

*Scottish CAMHS Eating Disorder Steering Group*  
*In conjunction with*  
*Eating Disorders Education And Training Scotland*



CAMHS Eating Disorder Conference 2016

## **Multi-Family Therapy (MFT)**

for

### **Anorexia Nervosa**

in

### **Adolescents**

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## Multi-Family Therapy for Anorexia Nervosa

- My Context & Workshop Context.
- Acknowledging contributors
- Conceptual Framework
- One Model Structure and Resources
- Phases of MFT Treatment (Asen & Scholz Model)
- Rationale and Evidence
- Therapeutic Aspects
- Feedback from Families

## Acknowledging contributors

Professor Ivan Eisler & colleagues

Child & Adolescent Eating Disorders Service (CAEDS) at the South London & Maudsley (SLaM) NHS Foundation Trust.

Pennie Fairbairn:

Family & Systemic Psychotherapist SLaM & Great Ormond Street Hospital: Feeding & Eating Disorders Service (FEDS).

CONNECT:ED Team: Greater Glasgow & Clyde (GG&C)

Alison Andrew: Family & Systemic Psychotherapist: Skye House: GG&C.

Eia Asen and Michael Scholz.

AND Families and young people who have participated in MFT

## Acknowledging contributors

Asen, E., & Scholz, M. (2010).  
*Multi family therapy concepts and techniques*. London: Routledge

### Multi-Family Therapy

*Concepts and Techniques*



Eia Asen and Michael Scholz

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## Conceptual Framework

- Bringing together a number of families with **shared** experiences
- Focusing on the **impact** the problem has had on family life
- Rediscovering family **strengths and resilience** to enable parents to take central role tackling eating problems
- Creating new and **multiple perspectives** and helping families to take an observational stance
- Offering **expertise** in the context of a highly collaborative therapeutic relationship
- To address problematic **family interactions** that have developed around the eating problems

## One model of MFT for Anorexia Nervosa in Adolescents

- Initial assessment of the patient and the family
- Introductory evening
- Four day intensive programme (9.30 - 17.00)
- 5 – 7 one day follow-up
- meetings over 9 months
- Individual family therapy sessions between meetings depending on need
- Follow-up of individual and family as needed

## Resources

### ▪ Staffing

Two therapists (with different professional background) + up to four trainees

Dresden Model: 2 (p/t) family therapists, 1 psychiatrist (p/t), 1 psychologist (p/t/), 2 (p/t) eating disorder nurses. Consultative and training staff should include experienced systemic therapists

### ▪ Clinical Environment

Kitchen & dining room

A room large enough to accommodate groups of up to 20 -24 persons

Breakout rooms for family or individual work

a staff room, a one-way screen and / or video control room

## Phases of Treatment

### 1. Symptom-oriented.

Group Cohesion and Motivation.

Promoting parents efficacy in feeding the child.

Establishing healthier eating patterns.

Adequate weight gain and / or maintenance.

### 2. Relationships-oriented.

Family hierarchy, triangulation, specific communication disturbances, inappropriate emotional involvement, covert coalitions, secrets and other issues.

Wider family context. inc Available internal and external resources

New specific goals are identified.

Long-term and trans-generational family patterns are examined and challenged.

### 3. Future-oriented.

How the family is managing other family 'business'.

Relapse prevention and warning signs

personal autonomy

The consequences of more independence - within individual and family contexts.



## Rationale and Evidence

### Fairbairn, Simic & Eisler 2011

- Difficulties in working with severe eating disorder cases in the out-patient context.
  
- Alternative to admission given that admission:
  - shows no evidence of long-term effectiveness
  - risks undermining parents/family
  
- Family and patient dissatisfaction with experience of family therapy (sometimes despite improvement of patient's state)
  
- More intensive work is needed in some cases:
  - Intensity of contact enables change
  - Injecting hope
  - Multi-family network of support
  - Expectation that family has responsibility for longer term changes

## Rationale and Evidence

### Saliminou et al, 2005

Positive clinical accounts – small open follow up study

Overall good initial outcomes

- Increased weight
- Decrease in eating disorder cognitions
- Decrease in young person and parental depression levels
- Increase in young person self-esteem

High level of satisfaction with treatment

- Self-report measures and qualitative interviews
- Low drop-out rate

However, small sample size and not followed up beyond 6 months

## Rationale and Evidence

### Voriaddaki T., Simic M., Espie J. and Eisler I. (2015)

- Insights into the illness increased rapidly from Day 1-3.
- Motivation for recovery was enhanced.
- Self efficacy improved
- Intra-family communication improved.

