ORIGINAL ARTICLES

Healthcare professionals' experience in the treatment and care of youth with anorexia nervosa: a qualitative study

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ABSTRACT

Background: The therapeutic relationship is a key element in the successful treatment of adolescents with anorexia nervosa (AN). However, little is known about how healthcare professionals experience the facilitators and obstacles of intensive treatment in this context.

Methods: This qualitative study explored the experiences of 15 healthcare professionals involved in the intensive treatment of adolescents with AN. Semi-structured interviews were conducted and analyzed using Malterud's *Systematic Text Condensation* method.

Results: Seven main themes emerged: (1) the professional role in providing emotional and behavioral support; (2) building a therapeutic relationship based on trust and empathy; (3) the crucial role of family involvement; (4) treatment facilitators, including structured activities and multidisciplinary collaboration; (5) treatment obstacles such as denial of illness and limited team cohesion; (6) emotional burden and countertransference among professionals; and (7) healthcare system needs, including staff training and resource adequacy.

Conclusions: Intensive treatment for adolescents with AN requires an integrated, multidisciplinary approach that balances empathy, structure, and family engagement. Strengthening professional training, supervision, and interprofessional communication may enhance treatment effectiveness and staff well-being.

Keywords: adolescents; anorexia nervosa; healthcare professionals; intensive treatment; qualitative research

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INTRODUCTION

Anorexia nervosa (AN) is marked by an obsessive fear of weight gain, prompting various compulsive weight-loss behaviors.[1] The precise definition remains contentious, as psychiatric diagnosis shifts toward describing syndromes with statistically valid symptom clusters, reflecting advancing genetic and neurological understanding and predicting treatment responses.[2] AN, a multifaceted mental disorder, entails severe physical and psychological health consequences, impaired quality of life, and the highest standardized mortality rates among psychiatric disorders. Intensive treatments (e.g., inpatient or day patient/partial hospitalization) are typically provided across healthcare modalities for moderate or severe AN cases, where medical and/or psychological risks are elevated or outpatient treatment proves ineffective. Around one-fifth to one-third of AN patients necessitate intensive treatments during their illness.[2,3]

Despite acknowledged ethical, practical, and systemic challenges in delivering intensive treatments to severe AN individuals, qualitative research on clinicians' or other healthcare professionals' perspectives and experiences with intensive treatments is limited.[4] Given the dearth of empirical evidence and consensus guiding the parameters of intensive treatments for AN, exploring clinical and operational staff viewpoints is critical. Additionally, the literature indicates potential risks and benefits associated with each intensive treatment approach.[4] While inpatient treatment offers a safe, secure, and accepting environment, it may inadvertently diminish individual responsibility, independence, and autonomy in recovery, exacerbating certain AN traits (e.g., recovery ambivalence, inflexibility). Moreover, establishing a therapeutic relationship during intensive treatment is crucial in treating adolescents with AN, established not only with clinicians but also with in-patient staff (nurses and other technicians).[5]

Hence, this qualitative study aims to explore healthcare professionals' perspectives and experiences in supporting severe youth in an intensive treatment setting, addressing associated opportunities and challenges. By focusing on clinicians' lived experiences, this study extends current literature by identifying concrete facilitators and barriers in intensive treatment, clarifying the emotional and relational demands placed on staff, and offering novel insights to inform clinical training and service development in adolescent AN care.

METHODS

This study was conducted in an adolescent psychiatry ward at a child and adolescent psychiatry department of a tertiary care hospital. Adolescents with AN who have severe progression of the disease are admitted to our hospital for psychopathological stabilization and weight restoration during an in-patient treatment modality.

A qualitative study approach was used to describe and understand the in-depth complex phenomena associated with healthcare professionals' experiences, including nurses, operational assistants and physicians (specialists and residents). The term *operational assistants* refers to mental health support staff who assist with daily patient supervision and therapeutic routines. Purposive sampling was used to recruit healthcare professionals who met the following criteria: (1) experience in caring for adolescents with anorexia nervosa; and (2) agreement to participate in this research. Healthcare professionals were invited to participate in this study through invitation letters sent by email.

