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Review

Perceived Outcomes of Intensive Family Therapy or Multi-family Therapy for Adolescents with Anorexia Nervosa and Their Families: A Literature Review

Scroggie Rebecca[1] Gokhale Preetee[1]

Affiliation:
[1]Occupational Therapy Programme
School of Rehabilitation & Sport Science
Bournemouth University,
Bournemouth,
United Kingdom

Corresponding Author:
Rebecca Scroggie
s5423564@bournemouth.ac.uk

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Abstract

Introduction: Adolescents aged 15-19 years have the highest incident rate for Anorexia Nervosa (AN) in the United Kingdom. They lose meaningful occupations which are often replaced with unhelpful occupations, habits and behaviours. Occupational therapists working within a multidisciplinary team can help these individuals navigate the occupational changes. This study aimed to identify perceived outcomes of Family Based Therapy such as intensive family therapy and multi-family therapy for adolescents with a diagnosis of Anorexia Nervosa and their families.

Methods: A systematic search of EBSCOhost was completed in December 2024. This review included qualitative studies that concerned perceived outcomes of family therapy for adolescents with AN and their families. Six studies met the inclusion criteria and were quality appraised using Critical Appraisal checklists. The themes found were synthesised using the core elements of the Model of Human Occupation (MOHO).

Findings: Four key themes aligned with MOHO were identified, focusing on the health and well-being of individuals with eating disorders and their families. Perceived outcomes were mainly self-awareness, motivation and hope. Role changes within families eased guilt and improved relationships. Areas needing further attention were early focus on weight restoration and neglected emotional needs, parents' preparation for discharge and adolescents' willingness to work on skills to deal with body image and eating disorder behaviours.

Conclusion: Occupational therapists can work collaboratively with individuals and their families to uncover the occupations that sustain or reinforce the eating disorder. Through this process, they can facilitate the development of meaningful alternative occupations, restructure routines and rituals surrounding food, and enhance skills for managing emotional distress.

Key words: occupational therapy, anorexia nervosa, eating disorders, family therapy

INTRODCUTION

Anorexia Nervosa (AN) is characterised by low body weight for height, age and developmental stage that is not accounted for by another medical condition. Behaviours such as reducing food intake, slow eating, hiding food and purging may also be present alongside a preoccupation with body weight and shape, collectively undermining an individual's overall wellbeing (International Classification of Diseases [ICD]-11, 2024). In the UK, the highest incident rate for AN is among adolescents aged 15-19, affecting females more predominantly (National Institute for Health and Care Excellence [NICE], 2024). Anorexia nervosa as a mental health disorder has higher mortality rate than any other mental health disorder (NICE, 2024).

Multi-Family Therapy (MFT-AN), Family Based Therapy (FBT-AN) and Intensive Treatment Programmes (ITP) are NICE recommended and well-established forms of therapy for adolescents diagnosed with AN in the UK (NICE, 2017; Baudinet et al., 2023; Colla et al., 2023; Gledhill et al., 2023). These are treatments of varying duration depending on the treatment centre, they involve bringing the family together and collaborating with them in an intensive environment to reduce the sense of isolation and to develop a familial skillset to tackle eating disorder behaviours and consequences (Baudinet et al., 2023).

Occupational therapists can support re-engagement with daily occupations such as eating, cooking, shopping, and exercising whilst managing thought processes associated with eating disorder (Lawrence and McAuley, 2023; Mack et al., 2023), through interventions such as motivational interviewing, Cognitive Behavioural Therapy (CBT), Dialectical Behaviour Therapy (DBT), Family-Based Treatment and exposure-based approaches (Carson, 2020; Lawrence &McAuley, 2023). Analysing and adapting environments to increase social participation and function is also within the occupational therapy remit (Gardiner &Brown, 2010).