Change was facilitated by:

- Sharing of experiences with other families in similar situations.
- Role play activities.
- The increased ability to express emotions
- And perceived mutual learning and support.

Most useful practical strategies included;

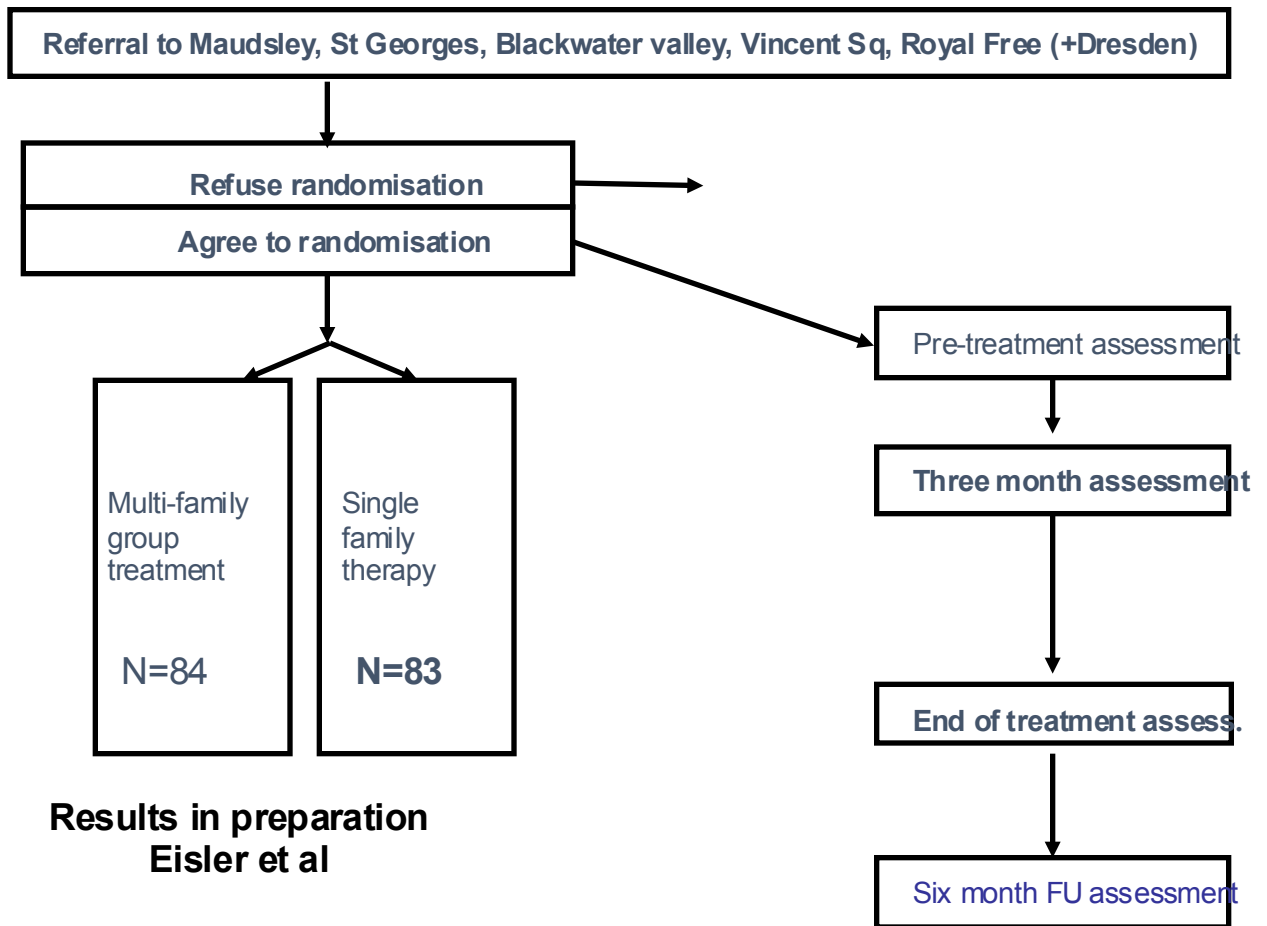
- Parents learning to be firm as well as supportive with eating
- Giving the young people an 'outsider' perspective on the illness from their observations of other patients was again proven to be a key aspect of MFT.

However only studied one MFT Group, consisting of 5 families, for first 4 days.