They were asked to complete a paper-based survey to indicate their willingness to participate in an interview. Interviews were conducted digitally and verbally transcribed between March 2024 and April 2024. Qualitative interviews were based on semi-structured guidelines designed for each perspective. The interviews were developed by the research team, and they were tested in a group consisting of physicians and refined accordingly. Prior to data collection, the study team reflected on and noted any a priori assumptions on emerging topics. Data collection consisted of semi-structured interviews, based on the following questions: 1. How would you describe your role as a healthcare professional involved in the treatment of patients with AN? 2.What strategies do you employ to establish a therapeutic relationship with these patients? What is your approach? 3.What is your opinion on parental involvement in the treatment? 4.How do you believe you can assist the parents of adolescents with AN? 5.What aspects do you consider to be facilitators of the treatment? 6.What aspects do you consider to be obstacles to the treatment? 7.What feelings do these young individuals evoke in you as a member of the treatment team? 8.What needs do you identify within the therapeutic team that treats these young individuals? To ensure analytic rigor and reliability, data were coded using Malterud's *Systematic Text Condensation* framework. (6) Peer debriefing was employed throughout the analysis to enhance credibility and dependability, with detailed audit trails maintained for transparency. Theme saturation was achieved following the common agreement of repetition of reports.

The interviews were carefully transcribed, and each transcription was read several times to obtain a general understanding of the interview. Then each text was read line-by-line and meaning units were identified, after which each meaning unit was condensed and extrapolated to themes and subthemes.

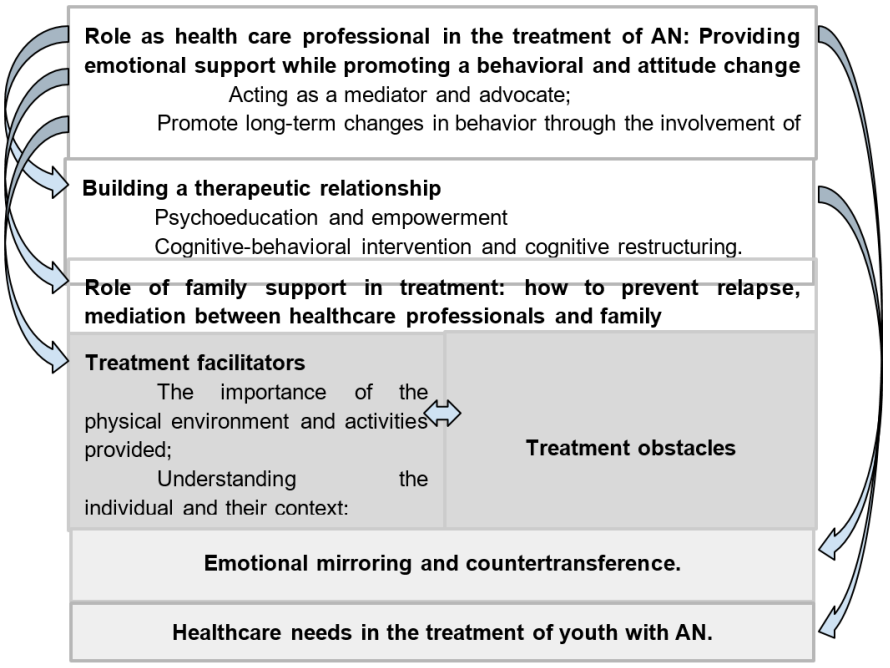
This study followed institutional and national ethical guidelines for research involving human participants. All ethical principles were strictly respected. Participation was voluntary, and written informed consent was obtained from all participants. Anonymity and confidentiality were guaranteed throughout the study, following the principles of the Declaration of Helsinki.

RESULTS

The study included 15 healthcare professionals, including 6 nurses, 5 medical doctors (of which 3 are child and adolescent psychiatry residents and 2 are specialists), 3 operational assistants and 1 occupational therapist.

