

# Maudsley Parents Newsletter



[maudsleyparents.org](http://maudsleyparents.org)  
a site for parents of eating disordered children

FEBRUARY 2009

What's new at Maudsley Parents? We're happy to welcome Drs. le Grange and Lock as clinical advisors. In this issue, you'll also meet June Alexander, author of a new book on family-based treatment, and find information on upcoming events. As always, we'd love to hear from you. Write us at [contact@maudsleyparents.org](mailto:contact@maudsleyparents.org).

## **Maudsley Parents Welcomes Drs. le Grange and Lock as Clinical Advisors**

We're delighted to welcome Daniel le Grange, PhD and James Lock, MD, PhD as Clinical Advisors to Maudsley Parents. Both are leaders in treatment research for adolescent anorexia nervosa and bulimia nervosa. Together, they are the co-authors of *Treatment Manual for Anorexia Nervosa: A Family-Based Approach*, *Help Your Teenager Beat an Eating Disorder* and *Treating Bulimia in Adolescents: A Family-Based Approach*.



Dr. le Grange is Professor of Psychiatry in the Department of Psychiatry, Section for Child and Adolescent Psychiatry, and Director of the Eating Disorders Program at The University of Chicago. He was a member of the team who developed the "Maudsley Approach" as a treatment for early onset anorexia nervosa and is the author or co-author of more than 150 research and clinical articles, books, book chapters, and abstracts. Dr. le Grange has lectured extensively in the United States, Canada, Europe, Australia and South Africa. His past and ongoing research has been funded by the NIH (US) and National Health & Medical Research Council (Australia).



Dr. James Lock is Professor of Child Psychiatry and Pediatrics in the Department of Psychiatry and Behavioral Sciences at Stanford University School of Medicine, where he also serves as Director of the Eating Disorder Program for Children and Adolescents. Dr Lock has published more than 150 articles, abstracts, and book chapters. He has lectured widely in the US, Canada, South America, Europe, and Australia. He has been funded by the NIH to conduct treatment research in eating disorders continuously since 1997.

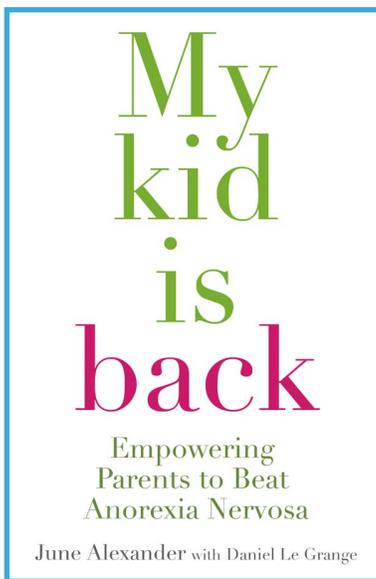
## Panel Discussion and Book Signing with Harriet Brown in Syracuse, NY

Join Maudsley Parents co-chair Harriet Brown for a panel discussion and book signing for FEED ME!: WRITERS DISH ABOUT FOOD, EATING, BODY IMAGE, AND WEIGHT. Featuring Mary Tantillo, director of the University of Rochester Eating Disorders Program; Cris Haltom, a therapist from Ithaca specializing in eating disorders; and Harriet Brown, editor of and contributor to FEED ME! Enter a raffle to win a free book. Cupcakes will be served. Thursday, February 26th from 5-7 p.m. at the Syracuse University. Newhouse 3, Room 432. For more information, click [here](#).

## NEDAW Event at Johns Hopkins University in Baltimore, MD

NEDAwareness Week of Baltimore will host an event at JHU's Shriver Auditorium on February 22 from 12-3 p.m. Maudsley Parents will have a table at the event, so stop by and say hello if you are able to attend. We'd love to meet you! For more information see the [EDN website](#).

## Book Review: My Kid Is Back



*My Kid is Back: Empowering Parents to Beat Anorexia Nervosa* by Australian author and journalist June Alexander will be a valuable resource for parents dealing with anorexia nervosa. June, inspired by her own experience with the illness, talks with leading experts and ten families about family-based treatment. These stories will feel familiar to anyone who has confronted an eating disorder. Parents will identify with their fear and confusion as each family struggles to understand this baffling illness and find the help they need. The voices of the young people emerging from the disorder are heard as well. Just how do they manage to overcome anorexia nervosa? These resourceful families pull together and work out solutions. *My Kid is Back* will provide hope and inspiration to parents. These moving accounts will provide insight into anorexia nervosa and the real-life difficulties families face for eating disorder professionals, as well.