Adolescents with eating disorders often experience loss of meaningful occupations, which is often replaced by maladaptive occupations, habits, and behaviours. Working within a multidisciplinary team, occupational therapists can support individuals in navigating and reconstructing these disrupted occupational patterns (Dark & Carter, 2020). Occupational therapy interventions can support individuals with eating disorders and families through engagement in meaningful and healthy occupations that can positively influence wellbeing (Gardiner & Brown, 2010).

The Model of Human Occupation (MOHO) is an occupational therapy practice model that offers a perspective on wellbeing by emphasizing the interconnectedness of individuals, their occupations, and their environments. It suggests that wellbeing is achieved through participation in meaningful occupations that align with personal values and goals, within a supportive environment (Taylor, 2024).

This literature review aimed to identify perceived outcomes for adolescents with a diagnosis of anorexia nervosa and their families after taking part in Family Based Therapy (FBT-AN), Multi Family Therapy (MFT-AN) or an Intensive Treatment Programme (ITP). The Model of Human Occupation was used to interpret the findings of this review.

METHODOLOGY

Literature reviews are essential scholarly works that synthesise existing research on a

shared topic to present a comprehensive overview (Aveyard, 2023). For healthcare professionals, such reviews are vital to support evidence-based practice and to ensure a nuanced understanding of the broader context. This literature review was conducted using a systematic approach (Aveyard, 2023), to ensure study rigour.

Search strategy

The Population, Exposure, Outcome (PEO) framework was used for identifying the key search terms and to help refine the research question (Elsevier, 2021). EBSCOhost Academic Search Ultimate was used to search for relevant literature. Search terms included anorexia nervosa, eating disorders, Family-Based Therapy, Multi-Family Therapy, Intensive Treatment, Day Hospital and occupational therapy along with their synonyms.

The inclusion criteria for this review encompassed studies involving adolescents aged 11–18 years diagnosed with Anorexia Nervosa, as well as studies that included family members or carers of these adolescents. Research involving clinicians working within Family-Based Therapy (FBT) or Multi-Family Therapy (MFT) for Anorexia Nervosa was also included. Both qualitative studies and mixed-methods studies from which qualitative data could be extracted were eligible for inclusion. Studies were excluded if they were not published in English, were not primary research, or were conducted during the COVID-19 pandemic due to the significant changes in service provision during this period.

Screening

The initial search yielded 333 peer-reviewed articles, of which 197 duplicate records were automatically removed. Two articles not published in English were also excluded. The remaining 94 studies were screened in more detail against the predefined inclusion and exclusion criteria. Six studies met the criteria and were subsequently assessed for quality. Figure 1 shows the PRISMA diagram of the screening process.