The findings were categorized into seven major themes and seven sub-themes: 1. Role as healthcare professional in the treatment of AN: Providing emotional support while promoting a behavioral and attitude change, including the sub-themes: (a) acting as a mediator and advocate, (b) promote long-term changes in behavior through the involvement of other caregivers and the family; 2. Building a therapeutic relationship, including the sub-themes: (a) Psychoeducation and empowerment, (b) Cognitive-behavioral intervention and cognitive Restructuring; 3. Role of family support in treatment: how to prevent relapse, mediation between healthcare professionals and family; 4. Treatment facilitators, including three sub-themes: (a) the importance of the physical environment and activities provided, (b) understanding the individual and their context and (c) the role of a multidisciplinary approach; 5. Treatment obstacles; 6. Emotional mirroring and countertransference; 7. Healthcare needs in the treatment of youth with AN. The main themes and sub-themes are presented in **Table 1**.

Table 1 - Thematic table



Themes 1: Role as healthcare professional in the treatment of AN: Providing emotional support while promoting behavioral and attitude change

The importance of emotional support is based on the role of conversations with patients about their illness, listening to their concerns, and providing reassurance. In the beginning of inpatient treatment, youth are usually highly defensive and reluctant to express their thoughts and feelings. It is commonly seen little social interaction, apathy and rigid behaviors. As one healthcare professional stated "*It is essential to provide support to the patient, discussing the illness, listening to their concerns, and minimizing the effects of the disease.*" Moreover, professionals should help patients develop skills to cope with their condition effectively. This first theme included two subthemes: (a) acting as a mediator and advocate, (b) promoting long-term changes in behavior through the involvement of other caregivers and the family. As one professional said: "*We have a role in creating new experiences, encouraging the exploration of emotions, helping manage feelings of anxiety and distress, assisting in modifying dysfunctional behaviors and attitudes, and developing skills to cope with the illness.*" However, we need to have in mind that when facing patients with eating disorders, they need sufficient time to understand the mental illness and to recognize it as a problem, developing insight towards change. Another professional added the importance advocating and validating patients' feelings while reinforcing

their reintegration in other contexts: "*Being a caregiver and mediator between the patient and the illness, knowing how to listen to the patient, family, and colleagues, understanding the basic needs of the individual, and interacting accordingly*." Caregivers should actively listen to patients, as well as their families and colleagues, to understand their needs comprehensively. Additionally, they should advocate for patients' needs and ensure that their interactions align with the patient's preferences and requirements, with the goal of not favoring behaviors related to the illness even if the thoughts related are present.

Theme 2: Building a therapeutic relationship

A therapeutic relationship is characterized by trust, understanding, and empathy. Active listening, emotional expression, and encouragement of social interaction are emphasized as essential components of this relationship. Mental health professionals should strive to create a safe and supportive environment where individuals feel heard and understood. This therapeutic relationship cannot be easily established with youth at the first encounter or first days of inpatient treatment. Adolescent years are characterized by some reluctance to adult opinions and interventions. One professional enhanced the need of "*motivation, active listening, promoting feelings of trust, understanding, and empathy*." Another valued the demonstrations of "*Availability, thoughtfulness, common sense, expression of emotions, encouragement of social interaction.*"This second theme included two sub-themes: (a) Psychoeducation and empowerment, (b) Cognitive-behavioral intervention and cognitive restructuring. Youth's trust is amplified when a secure environment is created, which is facilitated by the confidence and knowledge transmitted by all members of the mental health team. As one professional stated, it is essential to spread *"Psychoeducation, promoting self-esteem and acceptance, reinforcing autonomy and collaboration with the treatment team.*" Psychoeducation, considering the empowerment of individuals to understand their condition, enhance self-esteem, and foster acceptance is of significance. Promoting autonomy and collaboration with the treatment team are essential for empowering individuals to actively participate in their recovery journey. By providing education and promoting self-efficacy, health professionals can facilitate individuals' engagement in their treatment process.