The families in the book all live in Australia, but the book is truly global in perspective. Professional advice is offered by leading experts on three continents. Daniel le Grange contributes an introductory chapter explaining the history and research of the Maudsley approach, and a second chapter in the book's "What are Parents to Do?" section, outlining practical strategies for parents. Ivan Eisler of London's Maudsley Hospital writes the foreword and offers the UK perspective on anorexia treatment. June also talks with Westmead Children's Hospital and Oak House to provide Australian treatment picture.

June worked in newspapers for more than thirty years as journalist, columnist and editor. Besides journalism, she has written and edited several books. At eleven years of age, she developed an eating disorder that went undiagnosed for twenty-one years. This experience, along with that of her recovery,

inspired her interest in family-based treatment. June says, “I would like to emphasize how much the writing of this book has been a TEAM effort. Everyone, from the researchers and therapists to parents and kids to hospitals and eating disorder organizations, has contributed, which is just like the team effort required in achieving recovery from this illness. I especially thank Daniel le Grange, for believing in me, from the moment we met. He has been wonderful to work with, all the way through.”

We’re happy to say that June is also our very good friend at Maudsley Parents, and was kind enough to answer a few questions for us.

**June, first of all congratulations on your wonderful book! I’m sure it will help many. Will you tell us a little about why you wrote *My Kid is Back*?**

I wrote *My Kid Is Back* because parents who suspect or suddenly find their child has anorexia nervosa often feel worried and confused, unsure when or where to turn for help. The story behind this book began in the early 1960s. I was growing up on a dairy farm in the south-eastern corner of Australia and had just celebrated my 11th birthday when I developed anorexia nervosa. Several years later, my illness evolved into bulimia; I didn’t know I was suffering an illness. Unfortunately, my parents and sister did not understand I had an illness either and as the decades slipped by we gradually became estranged. This is why I have written *My Kid Is Back*. I don’t want kids who develop anorexia nervosa today, to lose their parents in their recovery battle. For many years I tried to ignore and hide my eating disorder by trying to appear ‘normal’: but it remained a silent combatant. Seventeen years went by before I began seeking treatment. In 2007, 45 years after developing anorexia nervosa, I was sufficiently recovered to confront and expose it in my memoir. My research immediately drew me like a magnet to the Maudsley Approach.

“I wish this had been around when I was a kid,” was my first thought. “Then we would still be a family today.” The Maudsley Approach empowers parents to help their children recover from anorexia nervosa. I wanted families to know about this treatment as soon as possible! To save even one child from the isolation and rejection I experienced as a result of my illness would make such a book worthwhile.

**The families in your book are all from Australia, yet their stories will resonate with parents of kids with anorexia nervosa everywhere. Do you feel it has an Australian perspective?**

No, this book has an international perspective and message for families everywhere. Anorexia nervosa knows no bounds – it is the same, no matter where you live. As I interviewed each of the children who share their experiences in *My Kid Is Back*, I felt an eerie connection as they related their thoughts and feelings—a replica of mine, in another place, another time, another century. If I needed proof that anorexia nervosa is a pervasive and insidious illness of the mind, this was it.

Anorexia nervosa can happen to any child, anywhere in the world—whether in a corner of Australia, Iceland or South Africa, in a rural district or in the middle of a big city like London or New York. It can happen to any child from any social status—wealthy or poor, it doesn’t matter.

The one big difference today is that with growing awareness of symptoms and with early intervention through family-based treatment, a child has a much greater chance of recovery. As the provider list in book shows, family-based treatment is available in a growing number of countries around the world.

### **Are there any parts of the family stories that really stand out for you?**

Each of the 10 families is different, like your family or my family; the only constant is the illness. Readers may relate to some of the family experiences more than others. The parents in each family show varying elements of disbelief, self-doubt, pain and despair but empowered with family-based treatment, they demonstrate compassion, courage, resilience and above all determination to get their child back from anorexia nervosa.

### **What do you hope readers will take away from the book?**

Besides providing hope and inspiration to families *My Kid Is Back* can make a contribution by helping professionals and others understand what dealing with anorexia nervosa is really like, for both kids and their families.

### **Any plans for a next book?**

I am putting the finishing touches to my memoir and am researching family-based treatments for adults with eating disorders with a view to writing the sequel to *My Kid Is Back*.

If a child misses out on early intervention with family-based treatment for their eating disorder, it can impact greatly on their life. I believe many adult sufferers are suffering silently, in prisons created by their eating disorders, not knowing how to 'escape'. I was one of these people and, although I live with remnants of my illness, I have 'turned the tables' so to speak, and today I put the energy formerly sapped by my illness, into fighting it with my pen. My new book concept will address this plight of the silent sufferers and their loved ones.

