Supporting a teenager in recovering from an eating disorder is one of the greatest challenges a parent can face. Moreover, the stress of having an ill child can be exacerbated by the difficulty of finding a provider who can accurately diagnose and provide evidence-based care. In When Your Teen Has an Eating Disorder, Dr. Muhlheim provides a guide for parents in supporting their adolescent through eating disorder treatment using a Family-Based Therapy (FBT) approach. Although Muhlheim states that FBT is best implemented with a clinician trained in this technique, her treatment guide is written to be implemented without therapeutic support in the event that a trained clinician is not available. To that end, the book is very thorough, providing detailed education on the symptoms and consequences of eating disorders, a background on the development of FBT, and a guide for FBT implementation.

The initial chapters provide education on eating disorder symptoms and characteristics. In these sections, Muhlheim synthesizes the biological processes associated with eating disorders (e.g., malnutrition’s effect on cognitive functioning, the restriction-binge-purge cycle) in a way that is easily understandable to a lay parent. She further highlights that an adolescent’s inability to make change or seek help is symptomatic of eating disorders. After laying this foundation, she provides an overview of FBT as a treatment. In true FBT style, these initial chapters serve to increase parental concern (and motivation for change) and empower parents while decreasing adolescent responsibility and blame.

In outlining the initial steps of implementing FBT, Muhlheim discusses the nuts and bolts of normalizing eating, including general guidelines (e.g., 3 meals and 2 snacks, employing all of the food groups), as well as practical tips for effective implementation, such as meal-planning and techniques for condensing calories for refeeding. She also problem-solves issues that are common early in treatment, including supervision of eating outside of the home and effectively responding to extreme behaviors (e.g., food throwing, threats to harm self), among other topics. Importantly, Muhlheim makes it explicitly clear that parental normalization of eating (and refeeding) is a challenging process that interrupts typical family dynamics and can be incredibly anxiety-provoking for parents. Her transparency is helpful in normalizing this process (in the context of recovery) and encouraging parents to persist in their efforts.

One of my favorite chapters in the book essentially focuses on parental do’s and don’ts of mealtimes, encapsulating much of the problem-solving work done in the initial weeks of FBT. For example, she provides techniques for increasing mealtime compliance, such as employing distraction for anxiety reduction and using rewards and consequences. In my experience, one of the most common parent traps at mealtimes occurs when parents seek to reason or rationalize with their child in order to reduce distress, which has the counter-effect of increasing anxiety. Muhlheim addresses this directly by providing specific examples of common teen verbal reactions at mealtimes (e.g., “This is too much food. I can’t possibly eat all of it. I won’t eat it all.”), the reactive parental argumentative response, (“It’s not that much food. It’s only one serving of each portion. I’ll check and make sure; maybe it’s not right.”), the interpretation of what the teen actually means, (“I’m scared to eat this. I don’t trust that you know what to give me. I’m scared of being fat.”), and the recommended parental supportive response, (“This is exactly the right amount of food. I know what you need.”). The combination of concrete behavioral and verbal techniques offered in this chapter is certain to help parents more effectively navigate the mealtime experience.

The next several chapters cover topics common to the remainder of phase one of FBT, such as integrating fear foods, targeting poor body image (and associated behaviors), and realistic expectations for the recovery process. Muhlheim speaks directly to fears parents often experience during the first phase of treatment (e.g., fear that FBT will destroy their relationship with their teen) and discusses the research evidence and clinical experience counter to these fears. She also emphasizes the importance of effective parent and child coping and self-care during the recovery process and offers a number of strategies in this domain. The final chapters cover returning control of eating to the adolescent (FBT phase two) and an overview of relapse prevention. Although Muhlheim does not cover the range of adolescent developmental issues commonly targeted in phase three of FBT, doing so would be beyond the scope of this book, and she refers the family to seek more generalized treatment for issues remaining after eating disorder behaviors are under control.

In summary, When Your Teen Has an Eating Disorder provides a thorough overview of the biological processes involved with eating disorder behaviors, insights into the mindset of an adolescent suffering with an eating disorder, and a plan for implementation of family-based treatment. The book is written in an honest and directive, yet supportive and empowering way that I expect will be well-received by parents. For families engaged with a therapist, I think this book is an excellent therapy support, particularly for parents to reference between sessions (I have already begun recommending it!). Most importantly, I am relieved that we have a resource to offer families who do not have access to evidence-based care, and I would encourage other providers within the field review the book for their own treatment and referral purposes.