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Multi-family Group Therapy for Children and Adolescents with Eating Disorders

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"Knowing more about the illness was important but, in our desperate situation, equally important was the encouragement we received through attending together with the other families. After all the years of suffering and relapses we had hardly any hope left. What had been missing was concrete advice on how to manage our daughter and her illness. And exactly this was always a major theme – in the group as a whole and also just among the parents of the anorexia sufferers. As each family seemed to be in a different phase of the illness, we were always able to discuss new problems and situations."[1]

Multi-family group therapy (MFGT) is an internationally recognized innovation in the treatment of teens with eating disorders[2 3]. Including all family members in one group, however, was first tried by Dr. Peter Laqueur in the 1960's as a way to support the families of those with schizophrenia[4]. Studies of multi-family therapy have shown a positive impact on reducing stigma, increasing social network size and support, increasing problem solving, and relapse prevention[5 6]. Because of the success of this approach with schizophrenia, a condition that has a strong organic basis and is known for relapse vulnerability, it has been applied to other conditions where treatment difficulties are common, including substance abuse, mood disorders, eating disorders, and chronic illness. Results of early studies with eating disorders have showed promising results, including good symptomatic improvements, reduction of length of inpatient stays, reduction of relapses, quicker recovery after relapses and more effective work with family issues and conflicts[7]. Essentially, a multiple-family group brings families together who are dealing with the same issue so that they can learn from one another and support one another while group facilitators guide the process to keep it safe and purposeful.

Effects of eating disorders on families

Eating disorders have many isolating and shame and guilt-inducing effects for all members of the family. The child or teen with anorexia is likely to spend less time with friends because she avoids events that involve food, keeps working on homework assignments to perfect them,

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or because she feels compelled to spend extra time exercising or otherwise compensating for food intake. She doesn't ask her parents for help because she is not ready to let go of the eating disorder and she does not want to over-burden them. At the same time, her parents try to help her eat her meals and snacks, may need to prevent her from purging after eating, and spend time taking her to treatment or being with her at hospital. This leaves little time for them to relax with friends and time away from work may generate tension with employers. Siblings have to do without the presence of their parents much of the time and, if they are old enough, they may increasingly spend time away from home where they can feel relief from the stress and conflict that occurs, especially around meals.

The whole family is stressed and everything is organized around the eating disorder. Relatives and friends may have difficulty understanding the kind of stress the illness places on the family, and unintentionally may be critical of the parents or the affected child. Or the family may prefer not to tell friends or relatives about the illness fearing stigmatization. Either way, at a time when the family could use a blanket of support and understanding around them, they may feel they are in the rough and icy waters of the mid-Atlantic.

Why a multi-family group?

Like individual family-based therapy[8] for eating disorders, multi-family therapy uses the Maudsley model. Parents are supported to unite their efforts against the eating disorder to help their child to eat and accept any needed weight gain. This phase is necessary for the teen to resume her development as a person. Both types of therapy then help the family to work out any issues that may be blocking the teen's development towards autonomy. What is different in multi-family therapy is that it combines professional expertise with community. Unlike individual family therapy where parents can only draw strength from themselves, in multi-family therapy the parents can also draw on existing expertise among the other families in the group.

In the current format of multi-family therapy there are up to eight families, with children or teens at different stages of recovery from an eating disorder. Those who are at an earlier stage see that progress is possible, increasing their hope. Family members, especially parents, stop blaming themselves when they see that there is no one type of family in which eating disorders develop: all kinds of family constellations are represented, all religions, and all economic groups. Parents learn that other parents share the frustrations and challenges of helping their children eat and retain food, which helps limit the effects of criticisms they often hear from themselves or others.

When families arrive at family therapy for an eating disorder they are usually stuck in patterns of interaction that unintentionally empower the eating disorder, leaving family members feeling hopeless, helpless, frustrated, angry, and scared. Providing a context of mutual support, it generates many opportunities for reflection and reciprocal learning among participants. Parents, siblings, and teens listen to one another's perspectives. Seeing things differently and being more open, group members are able to try creative solutions to problems. Family members who don't blame each other are able to work together against the eating disorder. Difficulties can be taken on in solidarity with the other group members and successes can be shared and celebrated in the group.

What does it look like?

The first meeting of multi-family therapy for eating disorders is an introduction to the program. Prospective families meet the staff and each other. An expert in eating disorders gives a presentation about the nature and long term effects of

eating disorders, highlighting the reasons why is it urgent to help one's child recover and prevent the disorder from becoming chronic. A sample agenda is reviewed so that families know what to expect and what to bring. Finally, a family who has previously completed a multi-family group shares their experiences of the program and answers questions.

