



Coming together, letting go

**A handbook for running multi-family therapy
groups for adults with eating disorders**

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This manuscript is dedicated to **Mildrid Valvik** 1953-2016
A special thanks to **Pennie Fairbairn** for her guidance and support

Coming together, letting go is in six parts

Part One is a short introduction to multifamily groups and why they are also relevant for adults

Part Two is about preparing the group and recruiting members

Part Three takes up general issues of running the groups, the different formats for group work and themes and procedures that occur throughout the group program

Part Four presents a basic program of six 2-3 day gatherings and an alternative twelve-part evening version.

Part Five describes in greater detail the exercises and presentation referred to in the program.

Part Six concerns aspects of leading multifamily groups

The Appendix contains useful material for organizing and evaluating the groups

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1

One - Introduction

Foreword

It can be challenging for parents to feel safe about letting go of their grown-up children and allowing them to lead their own independent lives. It can be difficult to know how and when to go about it, and it can be hard for some young adults to give up the familiarity of their parents' care and protection. Parents and children usually find a suitable way through this process, but things become very complicated when the young person concerned has a life-threatening illness. Research shows that parents with a daughter or son with a severe eating disorder can have great difficulty in trusting them, can struggle with issues of over-involvement in their lives and often have a poorer quality of life than comparable others (Simone M. De La Rie et al 2005).

“Coming together, letting go” is about a journey we have taken with over fifty families, large and small. By bringing together people, understandings, information, stories, experiences and emotions, families have been able to let go of some of the anxieties, tensions and unhelpful patterns of relating and have limited the damage that eating disorders wreak on everyone involved.

As the title of this practical guide indicates, the aim of our work is to bring family members closer together in a group context where they can experience themselves and each other as a resource rather than a problem. Then they can let each other go to get on with their own lives. By coming together in multi-family therapy, a group of families have an opportunity to look beyond the eating disorders to see each other's intentions, understandings and perspectives (Dimitropoulos G and Freeman VE 2016). When these troubled young adults see and

hear how their family members relate to the members of other families they can develop a meta-perspective where they can perceive their parents and siblings in other ways than as worried and over-involved adversaries who want to press food into them or pressure them into treatment. (Hight, Thomson and King 2005). A genuinely good encounter, where family members see and hear each other, promotes a positive feeling of belonging in the family. When parents see that their daughter or son does actually want to get better and leave a normal life, it can lighten their burden and enable them to take a step back and begin to give more attention to their own needs and to the needs of other family members. They can become better able to provide the kind of support that any young adult would appreciate from their parents in times of difficulty, without either trying to take over or withdrawing from them. The same applies to siblings and partners and this in turn can lift a burden of guilt that the young person battling with their eating disorder has for the effect their illness is having on their family.

Multifamily Therapy Groups

Multifamily therapy is a form of group therapy where members of several families gather to address problems of mental health or child welfare. These groups are varied in form, can be open or closed, arranged in the form of whole day gatherings or as regular two to three-hour sessions.

Multifamily therapy groups provide a setting where several families can work together to find better ways of managing shared problems that are having seriously negative consequences for the lives of the whole family. When the members of the group see that others are in the same boat as themselves, they are able to find relief from isolation and the feeling of being stigmatized. When several families talk

together, they can gain new perspectives on their difficulties and learn from each other alternative ways of managing and coping. A piece of advice about daily living coming from another group member will often be more to the point, and carry more weight, than one coming from a health service professional. Sharing experiences and advice enhances a sense of competence that may have been eroded over a long period of time, and this can promote hope for positive change. A family can gain a fresh perspective over their own situation by seeing another family working on their difficulties. Multifamily therapy is a powerful intervention that can help a family out of unhelpful patterns of communication that have been accentuated by frustration, anxiety and other strong emotional reactions that living with the condition has brought with it.

The first multifamily therapy groups are believed to have been started in New York in the late 1950s by H. Peter Lacqueur (Lacqueur 1972) for patients diagnosed with schizophrenia. Staff at the Marlborough Family Service in London developed multifamily therapy groups for patients in different diagnostic categories, including eating disorders (Asen & Scholz 2010). Multifamily therapy was further developed for the families of children and adolescents with eating disorders at the University of Dresden in Germany and at the Maudsley Hospital in London, England. Manuals for running groups with children and adolescents with eating disorders have been written by Michael and Katja Scholz and their co-workers in Dresden, (Scholz et al. 2002, 2003) and by Ulf Wallin in Lund, Sweden (Wallin 2007).

Multifamily therapy groups aim to help families find coping strategies for dealing with an illness they often experience as a matter of life and death and that causes them much worry and anxiety. Gathering several families together provides an opportunity for group members

to learn from each other and to find solutions and strategies together. Multifamily therapy groups also aim to meet family members' need for information and knowledge about eating disorders. Studies have shown that family therapy alone, and in combination with an individual therapy, can be effective in the treatment of eating disorders with children and adolescents (Eisler & Dare, 2000, Scholz & Asen 2001, Eisler, le Grange & Asen 2003).

Multifamily therapy for eating disorders was introduced to Norway in 2004 by Ivan Eisler and Pennie Fairbairn of the Maudsley Hospital through a training programme run for four specialist units.

Multifamily groups for adults with eating disorders

The Regional Centre for Eating Disorders (RESSP) in Bodø was established in 2005 to provide a specialised service for adults in Northern Norway. It quickly became apparent that when an adult family member had an eating disorder the whole family also had a great need for care and support.

