



Introduction of Multi-Family Therapy for ED to CAMHS

National Mental Health Nursing Conference

9th November 2023

Linn Dara MFT Team

Jane Kennedy (RANP Systemic Family Therapy)

Ivanna Lyons (cANP Eating Disorders)

Aoife Donohue (ADoN Linn Dara)

Nathalie Deans (CNS in Eating Disorders)





Today we will...



Introduce you to the theory of MFT



Share some of our MFT experiences



Show you what MFT actually looks like in the treatment of ED in Linn Dara CAMHS



Increase your curiosity!



Linn Dara CAMHS Approved Centre





Setting the Scene...

- Introduction of SEDB 2019 (**Cróga**) to Linn Dara
- **Eating disorders** are a **complex meaningful mess** where **eating** and **weight issues** have **become inextricably entangled with wider psychological issues** (Palmer, 1997)
- Research says that having a family involved in the treatment of an eating Disorder improves prognosis

You gotta
Nourish
to
Flourish



Setting the Scene...

- BUT our families told us they felt ***disempowered, disconnected*** and ***isolated*** by the eating disorder.....
- ‘lost our confidence’
- We cant keep him safe without you’
- We cant feed her’





Why involve families in collaborative care?

The research tells us..

Collaborative care ethos: Family/Carers are the first line of defence against ED's, a valuable resource, readily available, eager to learn, a source of unconditional love for the young person*.





What is MFT?





Multiple Family Approaches

Multi family therapy for anorexia nervosa (MFT) is a treatment designed for young people who are struggling with anorexia nervosa (AN) or other restrictive eating disorders.

- MFT Programme combines group therapy, family therapy, psychoeducation with creative and supportive interventions
- MFT Team consists of two or three lead therapists but ideally involves the entire MDT





What is MFT?

- The approach is really a way to work with families in a multi-level way.
- All members of the team are involved in working with the families.
- The format - Parent groups - Whole family groups - Mixed formats.
- A collaborative intervention, where families and staff learn/fail/win and eat together.





Where did Multi-Family Therapy (MFT) begin?

- **Sheltered workshops in family communication**

(Laqueur et al 1964)

- **Psychoeducational MFT**

(McFarlane 1982; Leff et al., 1992)

- **Psychoeducational and CBT MFT for children and adolescents**

(Fristadt et al., 2003; Barrett et al., 2001; 2003;2004)

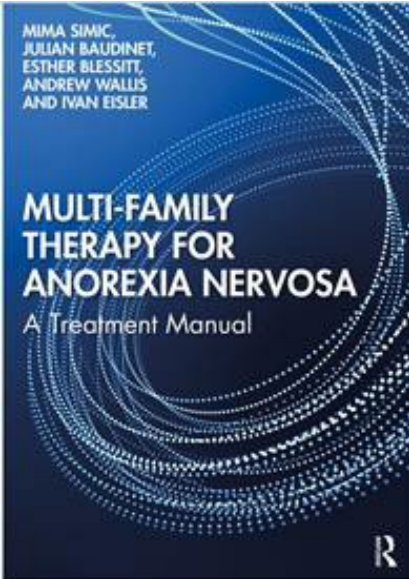
- **Systemic MFT**

(Lemmens et al., 2009; Asen & Schuff2006)

- **Intensive Multiple Family Therapy**

(Asen & Scholz 2010; Simic & Eisler, 2015)

Asen & Scholz (2010); Gelin et al. (2017); Cook-Darzens et al.(2017)





Our path to MFT

- **Feb 2022:** Business case submitted by family therapy – supported by senior management and championed by our ADoN Mike Healy
- **May 2022:** CPD sessions to inform & recruit – *Success depends on multi-disciplinary team commitment & engagement in training and facilitation*
- **July/Aug 2022:** Training – 4 days training for our team with John Burnham and his team from UK
- Development and design of LDAC MFT Manual – An intensive day programme in LDAC responsive to the clinical need of our YP and families on the EDP.
- **Sept 2022:** Information evening in LDAC for parents/guardians
- **MFT Cycle 1 – Launched 19th September 2022**





Why Multi-Family Therapy can be helpful:

MFT interventions are aimed at intensifying and modifying FT-AN through three main mechanisms;

- *changing the treatment context,*
- *increasing treatment scope and intensity and*
- *bringing people together to reduce isolation, stigmatization and opportunities for families to learn from each other.*



Evidence Base

MFT is associated with improvements in eating disorder symptomatology and weight gain for those who are underweight.

It is also associated with improvements in other individual and family factors including:

- ✓ comorbidities,
- ✓ self-esteem,
- ✓ quality of life, and
- ✓ some aspects of the experience of caregiving, although these findings are more mixed.