About a week later, a four-day intensive session is held. All members of the family are expected to attend the four full-day sessions. Every day, there are two snacks and a meal. Families sit and eat together, supporting one another and being supported by staff to help their children eat. In addition, there are opportunities for separate small group discussions: for parents to share the challenges and frustrations they experience during mealtimes; for the teens to express in a concrete way, for example through role play or artistic expression, what it is like to have an eating disorder; and for siblings to share their perspective on life with an eating disorder in the family, also using creative expressions like role plays and artwork. Later, these creative works are shared in the large group so that teens can see the impact of the eating disorder on their siblings and parents and siblings can appreciate the extent to which the affected teens feel trapped, seduced, and hurt by the eating disorder. Compassion for each other is developed by these and other activities.

Families also have many chances to work in their own family groups: connecting with their specific family strengths, planning future activities, and working with the therapists to "sculpt" their family relationships, the impact of the eating disorder on them, and some ways to move the eating disorder away from the family. These activities are also reflected upon with members of the large group, allowing for mutual learning and problem-solving.

After the four-day intensive session, the multi-family group meets again two weeks later, and then about every two months for a year, each time for one full day. As the year unfolds, the group leaders bring in activities and discussion points that are designed to help the families negotiate their respective stages of recovery. Between group sessions, families are encouraged to meet as needed with their individual family therapist, or other supports, including other families. The final session is designed entirely by the families themselves, a symbolic way of turning full responsibility back to the families. By this time, some of the teens are eating well on their own, needing minimal or no supervision by their parents and working actively toward autonomy.

"The specific effects of this approach include: learning from other families' experiences, overcoming isolation and stigma, creating solidarity and hope, and generating new and multiple perspectives that help the recovery of anorectic teenagers and their families."[9]

Who facilitates multi-family groups?

Group leaders should be trained in both family-based (Maudsley) therapy and in conducting multi-family therapy. At least one should be an experienced systemic family therapist. Ideally, each session includes two co-leaders who take responsibility for the group, and two to four co-facilitators who assist by co-leading break-out groups, offering observations at times, and debriefing and planning sections of the group. This structure of facilitators re-creates the family structure, with two parents taking the lead, and a number of siblings comprising the family. The facilitators model the way in which a unified set of parents can effectively work to the benefit of their family.

"My parents and I learned how to deal with everyday

problems in the family work. Just knowing that my parents could take over the responsibility for my eating habits if I wasn't doing well and I couldn't convince myself, or the anorexia to eat – that helped me a lot. It was also important for me to know that my parents had learned to tell the difference between the 'real Miriam' and the part of the eating disorder in me. Meeting other families with anorectic daughters meant a lot to me, because I could make new friends with people who had gone through the same thing, had similar problems, and thought, acted and felt like I did."[10]

Preliminary research findings in Ontario

Some preliminary research has been conducted to capture the "Canadian context" of multi-family therapy at various sites across Ontario. In one series of multi-family therapy, the teens and their parents were asked to complete a number of questionnaires measuring different areas of overall functioning at the beginning and end of treatment. Five of six families who started the program completed it (one teen continued treatment in the inpatient unit). Over time, despite a small sample size, significant differences were noted in a positive direction on questions relating to the teens' symptoms of anxiety, depression, and readiness to change. Similarly, shifts were noted with respect to the parents' readiness to change. In addition, parents reported an increase in time away from work (which we assume is related to their taking charge of their child's care), coupled with a reduction in their feelings of guilt over having caused the illness – results highly consistent with the goals of multi-family therapy. All of the adolescents – two with bulimia and three with anorexia – had stabilized at a healthy weight by the end of the series[11].

Since there is little in the way of empirically-validated treatment for adolescent eating disorders, approaches that show promise need serious consideration. While further research needs to be done, multi-family therapy appears to be a promising avenue for help with eating disorders, specifically in supporting both the individual with an eating disorder in normalization of weight as well as improvements in anxiety, depression, and readiness for positive change, as well as strengthening parents' sense of capacity. The outcome for siblings has not consistently been examined and as such is difficult to comment on at this stage.

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Further Reading

Multiple Family Group Therapy:
www.multiplefamilygrouptherapy.com

Maudsley Parents:
www.maudsleyparents.org