Medical Research Foundation

Adapting FT-ED for Autistic children and young people with anorexia



Background

- Autistic individuals are over-represented in those seeking support for an ED [1,2]
- For children and young people with an ED, FT-ED is the generally the first treatment approach [3,4]
- However, emerging international evidence suggests that Autistic children and young people receiving FT-ED are more likely to end up in more intensive care settings [5-7]

Parent experience

“They gave the FBT approach, it didn’t work. So they give more FBT approach and that didn’t work. So they gave an even stronger FBT approach. Then she was sectioned….they tried, I can’t say they didn’t try but they were so convinced that the FBT [would] work for my child that they never deviated from it.”

Nimbley et al., 2026

Young person experience

“I think it just made the whole eating environment so much more stressful [...] There’s the teaspoon and also mixing foods because I didn’t like the texture when it’s mixed [...] I was thinking ‘I’ve always done this. Why is it now an issue?’. They’re like ‘well don’t you want to recover?’ and I’m like ‘yeah but I also want to use a teaspoon’”

Haugaard et al., 2025

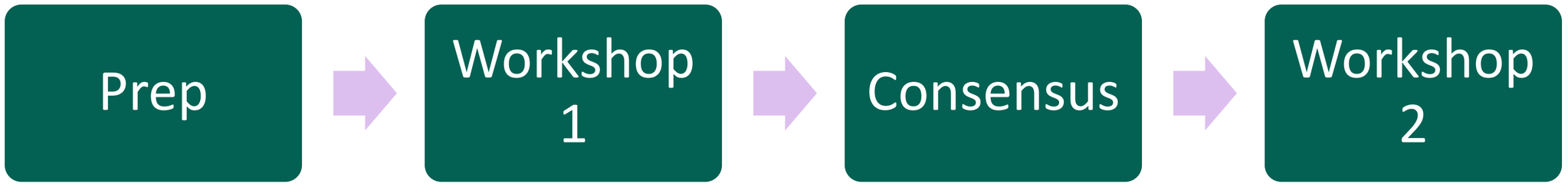
Aim

- To support clinicians in the adaptation of FT-ED for Autistic young people with AN and their families, with the aim of delivering more appropriate and effective care

→ Coproduce evidence-informed guidelines for the adaptation of FT-ED for Autistic young people and their families

EDAC

Co-production process



Coproduced guidelines

Autism-affirming FT-ED should....

- be strengths based
- be collaborative
- Offer early screening for autistic traits
- include a shared understanding of autism and the ED
- include education on how autistic profiles interact with disordered eating
- adapt the environment, food choice, and communication strategies based on sensory and information processing needs
- use externalisation sensitively
- offer flexibility in treatment pace and format
- give advance notice of change or endings
- include reflective practice to balance fidelity and adaptation

Duffy et al., submitted

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Develop a shared understanding of autism and the ED

Use externalization sensitively

EDAC

Offer flexibility in treatment pace and format

EDAC

Webinar: June 25, 9:30-11:30am

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References

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6. Bentz, M., Pedersen, S. H., & Moslet, U. (2022). Case series of family-based treatment for restrictive-type eating disorders and comorbid autism: What can we learn? A brief report. European Eating Disorders Review, 30(5), 641-647.
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9. Hauguaard, V. (2025). *“FBT needs to change and I believe that lived experience should be at the heart of that”: A qualitative exploration of autistic young people’s experiences and perspectives of Eating Disorder Focused Family Therapy (FT-ED).* [DClinPsych thesis, University of Edinburgh]
10. Duffy et al. (submitted). Adapting eating disorder focused family therapy for Autistic children and young people with anorexia: Evidence informed, co-produced clinical guidelines.