**Thank you, June! We wish you every success. *My Kid is Back* will be in Australian bookstores and available for online purchase at [Melbourne University Publishing](#) from April 2nd. Advance copies will be available at the March 3 lecture by Professor Daniel le Grange (see below.)**

## **For Our Australian Readers**

### **Family-Based Treatment Lecture in Melbourne**

Professor Daniel le Grange will present a free public lecture, "Why Parents are not be Blame for Anorexia Nervosa" on Tuesday 3 March 2009 from 6:00 pm - 7:00 pm Wright Lecture Theatre, Level 4, Medical Building (bldg 181), Corner of Grattan Street and Royal Parade, Parkville. For more information click [here](#).

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**Website of the Month:** The Maudsley Hospital's Institute of Psychiatry site is a terrific resource for information on eating disorders and research in the UK. The "Our Research Results" section includes a number of interesting full-text articles. Check it out: [eatingresearch.com](http://eatingresearch.com)

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## Research Participation Opportunities

**Stanford University** is conducting a 5 year NIH sponsored study examining the effectiveness of 3 outpatient therapies for bulimia nervosa (BN).

Who can participate?

- Adolescents (female and male) age 12 to 18
- Current Diagnosis of bulimia nervosa
- Living with at least one parent
- Medically Stable for outpatient treatment
- Able to speak and read English
- Willing to be randomized to either treatment condition
- Able to make a 1.5 year commitment

The patient has an equal chance of being randomized (a process like flipping a coin to CBT-A, FBT-BN, or SPT. All therapies are 18 sessions over 6 months.

Cognitive Behavioral Therapy for Adolescents (CBT-A) is a common treatment for BN aimed at helping with thought processes associated with the disorder. In the treatment you will meet one on one with a therapist.

Family Based Therapy for Bulimia Nervosa (FBT-BN) is a family-based approach which aims to promote parental control of eating while supporting adolescent development in the family context . Although the majority of time is spent meeting with the family as a whole, a portion of each session is spent individually with the adolescent to ascertain their perspective on progress and to identify issues relevant to the overall family treatment.

Supportive Therapy for Bulimia Nervosa (SPT) aims to help patients identify underlying issues of the BN and find solutions to these problems. The purpose of the present research study is to attempt to identify an outpatient psychological treatment that is effective for adolescents with bulimia.

If you are interested in participating, or would like further information, contact Brittany Alvy at (650) 723-9182; [balvy@stanford.edu](mailto:balvy@stanford.edu).

**Stanford University** is taking part in the largest international outpatient research treatment study for anorexia nervosa undertaken to date. This study compares 2 types of family therapy. Who can participate? Adolescents (female and male) ages 12 to 18, who are underweight and appear to be excessively preoccupied with their weight and/or shape. These adolescents must also be:

- Living with at least one parent
- Medically stable for outpatient treatment
- Able to speak and read English
- Willing to be randomized to either treatment condition
- Able to make a 9 month commitment to therapy plus two follow-up visits for assessment 6 and 12 months after completing therapy

Families who qualify and choose to participate will be randomly assigned to one of the two therapies. Both therapies consist of 16 one-hour sessions spread out over a 9-month period.

Behavioral Family Therapy (BFT) focuses on the symptoms of AN, with particular emphasis on re-feeding.

Systems Family Therapy (SFT) focuses on family functioning and relationships in response to AN.

In addition, psychiatric monitoring will be provided at regular intervals over the nine months. Follow-up assessments will be administered at the end of family therapy, six months, and twelve months after the completion of family therapy. For each follow-up assessment the family attends, the family will be paid \$25. There is no charge for the family therapy sessions, psychiatric visits, or study-required labs and ECGs. If you are interested in participating, or would like further information, contact Alaina Critchlow at (650) 721-6740; [alainac@stanford.edu](mailto:alainac@stanford.edu)

**The University of Chicago** seeks adolescents with bulimia nervosa and their families for participation in a 6-month outpatient treatment research study. (Principal Investigator: Daniel le Grange, PhD) The purpose of this research study is to identify effective outpatient psychological treatments for adolescents with bulimia nervosa. To be eligible:

- Age 12-18
- Adolescents living with at least one parent
- Diagnosis of bulimia nervosa or partial bulimia nervosa

All participating families will engage in 6 months of outpatient therapy for bulimia nervosa at the University of Chicago Hospitals. These treatments have the potential to bring about improvement in eating disorder symptoms. For more information, please call the bulimia nervosa treatment study at (773) 834-5677, email [bulimia@yoda.bsd.uchicago.edu](mailto:bulimia@yoda.bsd.uchicago.edu), or visit the [Treatment of Bulimic Adolescents Study webpage](#).