Also, cognitive-behavioral interventions may challenge and modify maladaptive thoughts and behaviors. Mental health professionals as caregivers are encouraged to motivate individuals, avoid comparisons, and reframe their perspective on treatment. By helping individuals recognize their distorted perceptions and encouraging them to adopt more adaptive thinking patterns, it can facilitate positive changes in their attitude towards their illness and treatment. One professional highlighted the importance of "*Brief cognitive-behavioral intervention, motivating, not making comparisons with other young people, showing that hospitalization is a place of help and not punishment, trying to show the patient how he sees the disease and how others see it, helping to see another perspective, encouraging strength to change his thinking about the disease*."

By prioritizing the establishment of the therapeutic relationship, providing psychoeducation, and implementing evidence-based interventions, professionals can effectively support individuals in their journey towards mental wellness and recovery.

Table 2 - Specific strategies healthcare professionals use to guide adolescents with AN toward recovery

Theme	Description	Sub-Themes	Key Actions
1. Emotional support & behavioral change	Healthcare professionals provide emotional support while promoting changes in behavior and attitudes toward illness. They engage in open conversations, validate emotions, and help manage challenging feelings, fostering behavioral adjustments.	(a) Mediator and Advocate	- Mediate between patient, illness, and family. - Actively listen to both patients and families. - Validate patient emotions while discouraging illness-driven behaviors.
	Early inpatient treatment often shows patient defensiveness, apathy, and rigid behaviors. The goal is to promote skill development for coping with AN, using a supportive and empathetic approach.	(b) Long-Term Behavioral Change Promotion	- Encourage family and caregiver involvement. - Support the development of problem-solving and coping skills. - Create a safe environment to practice new skills and behaviors in everyday contexts.
2. Building a therapeutic relationship	A therapeutic relationship built on trust, empathy, and support is fundamental to recovery. Through active listening, empathy, and patience, healthcare providers aim to create a safe environment, recognizing that trust-building takes time, especially with adolescents who may resist adult intervention.	(a) Psychoeducation & Empowerment	- Provide information on the illness to foster understanding. - Reinforce self-esteem, autonomy, and collaboration. - Empower patients to actively engage in recovery and take ownership of their treatment journey.

	Providers use cognitive-behavioral approaches to help adolescents challenge maladaptive thoughts and adopt healthier thinking patterns, supporting a positive outlook toward treatment and recovery.	(b) Cognitive-Behavioral Intervention & Restructuring	- Implement brief cognitive-behavioral interventions. - Encourage reframing of illness perceptions. - Avoid comparisons with others, highlighting the unique nature of each recovery path. - Motivate patients to view treatment as a positive, supportive step.

Theme 3: Role of family support in treatment: how to prevent relapse, mediation between healthcare professionals and family.

Family support plays a crucial role in preventing relapse in adolescents with AN, providing essential emotional support, supervision, and ongoing education to maintain well-being and prevent setbacks. Professionals emphasize the importance of a comprehensive support approach that reassures families and facilitates communication with healthcare providers. Family-centered care is essential, even during hospitalization, with professionals highlighting the need for a strong connection between the patient, their family, and the medical team. Involving families in education, skill training, and emotional support helps them manage the challenges of the illness and fosters better outcomes.

Active and proactive family involvement is critical as passive approaches are insufficient. Professionals also note that an initial separation from parents may aid treatment, promoting patient independence and adherence to protocols. Families must learn effective communication, balancing empathy and assertiveness, which is challenging due to emotional attachment. Positive interactions and emotional attunement during treatment empower patients and strengthen coping mechanisms. Additionally, some professionals acknowledge their need for more education on family dynamics, underlining the importance of training and awareness to improve support strategies. **Table 3** summarizes the key aspects pointed out by the professionals.

Table 3 - Key aspects of family support in the treatment of adolescents with anorexia nervosa.