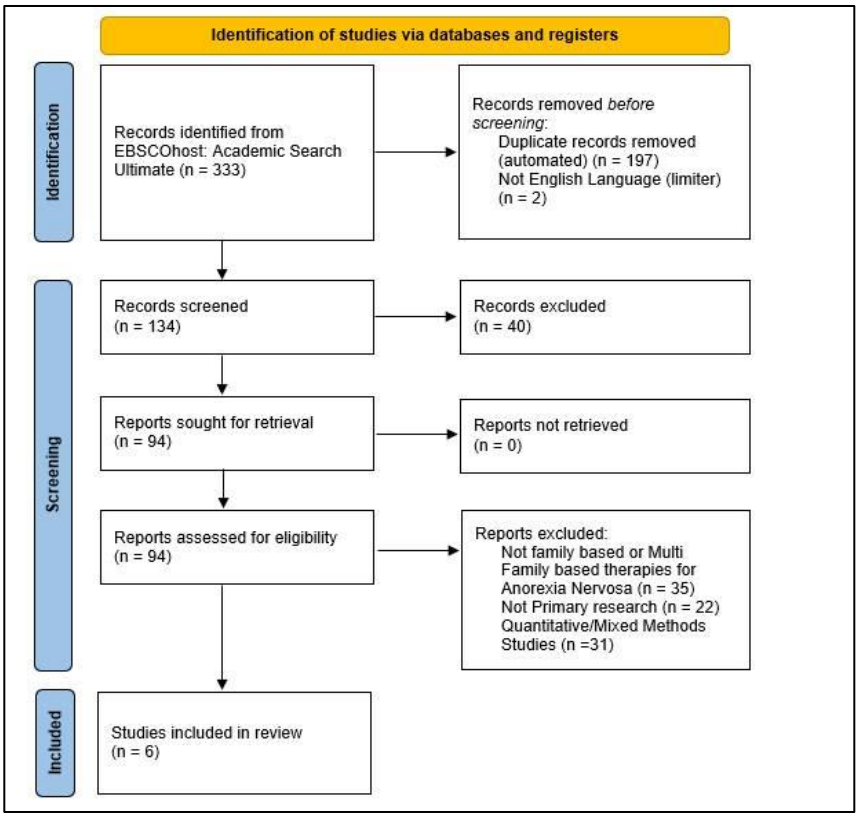

Figure 1: PRISMA flow diagram (based on Page et al. 2021)

Quality appraisal

The six included studies were evaluated using the Critical Appraisal Skills Programme (CASP, 2024) tool for qualitative research and were rated as high quality, with scores ranging from 7 to 10 out of 10. None were excluded based on quality. Most studies demonstrated clear aims, appropriate methodologies, and transparent reporting of data collection and ethical procedures. Although some studies showed limited reflexivity and provided minimal detail on data analysis or

discussion of limitations, the overall evidence base was methodologically sound and considered to offer credible insights into the study focus.

FINDINGS

Overview of studies

Six studies were included in this review of which two studies reviewed data from adolescents and their parents (Baudinet et al., 2023; Colla et al., 2023), two studies gathered data from adolescents only (Conti et al., 2021; Gledhill et al. 2023), one study reviewed clinicians' views (Baudinet et al., 2024) and one study was concerned with parents' views only (Wufong et al., 2019).

Participants from four papers were solely treated in the United Kingdom for Anorexia Nervosa at the Maudsley Centre for Child and Adolescent Eating Disorders (MCCAED) (Baudinet et al., 2023; Colla et al., 2023; Gledhill et al., 2023; Baudinet et al., 2024). One paper recruited participants from Australia (Wufong et al., 2019), and one paper had participants from Australia, New Zealand, and the United Kingdom (Conti et al., 2021). As a result, this literature review is reflective of perceptions from Western countries.

The studies were conducted between 2016 and 2024. Most studies recruited participants who had recently been involved in therapy interventions, but in Wufong et al. (2019), 11 of the participant's children had received treatment 1-6 years before, and 2 had received intervention for anorexia nervosa 15 years before. All adolescents from the studies where the participant sex was stated were female, of the parents 10/38 were male. Gledhill et al. (2023) did not state the sex of participants. Hence, it is unclear whether there was a representation of male voice with lived experience in the included studies.

Five papers used semi-structured interviews conducted face to face or via video call, using topic guides to help steer conversations, ensuring all interviews within the study covered similar topics (Wufong et al., 2019; Conti et al., 2021; Baudinet et al., 2023; Colla et al., 2023; Baudinet et al., 2024). Gledhill et al. (2019) asked participants to fill out an anonymous qualitative feedback questionnaire.

The data extraction table is presented in Table 2 (pp. 5–8).