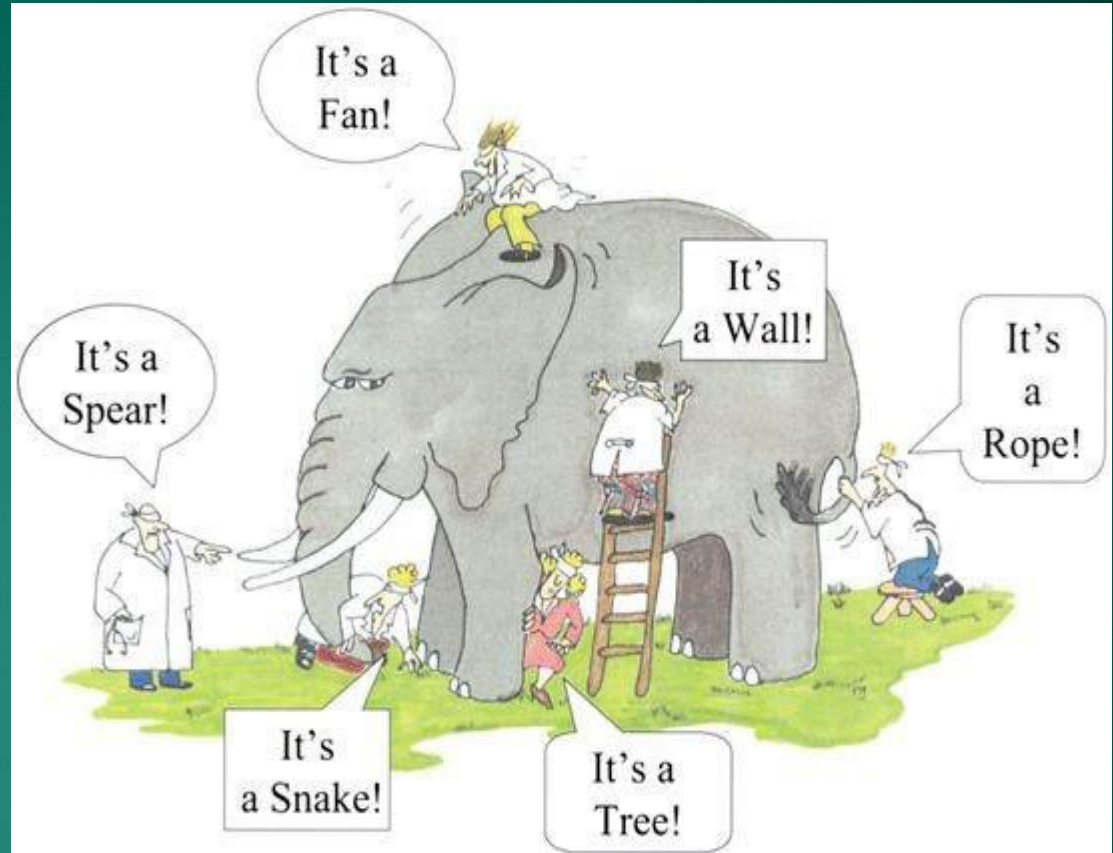


MFT is generally experienced as ***both helpful and challenging*** due to the content addressed and intensive group process.

Baudinet et al 2021 'MFT for Eating Disorders' A Systematic Scoping Review of Quantitative & Qualitative Findings. International Journal of Eating Disorders



What does it actually look like?



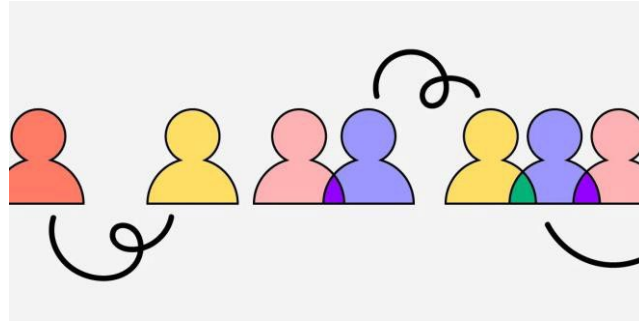


Who might come to MFT?

- We invite: three – six families
 - ✓ The young person with an eating disorder.
 - ✓ Parents and significant adults - we regularly invite step parents, grandparents and partners and are open to any family set-up. We will discuss with each family what would be the most useful family constellation.
 - ✓ Siblings - We will most likely ask siblings to attend a specific day. The team will discuss with families about siblings under the age of 7.



MFT Structure and Components



- The Introductory session
- Four day intensive workshop
- Follow- up / Consolidation days



Theme for each day –

Day 1: 'Engagement and Understanding the illness'

Day 2: 'Managing Mealtimes'

Day 3: 'Impact of the ED on the family & family strengths' (Siblings)

Day 4: 'Looking forward'

Day 5: 'Family (Self)-Care'

Therapeutic letters....





