluation of family therapy in anorexia nervosa and bulimia nervosa. *Archives of General Psychiatry*, 44, 1047-1056.

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Printed on 03-24-2024



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