Table 1: Data extraction table

First Author/Year/ Country	Title	Aim	Participants/ Setting	Methods	Key Findings/ Outcomes	Overall Conclusion
J Baudinet, 2023. United Kingdom	Perceived change mechanisms in multi-family therapy for anorexia nervosa: A qualitative follow-up study of adolescent and parent experiences	To add to the emerging evidence base, by exploring how young people and parents perceive change to occur during MFT.	Young people (12–18 years) and their parents with a diagnosis of anorexia nervosa or atypical anorexia nervosa who received MFT as part of their outpatient treatment at the Maudsley Centre for Child and Adolescent Eating Disorders (MCCAED) Completed treatment within the previous 2 years	Qualitative Interviews via video-call between June – December 2021 19 individual interviews 2 family interviews Interviews lasted 60 - 75 minutes Topic guide was used Reflexive thematic analysis on data collected	5 themes with 9 subthemes identified 1.Powerful connection 1a. Reduced Isolation 1.b Stronger Together 2. Intensity: Structure and Process 2a. Helpful challenging 2b. Early containment and focus 3.Comparisons: A double edged sword 3a. Insight 3b. Hope and Motivation 3c. Competition 4.New Knowledge and perspective shifts 4a. Increased understand and skills 4b. Firm to be kind 5.Discharge is not recovery	Themes identified appear to increase hope and understanding and reduce isolation. This is hypothesised to increase mentalisation, epistemic trust, relational containment and self-efficacy. Recovery continues Knowledge and skills acquired in treatment is important post discharge
J Baudinet, 2024. United Kingdom	Clinician perspectives on how change occurs in multi-family therapy for adolescent anorexia nervosa: a qualitative study	Aimed to add to this emerging evidence base by exploring how experienced MFT clinicians perceive change to occur for the young people and families during MFT-AN	62 Eligible clinicians: Current staff at the MCCAED (10) Clinicians who worked on the most recent MFT trial conducted in the UK. (2) Clinicians who have previously attended MFT training delivered by MCCAED. (52)	4 semi structured qualitative focus group interviews via MS Teams July 2022 – Feb 2023 ~ 90 mins long Topic guide was used	4 main themes and 6 subthemes: 1.Intensity and immediacy 2.Flexibility 3.New ideas and channels of learning 3a. Change by observing 3b. Change by doing 3c. Change by mentalizing	Flexibility, intensity, additional learning modes, and containment are all key factors in promoting change with MFT. This aligns with previous studies of adolescents and parents.

			12 participated 6 different specialist child and adolescent services in UK 5 systemic and family therapists 5 clinical psychologists 2 consult child and adolescent psychiatrists	Reflexive thematic analysis	3d. Change by connecting 4.Containment 4a. Trust and engagement 4b. New hope & confidence	
A Colla, 2024. United Kingdom	Change processes during intensive day programme treatment for adolescent anorexia nervosa: a dyadic interview analysis of adolescent and parent views	To explore how adolescents with anorexia nervosa and their parents understood the helpful and unhelpful aspects and processes that impacted them during day programme treatment.	Young people in treatment at Intensive Treatment Programme at MCAED and their parents who 1. DSM-5 diagnosis of AN 2. Aged 12-17 12 families were attended ITP during data collection period, 1 adolescent with an ARFID diagnosis and 1 family in unrelated crisis were excluded from being approached 10 Eligible families 9 consented to participate: 8 adolescents 8 parents 7 adolescent pairs 1 individual adolescent 1 individual parent	Qualitative semi structured interviews face to face or video-call ~60m Topic guide Prompted relevant concepts Intensity of programme Being part of a group Family relationships Understand AN Boundaries & rules Specific programme element Motivation hope Dyadic Interview Analysis of data	1.Families connect with staff, peers, and each other 1a. The therapeutic relationship is a bridging relationship 1b. Connecting with people with similar experiences reduces isolation and increases motivation, but can be triggering 1c. Family relationships improved through communication, support, and seeing progress. 2.The programme provides families with containment through its structure and authority. 2a. The authority of the programme limits adolescents' choices. 2b. Parents feel relieved at having the backup and support of staff. 2c. The structure of the programme provides predictability for adolescents 3.Families take in new ideas and generalize these into their lives	Identified many core interrelated processes that allow for recovery. Behaviour aspects were perceived as important but did not lead to change without the other aspects of treatment.