Day 4 – Looking Forward

09:15 - 09:55:	Allocation of roles/tech check
10.00 - 10:30:	House-keeping/grounding/ Ice breaker
10.30 - 11.15:	Timeline
11:20 - 11.40:	Snack
11.45 - 12.30:	Parents V An, Postcards to future self
12.30 - 12.45:	Meal-time Prep
12.45 – 13:40:	Lunch & supports
13.40 - 14.30:	Traps & Treasures
14.30 – 15:00:	Recipe for Recovery
15:00 – 15:20	Snack
15:20 – 16:00:	Surprise!
16:15 – 17:00:	Staff Reflection



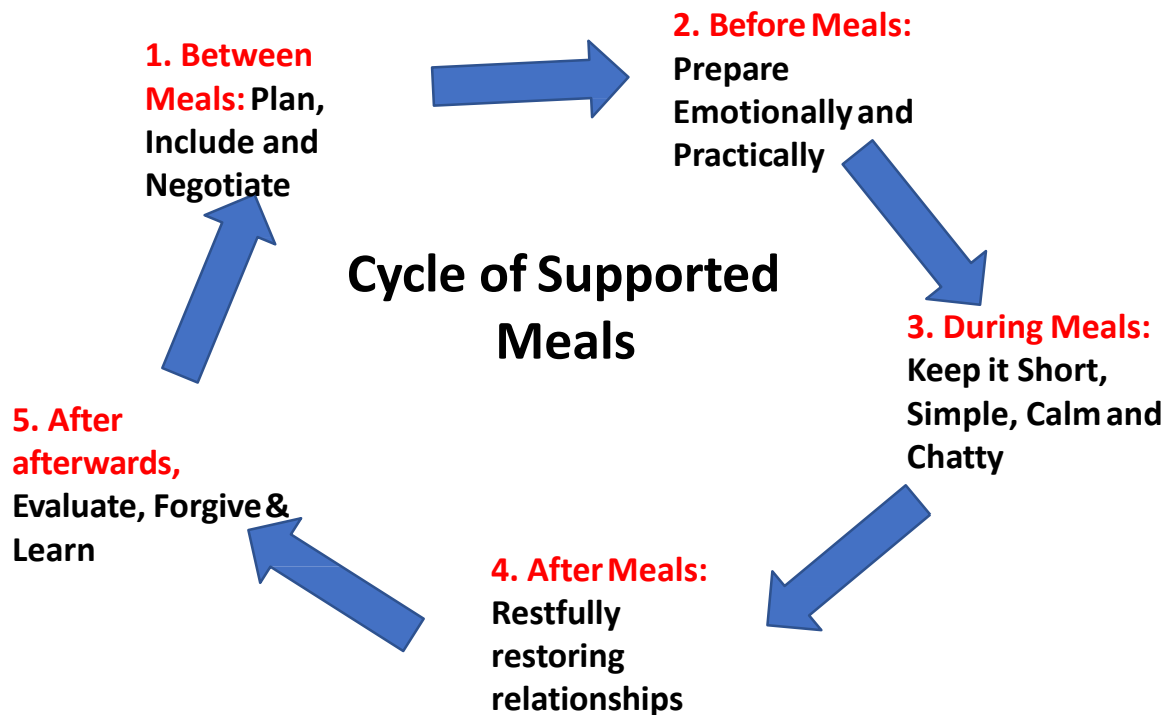


Meal coaching during MFT





Cycle of Supported Meals





An Integrated Multi-disciplinary Approach to Care

Understand you own context (as well as theirs)

Act as a Role Model – through

- Emotional Coaching
- Co-Regulation
- Demonstrating and Advising on Healthy Boundaries
- Self-Care



Basic Principles of MFT

- An integrative multi-disciplinary approach to care
- A systems focus on understanding the family in the context of a potentially life threatening illness where the family is needed as a resource to help their child recover, **emphasizing that the family is not the cause of the illness**
- An emphasis on helping the parents to take a temporary lead in managing their child's eating emphasizing that this is an expression of **parental care rather than parental control**
- Psychoeducation
- Externalisation of the illness
- In later stages of treatment a focus on adolescent and family life cycle issues to help the family to disentangle adolescent and family relationship issues from the eating disorder and the interactions that have developed around it



Multi-Family Therapy – Strengths based

- Solidarity
- Overcoming Stigma and isolation
- Learning from one another
- Positive use of group pressure
- Mutual Support and Feedback
- Practising New Behaviours in a safe environment
- Strengthening self-reflectiveness
- Promoting openness and increasing self-confidence through 'public' exchanges and interactions



Outcomes



Significant improvements in eating disorder symptomology

Improvement in broader individual and family factors

Feel confident and empowered

Gain understanding of the illness and put together a 'toolkit' of skills and techniques

Build up existing family relationships and develop new ones

Take charge of the eating disorder and "Boss it Back" with renewed strength

We are confident that committed participation in the MFT programme offers young people and families a real HOPE of overcoming anorexia nervosa



Feedback from our families

'I never thought I would be able to do that, eat in front of other people, talk in front of other people, I'm so happy I could show her its ok.'

'I was allowed to speak about my fears and so face them'

'Its one step forward, two steps backwards, I'm still afraid if I think too far ahead...but I'm not alone'





Outcomes

Team functioning – ‘*the magic*’

‘seeing each other in a different light’

‘realising the value of each others work’

‘ working way outside my comfort zone’

‘understanding the reality faced by parents’

‘witnessing the pain and the triumphs’

‘feeling part of something special’

‘ feeling proud of the work we have done together’







Linn Dara CAMHS

Care | Compassion | Trust | Learning



Child and Adolescent
Mental Health Services



Any Questions?