Key aspects	Description	Key Points and Quotes
Significance of family support	Family involvement is crucial in preventing relapse and supporting long-term recovery.	- Provides emotional support, supervision, and education. - "*Family is extremely important for emotional support, supervision, and monitoring to prevent relapses*."
Facilitating communication	Families should receive reassurance and comfort to manage anxiety and support the patient.	- "*Calming down parents is also essential, providing reassurance and comfort, alleviating anxiety and instilling hope during challenging times."*
Family-centered care	There is a consensus on the importance of integrating family into the treatment process.	- *"It seems appropriate for the existence of a link between the family, the patient, and the hospital."* - Involvement helps families deal with new realities at home.
Education and skill Training	Families should be educated about the illness and trained in communication and coping skills.	- "*They should be involved for clarification of doubts, skills training, and to express feelings."*
Acceptance and collaboration	Families need help accepting the illness and collaborating with the treatment team.	- *"Help in the acceptance of the illness."* - Proactive involvement and support are necessary for effective treatment.
Active vs. passive intervention	Active family involvement is necessary; passive approaches are insufficient.	- "*An active intervention with families is essential."* - Initial parental separation may be required to promote patient independence.
Balancing empathy and assertiveness	Families must find a balance between being empathetic and assertive.	- Emotional attachment can make assertiveness difficult. - *"When there is an emotional attachment, it is more difficult to be assertive in actions."*
Positive interaction and emotional attunement	Maximizing positive interactions and emotional mirroring fosters recovery.	- *"Educating the family about the illness, guiding and giving emotional support by providing hope and encouragement."*
Need for professional education	Healthcare professionals need more education on family dynamics and effective support strategies.	- Admitted lack of knowledge highlights the need for training and awareness-raising efforts.

Theme 4: Treatment facilitators

This theme included three sub-themes: (a) the importance of the physical environment and activities provided, (b) understanding the individual and their context and (c) the role of a multidisciplinary approach.

Firstly, the physical environment, such as therapy rooms or activity spaces, plays a crucial role in facilitating treatment. A dedicated space for activities and therapies provides individuals with a supportive environment conducive to healing and engagement in therapeutic interventions. As one professional stated: "*We must implement activities that help them focus on something other than the illness.*" Another professional enhanced the importance of "*Alternative body-oriented strategies: dance, laughter yoga, games.*" These statements highlight the importance of diversifying focus and engaging individuals in activities that distract them from their illness. Alternative strategies such as dance, laughter yoga, and games provide opportunities for individuals to shift their attention away from their health challenges and focus on enjoyable and stimulating activities.

The second subtheme "understanding the individual and their context" underscores the importance of understanding the individual's unique characteristics, including their preferred modes of expression, feelings, concerns, as well as the dynamics within their family and associated challenges. As one professional said: "*Knowing the patient well, their ways of expressing themselves, their feelings, concerns, the family, and their respective difficulties helps engage treatment*." Tailoring treatment approaches based on this understanding can enhance engagement and effectiveness.

The last subtheme "the role of a multidisciplinary approach" emphasizes the recognition and intervention in a pluridimensional approach to treatment. As one professional said "*Multidisciplinary approach is necessary.*" It suggests that timely identification of issues, involvement of various healthcare professionals, including not only child and adolescent psychiatrists but also pediatricians, psychologists, nurses and occupational therapists, with the engagement of family and support networks, access to appropriate resources, and a focus on recovery and quality of life are essential elements in facilitating effective treatment outcomes.

Theme 5: Treatment obstacles

This theme refers to the challenges posed by lack of awareness or denial of the illness. Individuals may not recognize the severity or existence of their condition, which can hinder their willingness to accept treatment. As a professional noted, youth with AN have "*Non-awareness of the illness*", another stated the frequently observed "*Denial of the illness*". These statements highlight the resistance to change and neglect of its severity, as it was also pointed out by this professional "*They resist change, underestimate the severity, the complexity of the illness*." These identified barriers to effective treatment can significantly impact the individual's ability to manage their condition effectively. In addition, it is commonly seen a non-compliance and manipulative behavior: a professional identified as a "*Non-compliance with rules; the ease that contributes to manipulation.*", another said that an obstacle is the "*Excessive use of (their own) rules, rigidity, manipulation, and control, characteristics of these patients.*" There are numerous challenges related to non-compliance with treatment regimens and manipulative behavior exhibited by some individuals. non-adherence to rules and manipulation can complicate treatment efforts and hinder progress towards recovery. A professional enhanced the "*Difficulty in finding motivation*", a notorious characteristic of these patients. This highlights the challenge of motivating individuals to engage in treatment and adhere to recommended interventions. Lack of motivation can stem from various factors, including psychological barriers, lack of support, and feelings of hopelessness. Another professional stated the opinion that a "*Low multidisciplinary cohesion, establishment of some rules, information gaps.*" negatively impacts treatment. This underscores challenges related to the coordination and cohesion of multidisciplinary teams involved in treatment. Inadequate communication and collaboration among healthcare professionals can lead to inconsistencies in care delivery and information sharing, potentially impacting the effectiveness of treatment interventions.

