Remote care can effectively support parents of adolescents through intensive eating disorder treatment.

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within

Baseline Functioning and Outcomes for Parents of Adolescents in an Enhanced, Intentionally-Remote Intermediate Level of Care Eating Disorder Treatment Program

Introduction

Caregivers of individuals with eating disorders (EDs) experience significant burden and often inadvertently maintain patients' symptoms through accommodating behaviors. ED treatment guidelines emphasize caregiver involvement, with growing evidence suggesting reductions in these behaviors and improvements in caregiver burden and skills can be attained. The expansion of telehealth-based ED care has created new opportunities to engage caregivers throughout their loved one's treatment, yet research characterizing caregiver functioning and outcomes in remote settings is lacking.

Methods

Sample

Parents (n = 122) of adolescent patients (n = 78; M_{age} = 15; M_{DOI}† = 2.8 yrs). Patients were:

- White (90.0%)
- Cisgender girls (80.3%)
- Anorexia nervosa* (83.3%)

*Includes atypical anorexia †DOI = duration of illness

Treatment

- Enhanced, intentionally-remote PHP/IOP ED treatment program**
- Dedicated services for patients' loved ones, including family therapy, coaching, and group offerings (e.g., psychoeducation, skills, support)
- Average treatment duration of 90.8 days

Study Design

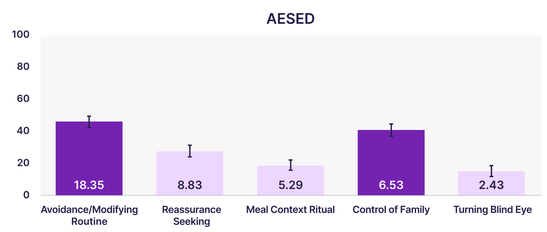
- Naturalistic, observational study
- Data obtained via retrospective record review
- Measures collected as part of routine program operations on average within 7 days of admission/discharge:
  - Accommodating/enabling behaviors (AESED)
  - Caregiver burden (CBI)
  - Caregiver skills (CASK)

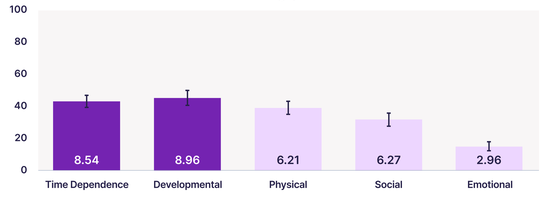
Results

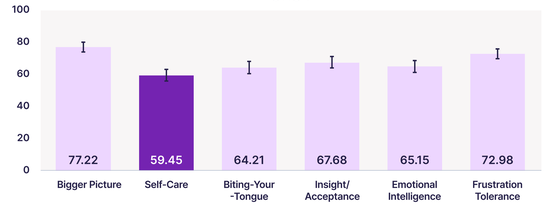
Baseline Functioning

Repeated measures ANOVAs

AESED (avoidance/modifying routine; control of family), CBI (developmental; time dependence), and CASK (self-care) were the areas of greatest concern for parents at baseline.





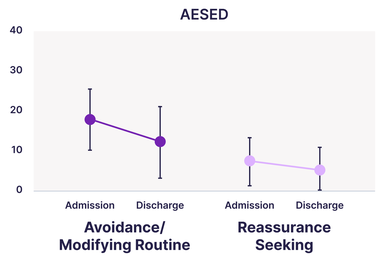


Note. Data were transformed to compare across subscales, but the means indicated here reflect the actual baseline scores.

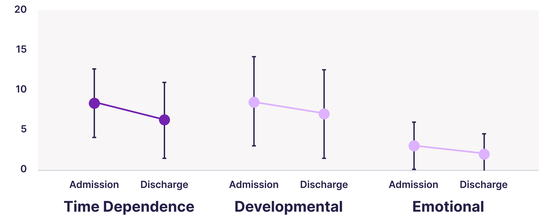
Treatment Outcomes

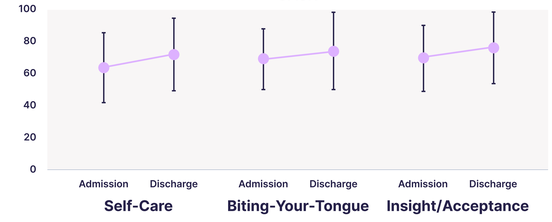
Paired samples t-tests

Significant effects were found for AESED & CBI Totals (medium) and CASK Global (small). Multiple subscales also demonstrated significant change, as depicted.



Small effect Medium effect





Note. Paired samples t-tests were conducted among parents with both admission and discharge data available (n = 37).

Conclusions

- Baseline findings point to relevant targets for program development for parents of adolescents with EDs
- This remote treatment model with robust caregiver programming is well-positioned to address specific parental concerns, particularly routine-based accommodations and time restrictions
- Domains showing more modest improvements highlight opportunities for aftercare planning
- Results demonstrate the potential of remote care to effectively support parents through intensive eating disorder treatment

Limitations

- Generalizability is limited by sample size and characteristics; results may differ for those without discharge data or for other types of caregivers (e.g., non-parent family members)
- Future research should examine baseline patterns and outcomes across subgroups defined by caregiver relationship, caregiver and patient demographics, and patient clinical characteristics
- The influence of both the level and type of engagement with family programming, as well as the durability of improvements following program completion, also warrant further investigation

**"Enhanced refers" to features of the program that go beyond standard PHP/IOP programming, including high-contact individual sessions, substantial family involvement, supplemental programming, meal delivery, and app-based support.