

## Abstract

As a carer organisation, EDFA advocates that carers be included in both eating disorder research and treatments. Family Based Treatment (FBT) has been found to be the most effective treatment for children/adolescents with eating disorders (ED)<sup>1</sup>. However, there are no treatments proven to be effective for adults with anorexia nervosa (AN). How can carers be involved with their loved ones who have ED at all ages? A new treatment approach called **Temperament-Based Treatment with Supports (TBT-S)**, *actively includes families, friends, colleagues, spouses (Supports)*. It has been developed to interactively help clients and Supports better understand the root causes of the illness, the underlying genetic, neurobiological and trait foundation and provide tools to better manage AN, for *both* clients and Supports, to increase health. It is being researched on both adolescents and adults with AN and their Supports, with findings showing high acceptability and feasibility in multiple site open trials in the USA.<sup>2</sup> TBT-S training programs were offered in five of the six Australian states in early 2019 for both clinicians and carers. Feedback findings from the training found that clinicians recognised the merits of including Supports in AN treatment upon learning about the temperamental nature of the illness. Supports (carers) reported a strong desire to learn about the biological roots of AN and be a part of the treatment process at all ages. Overall feedback from both clinicians and carers found the; training to increase knowledge about the temperament of ED and, both the tools and new information that was interactively presented, to be highly applicable to their lives.

## Introduction

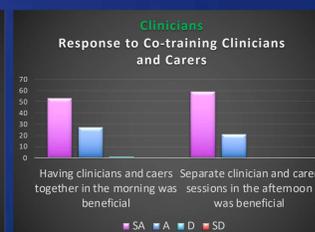
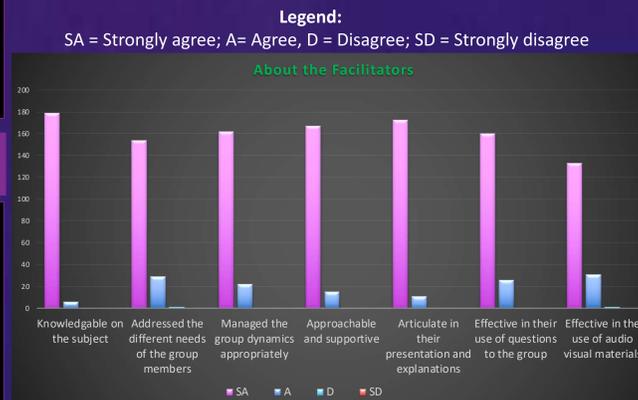
EDFA is keen to see treatment models in the Australian adult (16+) system include the unique resources that only carers can offer to help augment ED evidence-based care. Temperament-Based Therapy with Supports (TBT-S) has been rated as outstanding by over 90% of clients and Supports (carers) in multisite open trials, with all participants valuing the psychoeducation, the collaborative treatment planning, and learning how biological (or temperament) bases of AN can be applied to encourage recovery-oriented behaviours.

AN treatment has improved over the last decade among adolescents due to the inclusion of families in FBT. The features of AN (its egosyntonic nature and lack of motivation to eat), tend to not diminish during adulthood. Involvement of Supports in treatment during adolescence can impact and potentially diminish AN symptoms as the adolescent develops. TBT-S addresses many biologically-based questions that AN clients and Supports/carers have asked for decades about the illness. Open trial outcome findings show that client motivation increases when learning how their brain responds differently compared to those without eating disorders, and why they tend to think, feel and act around food as they do. TBT-S involves Supports (carers) with adult AN clients because it is the Support people (carers) who need to both understand and develop skills consistent with client skills in order to help maintain client healthy behaviours. TBT-S has been studied on AN and has potential to be applied to other eating disorders.<sup>3</sup> TBT-S provides the opportunity to bring Supports and clinicians together in an experiential "5-Day" treatment program as a "jump-start" for clients, clinicians and Supports to be on the same page in understanding the genetic, neurobiological and trait responses of AN, and develop tools to better respond. It is hoped that trained TBT-S clinicians could then continue to integrate and augment TBT-S into other ongoing ED therapy approaches.

## The Process

- To model the TBTS method, the program was co-designed, co-managed and co-presented by Carers and Clinicians.
- Carers as represented by EDFA and EDANZ, identified a need for greater carer inclusion in treatment of adults and adolescents.
- An inclusive method with growing supporting evidence, i.e. TBTS, had been identified.
- EDFA engaged the TBTS experts in a discussion, with the aim of gaining their interest in delivering training in Australia and New Zealand.
- To effect change in clinical method, it was recognised that clinicians are central to making this happen.
- Discussions about TBTS were held with highly credentialed and respected clinical leaders in various Australian states. Those clinicians gave their support to training ED clinicians in TBTS.
- Partnerships were formed with national and state stakeholders to plan and deliver the training.
- 53 Clinicians attended one of the two, four day workshops.
- 153 clinicians, 125 carers and 11 students attended one of the five, one-day workshops.

## Participants' Ratings



Dr Laura Hill  
Centre for Balanced Living,  
Columbus Ohio



## Our Phenomenal TBTS

### Experts



Dr Christina Wierenga  
University of California San Diego



Dr Stephanie Knatz-Peck  
University of California San Diego

## Participants' Comments

### Clinicians - One Day Program

- Fantastic! Wish I booked in for the four-day workshop.
- Fantastic professional development. Thanks for hosting.

### Clinicians - Four Day Program

- This was certainly one of the best training opportunities that I have attended. Stephanie, Laura, and Christina demonstrated their evidence-based practice with motivating humility.
- I am passionate about carers and clinicians working together in a collaborative and solution-focused way. I believe this is the best way for us to collectively move forward. Thanks for providing us all with this opportunity.

### Carers

- I would love to do more of this workshop. Learn more. Understand more. Utilise more. Thank you so much!!! I am so grateful to be able to attend this workshop.
- Would like more workshops to learn more insight.

## Conclusions

- Co-training* of clinicians with carers opens new potential to improve AN treatment.
- Supports (carers, spouses, friends, colleagues, parents etc.) report being highly motivated to learn more about TBT-S; and request it be made available in ongoing ED therapies with their loved-ones.
- TBT-S training helped clinicians recognise the value of including Supports (carers) in ED treatment.
- Clinicians **and** Supports (carers) valued more in-depth learning on the neurobiological and trait bases of AN
- The interactive presentation and learning style was highly impactful and appreciated by clinicians and carers.

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- CEED** Victoria.
- QuEDS**, Qld
- InsideOut**
- SEDS** South Australia
- Foundation**, NSW.
- WAEDCS**, W.A.

## References

<https://www.edfaevents.com>

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