					3a. Parents and adolescents try out concepts that address predisposing or maintaining factors 3b. Intensity, repetition, collaboration, and individualization.	
J Conti, 2021. Australia, New Zealand, United Kingdom	"I'm still here, but no one hears you": a qualitative study of young women's experiences of persistent distress post family-based treatment for adolescent anorexia nervosa	The aim of this study is to explore how these participant experiences and identity negotiations might inform future augmentations and transformative treatments for adolescent AN.	14 female participants Adolescents at FBT therapy Mean age of participant 18.58 11 participants reported co-morbid psychological problems prior or post FBT	Semi Structured Qualitative interviews following a comprehensive topic guide. Inductive data analysis with several team members helping to identify themes at individual stages of analysis	2 themes with 4 subthemes 1.Therapeutic Focus 1a. Focus on the visible 1b. Focus on the invisible 2.Identity Negotiations 2a. Negotiating personal agency and voice 2b. A life worth saving	Considering systemic family issues, adolescent psychological distress and identity formation is challenging in the treatment of adolescent AN. Psychological distress should be focused on at all treatment stages.
L Gledhill, 2023. United Kingdom	What is day hospital treatment for anorexia nervosa really like? A reflexive thematic analysis of feedback from young people.	Little is known about the young person's experience of being in an intensive day programme	51 of 96 (53.13%) young people, who had attended the Intensive Treatment Programme at the Maudsley Hospital gave anonymous feedback Feedback from 28 (not included in the 96) who attended during COVID-19 were not included due to the significant changes in format during this time.	Anonymous qualitative feedback questionnaire sent out 1 month after discharge. Collected over a 5 year period May 2018 – March 2023 Reflexive Thematic Analysis	4 themes with 8 sub themes 1.Support 1a. Feeling validated and accepted 1b. Provision of Rules, Structure and Reliability 1c. Pushing and Encouragement 2.Uniqueness: an experience like no other 3.Relationships as a vehicle to recovery 3a. Relationships within ITP – Peer and Therapeutic 3b. Relationships outside ITP – Family & Social 4.Self-development	These themes tied in with other studies Understanding patient experience facilitates further improvement and refinement of day programme treatment, as well as thinking about how to support those that do not report positive experiences.

					4a. Psychological Skills 4b. Rediscovering Self 4c. Onwards and returning to normality	
E Wufong, 2019. Australia	"We don't really know what else we can do": Parent experiences when adolescent distress persists after the Maudsley and family-based therapies for anorexia nervosa.	To address this gap through a qualitative exploration of parents' experiences of MFT/FBT, in cases where treatment was discontinued and/or their child continued to experience psychological distress post-treatment.	13 Parents (11 mothers and 4 fathers) Responded to an advertisement "How can we improve Maudsley Family Therapy for Adolescent Anorexia"	Semi Structured interviews either face to face or via telephone. Conducted by 2 of the authors. A topic guide was used to steer conversations Data Analysis: Critical discursive analysis framework	3 themes and 7 subthemes identified: 1.A Map for therapy 1a. "I felt helpless": Structure and standing together 1b. Externalising and battling the illness 1c. "The focus seems to be all food aspects": Impacts of a behavioural focus 2.Negotiating guilt & Responsibility 2a. Navigating responsibility and guilt in relation to aetiology 2b. Allocation of responsibility for refeeding 3.Navigating Uncertainty 3a. Fear and struggles with shifting roles 3b. Where do we turn now?	Therapeutic interventions should be considered alongside the focus on behavioural AN symptom. Address impact of AN of life and identity of the adolescent and their family in the early phases of treatment. Provide an environment for the family to unite and work together for recovery

Synthesis

Four main themes were identified namely validation (based on the core MOHO theme of volition), Navigating the journey of recovery (based on the core MOHO theme ofabituation), Learning through occupational engagement (based on the core MOHO theme of Performance Skills) and support structures (based on the core MOHO theme of Environment).

