Reviewer’s report

Title: Minding the adolescent in family-based inpatient treatment for anorexia nervosa: A qualitative study of former inpatients’ views on treatment collaboration and staff behaviors

Version: 0 Date: 26 Sep 2019
Reviewer: David Kolar

Reviewer's report:

Review:

The objective of the presented study was to investigate different views on family-based inpatient treatment for anorexia nervosa of former adolescent patients. The authors interviewed 37 former inpatients with a semi-structured interview and assessed the responses in a qualitative analysis using a thematic analytic framework, considering both semantic and inductive approaches. Two main topics constituted by eight sub-themes emerged and were discussed by the authors. The study is timely and important, as family-based treatment (FBT) is the current "gold-standard" for treating adolescents with anorexia nervosa, but comes at the price of reducing adolescents' individual control especially at the beginning of treatment in favor of parental control. Hence, qualitative studies exploring how adolescents perceive this form of treatment is crucial to understand and further increase therapeutic alliance with the adolescents during the treatment. In addition, qualitative studies investigating adolescents with lived experience regarding their perspective on treatment are especially rare in the field of eating disorders.

In my opinion, the manuscript is well written. The authors described their methods adequately, presented the results in an appropriate form and gave a thorough discussion of the views of their interviewees. I only found some minor points, which, from my perspective, should be clarified, added or revised prior to publication.

Introduction section:

The introduction is well written and I have no further comments.

Methods section:

1. On page 6 line 130 you mention that the participants gave informed consent to the study. However, as some participants were still adolescents at the time of the interviews, I was wondering whether the parents also gave consent to the study (if applicable according to local law). Please state this explicitly.

2. P. 7 l.147f. "(i.e. nurses working shifts to the clinical psychologist and/or psychiatrists)" - I did not understand this sentence. Could you please rewrite or clarify this?
3. On p. 7 you state that up to five families were hosted at the same time (l. 154): were any of the interviewees treated at the same time? If so, their experience might be more similar to each other than to other interviewees. I would recommend to clarify this in the methods section and to discuss whether this had implications on your findings.

4. On p. 8 l. 169f. you write "Four of the interviewers had been directly involved in the provision of the treatment." This is a bit unclear to me. Were they involved generally (like for example provided treatment at that unit at some time, did they develop the treatment) or were they involved specifically in the treatment of some of the interviewees? If so, this might have had an effect on the responses, as for example any criticism of the treatment could have been perceived as criticizing the person. Please clarify if the interviewers were directly involved in treating the interviewees.

5. Also on p. 8: You mention the main questions of the semi-structured interview. Were other "side"-questions specified or were all follow-up questions asked ad libitum? If other questions were prespecified, the authors might want to consider providing the interview questions used for the analysis of this study in a supplement file.

6. On p. 9 l. 197 you state that final consensus on the topics was reached, but it was unclear to me if this means that final consensus between all authors or the first author and the two explicitly named collaborators in l.195 was reached.

Results:

Clear and concise presentation of the results, no comments.

Discussion:

1. Please mention in the strengths and limitations section that several participants received treatment between admission to FBT and follow-up, as this could have influenced potentially their responses.

2. As the authors correctly noted on p. 17 l. 389, only few participants viewed the treatment as "reciprocal and collaborative", and "involvement and collaboration" were highly valued. I think that this might be an inherent problem of family-based therapy compared to individual-based approaches like for example cognitive behavior therapy for eating disorders (CBT-E), as especially in the first treatment phase FBT relies on full parental control and the focus of the therapist is almost entirely on the parents. Within this framework, collaboration with the patient is somewhat limited by default. The authors discuss this finding mostly in the context of the common factors model (therapeutic alliance) and mention several ways to increase alliance within FBT (e.g. inviting feedback, p. 18, l. 420). A different solution might be to combine FBT with parts of individual-based treatments such as for example dialectical behavior therapy (DBT), which could increase collaboration and involvement by focusing on the immediate needs.
of the adolescent. There is emerging literature on for example combinations of DBT-informed skills trainings and FBT (see references [1] and [2]). I would encourage the authors to discuss whether augmenting FBT with other treatment approaches could change FBT towards a more collaborative approach from their perspective.

References:


Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Unable to assess

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable
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