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## Multi Centre Trial of Adolescent Anorexia Nervosa



## Therapeutic Aspects

### 'Systemic' Interventions:

- Circular and Reflective questioning
- Externalisation of the problem
- Boundary making and supporting personal autonomy
- Identifying and Expanding resources
- Reflecting team techniques

### Non verbal therapy techniques:

- Drawing - Modelling - Collage

### Action techniques:

- Psychodrama - Role Play - Family Sculpting

### Psychoeducation:

- Physiological effects of starvation - 'normality' of ED for families -
- Individual/ Family life-cycle issues

### Group techniques:

MFG Meals. - Parents Groups - Sibling Groups - Young Person Groups

Interaction between families sharing experiences whilst also reinforcing the sense of the uniqueness of each family

## Feedback MFT: Challenges

From MFT at CAEDS, Maudlsey Hospital.

- Time out of school
- Upsetting seeing and feeling other peoples pain, “I found the other peoples sculpts upsetting but good-helpful too”
- Long days
- Families dropping out
- At the start eating in groups was hard
- Finding answers to hard questions
- Talking in groups was hard
- Interaction/competition between families

## Feedback from MFT : Positives

### From MFT at CAEDS, Maudlsey Hospital.

- Meeting others with similar problems – sharing of problems, less
- loneliness (especially for the YP), empathy, support and helped
- parents/ young people to learn new ways of tackling Anorexia
- “Fun” activities that helped to contribute to an understanding of
- Anorexia and the belief it can be defeated.
- time line “gave me a kick up the bottom to eat quicker”,
- “ the sculpt demonstrated the power of the illness to my daughter”
- “I enjoyed the weird tasks we were asked to do”.
- “eating with the other family was hard but good”

Multi-Family Therapy for Anorexia Nervosa

THANK YOU



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## Day ONE

### SAMPLE PROGRAMME

9.30 -10.00	MFT staff meeting
10.00-11.00	Multifamily interaction (get families to introduce one of the families who they met at the introductory evening, explore expectations etc)
11.00-11.30	<b>Morning Snack + weighing of the young people with AN.</b>
11.30-12.45	Parents: planning lunch that day Young people (YP): 'Portraying anorexia' (draw, model or write something that symbolizes anorexia for you/your family) and Pros and Cons for being/staying ill with anorexia
12.45-2.00	<b>Multi Family Lunch/observing YP's eating patterns, how parents manage YP's eating, intervening to promote change in patterns.</b>
2.00-3.00	Extensive feed back on first lunch experience, families give feedback to each other (separate groups observing)
3.00-3.30	<b>Afternoon Snack.</b>
3.30-4.30	Reflections on the 'portrayals of anorexia' and pros and cons of staying anorexic.

**Day TWO**  
**SAMPLE PROGRAMME**

9.30-10.00	MFT staff meeting
10.00-11.00	Examine feedback from previous day ( one thing that went well) Paper plates exercise-preparing the Sunday lunch
11.00-11.30	<b>Morning Snack</b>
11.30-12.45	Role reversal role play exercise around meal times
12.45-2.00	<b>Multifamily Lunch with “foster families”</b>
2.00-3.00	Mothers group: feedback of the experience of “fostering” another YP with AN  Fathers group: feedback of the experience of “fostering” another YP with AN  YP group: making “T” shirt what is helping them to be part of the group and what is NOT helping them
3.00-3.30	<b>Afternoon Snack</b>
3.30-4.00	Visualizing time, place, circumstance when each group participant felt happy, describing it and sharing it with the group

## Day THREE

### SAMPLE PROGRAMME

9.30 – 10.00	MFT staff meeting
10.00 -11.00	Meeting and short feed back separate groups to explore siblings/young people /parents concerns and worries
11.00 – 11.30	<b>Morning Snack</b>
11.30 – 12.45	Role-play/sculpt specific issues that have arisen in each family
12.45 - 2.00	<b>Multifamily Lunch</b>
2.00 – 3.00	Collecting treasures game: blindfolded a young person is guided by their parent(s) Discussion of the previous exercise
3.00 - 3.30	<b>Afternoon Snack</b>
3.30 - 4.00	Visualizing a relaxing place, describing it, and sharing with the group

## Day FOUR

### SAMPLE PROGRAMME

- |               |   |
|---------------|---|
| 9.30 – 10.00  | MFT staff meeting   |
| 10.00 - 11.00 | Individual Families: Time line – how might things look in the year ahead.                         |
| 11.00 – 11.30 | <b>Morning Snack + weighing of YP</b>   |
| 11.30 – 12.45 | Joint discussion about time lines   |
| 12.45 - 2.00  | <b>Multifamily Lunch</b>  |
| 2.00 - 3.00   | Reconstituted family groups: Developing a survival toolkits for mothers, fathers and young people |
| 3.00 – 3.30   | <b>Afternoon Snack</b>  |
| 3.30 – 4.30   | Multifamily group: Feedback from families and discussion of future plans                          |