Themes from the studies were synthesised to find commonalities and then were mapped by the author to the Model of Human Occupation (MOHO) (Taylor, 2024). MOHO is an occupation focused therapy model applied by Occupational therapists in mental health. It has four core themes; Volition, Habituation, Performance Capacity and Environment as seen in Figure 2 (Taylor, 2024; Gardiner & Brown, 2010).

Figure 2: Model of human occupation elements (Taylor et al., 2024)

Validation

A theme of validation was synthesized based on the core MOHO concept of volition. Three out of six studies supported that self-efficacy and sense of personal capacity 'for individuals with AN is an important perceived outcome of family-based therapy (Baudinet et al., 2023, Gledhill et al., 2023, Colla et al., 2023).

Personal Causation

Where adolescents stayed in therapy there was a sense of an increased understanding of themselves and the illness (Baudinet et al., 2023), before treatment, they felt as if they had lost their identities to the illness and felt disconnected from life (Gledhill et al., 2023). Family based treatment allowed them to imagine a future beyond their eating disorder diagnosis (Gledhill et al., 2023).

Baudinet et al. (2023) and Colla et al. (2023) found that motivation and hope stemmed from the multi-family setting, where observing others make progress gave a sense of self recognition and that recovery was possible for themselves, which they had not experienced with previous interventions. The negative of this was when adolescents became competitive with their peers, comparing weight, but there was a general sense that the benefits of motivation and hope outweighed this (Baudinet et al., 2023).

Values

Across three studies there was a perception that the first few weeks of family-based intervention focused solely on weight restoration, the adolescents along with parents felt that there was not enough focus on emotional distress in this part of the therapy (Wufong et al., 2019; Conti et al., 2021; Gledhill et al., 2023), this caused 10 out of 14 participants to leave therapy early (Conti et al., 2021).

Participants valued interventions taking place in a day patient setting as opposed to inpatient as they could participate in valued occupations - whilst receiving treatment (Gledhill et al., 2023), but due to the increase in emotional distress, some felt they or their children had lost their voice and felt a burden to their families or were outsiders to their own therapy (Wufong et al., 2019; Conti et al., 2021).

Navigating the journey of recovery

'Navigating the journey of recovery' was a theme synthesized based on the core MOHO concept of Habituation. This theme focussed on importance of habits and routines for individuals with AN within the context of family-based therapy.

Routines

The intensive treatment programme that provided a clear structure, with established goalsallowed adolescents to limit choices that might be unhelpful or serve the eating disorder (Colla et al., 2023). This was supported by Gledhill et al. (2023), perseverance was supported by the intensive, reliable, and

structured nature of Intensive Therapy Programme. Time at MFT-AN was seen to challenge unhelpful patterns allowing families to work together (Baudinet et al., 2023). The parents in Wufong et al. (2019) had concerns about how the adolescents would take back control of eating and self-care after giving up these routines during therapy, especially if they were still experiencing psychological distress or continued to experience eating disorder cognitions.

Roles

Role changes were a perceived outcome by adolescents and parents in four studies (Wufong et al., 2019; Conti et al., 2021; Baudinet et al., 2023; Gledhill et al., 2023). Adolescents felt relief at giving control over to parents and clinicians, but some found this distressing and saw themselves as a "sick person" and lost sense of themselves for example losing their role as daughter due to identifying self as a 'sick person' as described in the Conti et al. (2021) study.

Baudinet et al. (2023) found family relationships softened as treatment progressed, parents understood the illness more, trust increased, which in turn helped their child to become motivated and recovery focused.

Parents felt a heavy burden of guilt and blame for their adolescents eating disorder (Wufong et al., 2019). The structured approach of MFT/FBT gave them a sense of relief and helped to ease self-blame, and the restructured family relationship allowed a unified voice (Wufong et al., 2019), this was also backed up by Conti et al. (2021) whose adolescents reported that through familial teamwork there was a sense of not being alone and an increase in hope.