Theme 6: Emotional mirroring and countertransference

Healthcare professionals experience significant emotional burden when supporting individuals with anorexia nervosa. Feelings of distress, helplessness, and frustration may arise when faced with challenges beyond their control or when unable to alleviate the suffering of those under their care. As one professional said, "*Feelings of distress and helplessness*" are very frequent. There are complex and often conflicting emotions experienced by healthcare professionals that are mirrored when interacting with patients. Mental health professionals may initially feel sadness and concern due to their perceived inability to provide sufficient help. However, these emotions may evolve into joy and satisfaction as they witness improvements in the health and well-being of patients with AN. A professional depicted mixed emotions and feelings of "*Sadness due to the inability to help, but over time joy because of improvement in the majority of cases*". Another also stated a "*Worry, but also joy, satisfaction (with their improvement)*." On the other hand, a professional stated the presence of "*Feelings of empathy, self-care, understanding, support, and the need for active listening.*" These depict the permanent need of empathy, self-care, and support in coping with the emotional demands of caregiving as a mental health professional, no matter what the position is. Healthcare professionals may experience feelings of empathy towards those they care for, coupled with a need for self-care and active listening to manage their own emotional well-being.

It underscores the need for emotional support and effective coping mechanisms to navigate the challenges inherent in caregiving roles. Recognizing and addressing these emotional experiences is crucial for maintaining the well-being of both caregivers and those they care for.

Theme 7: Healthcare needs in the treatment of youth with AN

The need for increased staffing levels in nursing is mandatory to meet the demands of patient care effectively. Adequate nurse staffing is essential for maintaining patient safety, providing quality care, and managing workload demands. As a professional said: "*The need for more nurses is essential to complete staffing needs and ensure care and supervision*". This statement highlights also the need for specialized training and skills, which was also enhanced by another professional: *"As a team we need specialized training, communication and coordination skills, conflict resolution, and problem-solving abilities.*" Specialized training and skills development, particularly in areas such as communication, coordination, conflict resolution, and problem-solving improve the ability of healthcare teams to collaborate effectively and address complex patient needs. Improving Communication was another issue addressed. As a professional noted, "*There are certain details that can make a difference.*" Another enhanced that "*There is a need for greater openness from the team regarding the information provided, and avoiding making value judgments*." These statements highlight the importance of improving communication within healthcare teams. Clear and effective communication is essential for promoting patient safety, enhancing teamwork, and addressing specific details that can impact patient care outcomes. Additionally, there is a need for greater openness, understanding, and non-judgmental attitudes among team members to foster a supportive and collaborative work environment. A professional stated the importance of personal and interpersonal skills in healthcare practice, with "*Common sense, tolerance, assertiveness, knowing how to use active listening, and good observational skills.*" Another pointed out the need for "*Coherence in the attitudes of the professionals.*" These underscore qualities required such as common sense, tolerance, assertiveness, active listening, and observational skills that are crucial for effective patient care and interdisciplinary collaboration. Furthermore, maintaining cohesion in professional attitudes and behaviors contributes to a cohesive and supportive healthcare team. Overall, various areas for improvement are highlighted, including staffing levels, specialized training, communication practices, and personal skills development. Addressing these needs can enhance the quality of care provided to patients and promote a positive work environment for healthcare professionals.

