TREATMENT PLANNING AND PROVISION FOR CHILDREN AND ADOLESCENTS

Key considerations for treatment planning and provision are:

1. Age-appropriate
   - Interventions and services must be appropriate for age and developmental stage
   - Communication strategies and styles need to consider developmental stage

2. Family involvement
   - Involve families or carers in treatment planning and in treatment provision.
   - As discussed in Module 4 Topic 5, family based therapy is the treatment of choice for children and young people under the age of 18 who have had an eating disorder for 3 years or less
   - During family therapy, depending on the style, parents will be called on to take charge of the refeeding process. This will be difficult and stressful for them, so support and reassurance is required.

3. Specialist involvement
   - Where possible and appropriate children with an eating disorder should be treated within specialist settings and for adolescents they should be considered or (at a minimum) consulted in the treatment planning phase.
   - There are growing numbers of clinicians trained in Maudsley Family Based Therapy practicing in regional, rural and remote areas.

4. Bones and growth
   - Aim to optimize skeletal health during the critical time before adult life - plan for correction of delayed growth and protect against bone mineral loss

5. Transition
   - For older adolescents, consider treatment needs in terms of transition to adult services
   - Pay particular attention to the transition from a specialist service back to locally provided services to ensure impetus for recovery is not lost
   - Getting back to school will be very important where attendance has been affected - this may need to start off with a day or several days per week and a plan for managing the disorder in the school environment established.