After therapy, adolescents had a sense of independence, and felt they were no longer dependent on their families, allowing the family unit to function 'normally' again (Gledhill et al., 2023), yet some parents suffered loss of occupational balance as they became focussed on their child's recovery after therapy, at the expense of their relationship with their child (Wufong et al., 2019) impacting their own role as a parent in the family unit.

Learning through occupational engagement

'Learning through occupational engagement' was a theme synthesized based on the core MOHO concept of Performance Capacity. This theme focussed on importance of engagement in healthy occupations for individuals with AN within the context of family-based therapy.

Clinicians felt that observing, doing, and being at MFT-AN encouraged learning, insight and understanding (Baudinet et al., 2024). Observing illness related and recovery focussed behaviours in others brought about self-reflection, new perspectives and participants began to make small positive changes, such as increasedhope and confidence (Baudinet et al., 2023; Baudinet et al., 2024).

The activity-based structure brought about the chance to try and practice concepts that address predisposing or maintaining factors of AN in a safe environment before applying them at home (Colla at el., 2023; Baudinet et al., 2024). Adolescents found they were able to apply skills learnt from group work, relating to perfectionism, relationships, and social skills outside of therapy, giving them the confidence to reconnect with others (Colla et al., 2023). The adolescents in Gledhill et al. (2023) learned skills to tackle and challenge the eating disorder and that these skills were relatable to everyday life, although some felt more focus on this would have been helpful.

Some adolescents wanted to have more input from therapy on body image, illness onset, and cognitive behaviours associated with eating disorder such as obsessional thinking (Baudinet et al., 2023).

Consideration needs to be given to building skills around discharge, parents felt unprepared for the notion that their child was 'not recovered' at discharge, and they would have liked ongoing support to help challenge eating disorder behaviours with strategies for engagement in healthy occupations (Wufong et al., 2019; Baudinet et al., 2023; Colla et al., 2023).

Support structures

'Support structures' is an important theme synthesized based on the core MOHO concept of Environment. This theme focussed on how social and institutional environments can influence outcomes within the context of family-based therapy.

Isolation

Families arrived for treatment feeling isolated, but the nature of the therapy allowed for a community environment which alleviated the feeling of being alone (Colla et al., 2023; Gledhill et al., 2023). Feelings of self-blame decreased with a sense of relief after observing others in similar situations (Colla et al., 2023). This environment allowed for families to improve connections between themselves and was perceived as a major point of change in treatment (Baudinet et al., 2023). Both Baudinet et al. (2023) and Colla et al. (2023) found that the environment could also be challenging at times, at the start of treatment, it allowed the families to see a future of recovery but some further along in treatment found it triggering to be with those starting the process.

Intervention Environment

The clinicians from Baudinet et al. (2024) saw MFT-AN as a 'safe base' to increase trust between families and the professionals, which they felt was a powerful part of recovery. The activity-based nature of the environment meant families could question current behaviours and develop new patterns with the help of professionals, but clinicians disclosed this was difficult to manage and identify whose needs were most pressing (Baudinet et al., 2024). The parents from Colla et al. (2023) felt a sense of relief at having backup from staff, when meals were missed at home, they knew this would be dealt with in the therapy environment, which led to less tension and a feeling of relived pressure at home.

Intensity of environment

The intensive nature of the interventions was found to be a positive factor in promoting participation in treatment and assisting the adolescents achieve their goals (Wufong et al., 2019; Gledhill et al., 2023; Baudinet et al., 2023; Baudinet et al., 2024). Families felt the physical and emotional intensity helped to break up patterns of denial and avoidance (Baudinet et al., 2023), which was backed up by the clinicians feeling that the combination of people, activities and intensity disrupted illness behaviours and resulted in engagement with each other and treatment (Baudinet et al., 2024).

DISCUSSION

A crucial part of eating disorder recovery is the creation of occupational identities that are not rooted in the diagnosis (Dark & Carter, 2020; Mack et al., 2023). These occupational identities can influence the health and wellbeing of individuals with AN as discussed within themes synthesized through this literature review.