DISCUSSION

This qualitative study delves into the experiences and perspectives of healthcare professionals in managing severe cases of AN within intensive treatment settings. Key findings reveal the importance of establishing a therapeutic relationship characterized by trust, understanding, and empathy, along with the crucial role of other carers' support in preventing relapse and supporting individuals' well-being, which is also enhanced in literature.[7-10] Active listening, emotional expression, and encouragement of social interaction are emphasized as essential components of this relationship.[7-11,19,20] Professionals should also act as advocates for patients' needs and preferences.[9] This analysis highlights the importance of a holistic approach to caregiving that considers the diverse needs and experiences of patients. During intensive treatment we also must consider the role of family support as a crucial component in preventing relapse and maintaining the well-being of individuals with AN.[12] Healthcare professionals should mediate communication between the individual and their family, empowering the latter to actively participate in the treatment process. Involving families in education, skill training, and acceptance of the illness can contribute to improved outcomes.[13] During intensive treatment, as we identified, other facilitators, such as the physical environment, understanding the individual and their context, and a multidisciplinary approach, can enhance treatment effectiveness. Providing activities that distract individuals from their illness, understanding their unique characteristics and family dynamics, and involving various healthcare professionals in treatment are essential facilitators.[14] However, several obstacles, as we identified, including lack of awareness or denial of the illness, non-compliance with treatment regimens, resistance to change, manipulative behavior, motivational difficulties and inadequate multidisciplinary cohesion, can hinder treatment effectiveness. Healthcare professionals should address these obstacles through education, collaboration, and proactive intervention.[15] Additionally, professionals should assist patients in modifying dysfunctional behaviors and attitudes related to their illness. Addressing these barriers requires a multifaceted approach that considers individual needs, enhances communication and collaboration among healthcare providers, and addresses social and psychological factors impacting treatment adherence and outcomes.[15,16] Also, during intensive treatment settings, it is not neglectable the significant emotional burden that professionals may experience when supporting individuals with AN. As we saw, feelings of distress, helplessness, and frustration may arise, but they should also maintain empathy, self-care, and active listening to manage their emotional well-being effectively. Literature also enhances the overburdened and under-resourced characteristics of these intensive contexts.[4,16-18] There is, therefore, a need for increased staffing levels, specialized training, improved communication practices, and

personal skills development in healthcare settings to effectively meet the needs of individuals with AN. Addressing these needs can enhance the quality of care provided and promote a positive work environment for healthcare professionals.[19,20] Overall, the themes discussed underscore the complex nature of treating individuals with AN and highlight the importance of a comprehensive, multidisciplinary approach that addresses emotional, psychological, and relational aspects of care. Effective treatment requires collaboration between healthcare professionals, patients, and their families, as well as ongoing support and education to promote recovery and well-being.

Study Limitations

First, as this study recruited only 15 experienced healthcare professionals who had cared for patients with AN, the experiences presented here cannot be generalized to health professionals from other hospitals or treatment settings in our country, or to other health professionals or other subspecialties involved. However, the experiences of the participants are powerful and add richness to the existing knowledge on health professionals' experiences with patients with AN, and they provide motivation to rethink the design of in-service education for AN patient care. Secondly, because adolescent patients are also, sometimes, admitted or transferred to pediatric wards, it could be relevant to hear other professionals involved in the future, including other subspecialties.

CONCLUSIONS

This study provides insight into mental health professionals' perspectives of supporting individuals with AN in an intensive treatment setting. Our findings expand upon previous studies exploring topics such as the value of creating a trust and empathic-based therapeutic relationship, considering the inherent treatment facilitators and obstacles. Our findings also emphasise the need for support of over-burdened and under-resourced in-patient services. The future directions of this research include analyzing patient perspectives and families' views during intensive treatment. An acceptable alternative to in-patient treatment may be day patient treatment, which can improve treatment accessibility, enhance family involvement reduce costs, and promote self-development by fostering independence, developing new skills, and supporting the exploration of an identity beyond the eating disorder.[4]

AUTHORSHIP

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Manuela Araújo - Conceptualization; Investigation; Methodology; Supervision; Review

João Guerra - Conceptualization; Investigation; Methodology; Supervision; Review

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