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ABSTRACT

This study will investigate the effectiveness of Emotionally Focused Family Therapy (EFFT) in alleviating symptoms of bulimia nervosa (BN) in adolescents. Participants will consist of twenty adolescents enrolled in the Emily Program, with a DSM diagnosis of moderate to severe BN, and at least one of their caregivers. The subjects will attend 12 family therapy sessions with a therapist trained in EFFT and complete the Eating Disorder Examination (EDE) questionnaire. This study aims to determine if EFFT can effectively improve family dynamics to reduce symptoms of BN in adolescents.

INTRODUCTION

- Bulimia nervosa (BN) poses serious physical and mental health challenges for adolescents, impacting their physical health, emotional well-being, and social functioning (Le Grange et al., 2007).
- There is a paucity of evidence-based research on adolescents suffering from BN (le Grange et al., 2007).
- Research shows that family environment and insecure attachment can contribute to the onset of eating disorders (Latzer et al., 2002).
- In a randomized control trial, family-based therapy showed greater improvements in BN symptoms as compared to supportive psychotherapy treatment (Le Grange et al., 2007).
- By expanding on the research showing that involving family members in the treatment of patients with BN can diffuse negative emotions and provide support when patients are struggling (Stewart et al., 2015).
- Emotionally Focused Family Therapy (EFFT) is grounded in attachment theory and systemic perspectives, targeting the emotional and relational dynamics underlying bulimia nervosa. Implementing EFFT with BN patients could help create a more secure attachment between BN patients and their caregivers, potentially alleviating eating disorder symptoms.

PRIMARY AIM AND HYPOTHESES

Emotionally Focused Family Therapy will be effective in decreasing symptoms of BN in adolescent patients in the Emily Program.

METHODS

Participants

- The study will be advertised to adolescents enrolled in the inpatient or outpatient facility at the Emily Program. All locations throughout the country may apply to participate in the study. The Emily Program was chosen due to its extensive thirty-year history of helping clients recover from disordered eating behaviors.
- The study will be comprised of twenty adolescents, aged thirteen to eighteen, and at least one of their caregivers.

Procedures

- The EDE will be administered at the beginning of the first and last EFFT sessions. The data will be completed by the adolescent admitted to the Emily program and they may be a part of the inpatient or outpatient units.
- The EDE will be administered by an administrative assistant at the Emily Program and he/she will submit the data directly to the study to ensure that there is no bias from the EFFT therapist.
- Adolescents and caregivers will participate in twelve family sessions with a therapist who has received EFFT training for at least two years.

MEASURES

- Each adolescent patient will complete the Eating Disorder Examination (EDE) questionnaire.
- The EDE is the gold standard for assessing eating disorder symptoms and is a comprehensive twenty-eight-question survey that measures eating disorder psychopathology, including dietary restraint, eating concerns, weight and shape concerns, and binge eating behaviors.
- The EDE will be used to determine if EFFT can effectively reduce BN symptoms in adolescents.

RESULTS

- The data from the EDE will be analyzed using the ANOVA method which is a linear regression model.
- The EDE data collected at the first EFFT session will be compared with the data from the EDE at the last EFFT session.
- This process of data collection will result in a 2 x 2 mixed design ANOVA. This will determine whether the mean change in BN (from the first session until the last session) differed between the groups.
- The data will be analyzed to determine if EFFT is effective in reducing BN symptoms throughout a twelve-week treatment period.

Discussion

- A strong connection with an available and supportive attachment figure promotes a feeling of safety, leading to flexibility, open communication, and independence (Johnson et al., 1998).
- Research shows that BN patients report high levels of discord in their family systems, so systemic therapy could be useful to provide beneficial results (Johnson et al., 1998).
- Due to the effectiveness of EFFT in helping families learn to express vulnerable emotions and create secure attachments, we expect it will be effective in treating bulimic patients and their caregivers.
- The limitations of this study include a small sample size and lack of a control group.
- An additional constraint would be the lack of socioeconomic diversity among the participants due to the privilege of being able to afford health insurance or possess out-of-pocket expenses to pay for the Emily Program.
- Should this study conclude EFFT's effectiveness with BN patients, further research could be conducted on other types of eating disorders.
- Additionally, we would recommend that more research be executed in facilities like community mental health and private practices to reach a wider variety of eating disorder patients.

References

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