Occupational therapists collaborate with individuals and families to identify new roles and help promote a sense of purpose and meaning in life by re-engaging in activities (Mack et al., 2023). As recovery continues occupational competence increases, leading to greater emotional stability and motivation, increasing the ability to partake in more occupations and eventually the creation of new occupational identities (Dark &Carter, 2020; Mack et al., 2023).

Addressing food rituals and grading reintroduction of food, Occupational therapists can help individuals find positive meanings for occupations and help to gain back the control they gave up to parents and clinicians at the start of therapy (Gardiner & Brown, 2010; Mack et al., 2023). Dark and Carter (2020) identified five themes relating to recovery from a qualitative study of women who self-identified with an eating disorder, these were changing-self, occupied-self, being-self, becoming-self and relational-self. These link with the MOHO concept of self-efficacy and sense of personal capacity (Taylor, 2024).

When exploring the daily routines, Occupational therapists were able to have open conversations about the impact of losing the eating disorder occupations (Cowan & Sørlie, 2021). This is closely linked to the role and habits described in the MOHO (Taylor, 2024). Through these explorations, Occupational therapists gained insights into how people might be feeling when the eating disorder behaviours are challenged and open the dialogue into exploring alternative occupations. Perceived lack of understanding from clinicians around the impact on the self when cognitive behaviours associated with the eating disorders are challenged was identified by the participants of Wufong et al. (2019) and Conti et al. (2021). Exploring the eating related occupations with the individual can benefit clinicians by increasing their clinical understanding. This can also help those with AN by having increased trust that their treating clinicians understand them and can help to advocate their voice (Sørlie et al., 2020).

Occupational therapists can work with parents to tackle the emotional burden of AN, interaction competence and improve coping strategies via skill building activities such as Collaborative Care Skills Training workshops, these showed positive outcomes in increasing carer wellbeing and promoting positive interactions whilst caring for an adolescent with an eating disorder (Pepin & King, 2013).

Strengths and limitations

This literature review adds to the current literature on MFT-AN/FBT-AN/ITP treatment by bringing an Occupational therapy focus to the perceived outcomes by adolescents and their families. However, this review interprets outcomes from a small number of studies with a potential of reporting bias. Limitations to this study are that participants from four studies received treatment from a London based treatment service which means there could be a bias on the results, more perspectives from other treatment centres would be beneficial. There is also less representation of male participants in the included studies and future research should focus on encouraging male adolescents and their families to add their perspectives to the literature.

Illustration of quantifiable outcomes or recovery data such as weight for height, further treatment, and relapse in the studies was outside of the scope of this review. Future research could focus on mixed method analysis of qualitative and quantitative outcomes of family-based therapies in eating disorders.

CONCLUSION

Anorexia Nervosa recovery in intensive family therapy settings is multi-faceted. Balancing interventions that concern behaviour, family roles, eating disorder cognitions in an intensive yet supportive environment with skilled clinicians perceived positive change is possible. Occupational therapists as part of a multi-disciplinary team can help to facilitate positive outcomes in anorexia nervosa recovery, delivering interventions to individuals and families based on the MOHO core themes of volition, habituation, performance capacity and environment. MOHO being a traditional occupational therapy practice model, its roots are based in western cultures. Relevance of using MOHO as a framework in this literature review was relevant as the studies identified were reflective of western cultures. However, there is evidence that supports use of MOHO across diverse cultures, therefore the findings of this literature review can still be relevant outside of the western culture. Occupational therapy can also provide interventions for themes highlighted in the review that participants felt were missing such as occupational balance, loss of identity, emotional distress and occupations that serve the eating disorder.

Further research around Occupational therapy specific interventions within intensive family therapy from wider geographic locations is needed, focusing on wellbeing of both the individual with the AN diagnosis and parents, and their needs to support their child through their recovery journey.

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