When the regional service started, patients and their families were usually very frustrated and angry over a lack of professional competence, information and follow-up from their local health services. In many parts of our region, it had proved difficult to build a high level of competence in the treatment of eating disorders both at hospital mental health clinics and local health services. This was largely because there were just too few patients with these conditions to provide professionals with a depth and range of clinical experience. It was difficult for administrators to prioritise building professional competence in an area where there were relatively few patients and where demands from other areas were more pressing. Young adult patients and their parents wanted reliable information about the eating disorder, a treatment programme that they could trust, and

help in tackling the intense day-to-day problems of getting along with each other. We decided to include multifamily therapy groups in our work to meet these needs. (Valvik et al. 2010).

We noticed that our patients often had not yet left their childhood homes, even when they were well into their 20s. They seemed to be dependent on forms of caring that would otherwise be considered inappropriate in a person of their age. In many ways their parents were treating them as if they were still children. Even when they did leave home, they still seemed to be strongly reliant on their parents and they often related to them and other family members in a childlike fashion. Fears and anxieties appeared to be keeping families locked into patterns of giving and taking care which made it difficult to make a break and create an adult life. Relationships with close friends and partners were also strongly marked by dependency and control.

To summarise: as we see it, eating disorders are detrimental to age-related progression regarding organisation, emotional climate and role development in family life. Adults with eating disorders remain longer in dependent relationships with their parents compared to others of the same age. Because they are concerned about their son's or daughter's health, parents can have difficulty in encouraging them to move on to an independent life, and these children have difficulty in making the decisions that will allow them to move out.

Many of the parents find it difficult when their son or daughter reaches 18 years old and they no longer have the same legal authority and right to participate in, and be informed about, their health care. They often feel marginalised and helpless in their wish to help a son or daughter, who may hold them at a distance in matters related to their eating disorder whilst continually turning to them for help in other

areas. For this reason, therapeutic methods for families with children, such as multifamily therapy, have to be adapted to suit adult patients.

It was a fortunate that in 2004, while we were in the process of establishing the regional centre, a training course in multifamily therapy was arranged in Scandinavia, led by Professor Ivan Eisler and Senior Systemic Therapist Pennie Fairbairn of the Maudsley Hospital Institute of Psychiatry in London. Both had long experience with multifamily therapy groups for children and adolescents. In this training course a lively exchange of ideas, creative exercises and good group processes developed. It became apparent that a modified version of these multifamily groups could also benefit the families of our patients, adults over 18 years of age. When we started our first multifamily group in 2006 it was natural for us to turn to Pennie Fairbairn for supervision, with initial assistance from Gladys Ellis. Pennie was a major source of inspiration for our, supervising us through our developmental stages and supporting the writing of this practical guide.

Some of the framework and several of the exercises presented here are much like those used in the multifamily therapy manual for child and adolescents written by Michael Scholz and colleagues (Scholz et al 2002, 2003). It has, however, been necessary for us to make some fundamental modifications to the way the groups are run, based on our clinical judgement as to the need of these families, the experience we have gained in running these groups and from the exchange of ideas in the supervision we received from Pennie Fairbairn.

In multifamily therapy groups with children and adolescents, parents are helped to win back their authority so that they can ensure that their children eat. With adults this strong emphasis on parental authority is inappropriate in terms of age, development and legal

responsibility. Responsibility for the process of change needs to reside with the person with the eating disorder, and parents and other family members need to understand this is where the process of change belongs. At the same time, the young person's family needs to find ways of supporting them in taking responsibility for the process of change. It is only when the eating disorder is imminently life-threatening that it is appropriate that next of kin take on a responsibility for their receiving treatment. In the multifamily therapy group, we inform parents and next of kin about the lower weight limits at which compulsory hospitalisation becomes an option, because the health risk is so great that they need to act regardless of the person's unwillingness. At other times, however, it is counter-productive to undermine an adult's basic responsibility for their process of change.

Wendy Whitaker, Janet Treasure, Gill Todd and other staff in the Eating Disorders Unit at the Bethlem Royal Hospital in South London have worked with the families of adults with eating disorders for several years. They have run three-day workshops and evening groups. They emphasise recent research on the effects that undernourishment has on cognitive ability and social functioning. (Whitaker, Treasure & Todd, 2009). We have borrowed their model of communication styles in stressed situations, presented in the book "Skills-based learning for caring for a loved one with an eating disorder" (Treasure, Smith & Crane 2017) as a basis for exercises and discussions with families. The staff at Bethlem Royal Hospital have also been an invaluable resource in the development of our work.

The approach to multifamily therapy presented in this book focuses on eating disorders in adults by progressing through a series of different themes. While we emphasise psychoeducation, exercises

and role play as a basis for group discussion directly related to living with eating disorders, much of the programme is about dealing with relational issues and improving mentalization.

In the model presented here, a closed group comprising six or seven families meet for six gatherings spread over almost one year. The first lasts for three days and the following five for two days. Arranging the groups as two and three-day gatherings is well suited to the challenging geographic and demographic conditions of Northern Norway, where a relatively small population is thinly spread over a large area. Feedback about the groups from the participants has been very positive and our clinical experience has also clearly suggested that this is an effective way to reach whole families, no matter where and how they live. We believe that this model can also be useful in areas with high density patient populations where it is possible to make other practical arrangements. In our groups, each day is divided into sessions with a clearly defined theme. Many of these sessions can be used to form the basis of evening groups in situations where it is not practical to run whole-day groups. We have found that the structure with 2 and 3-day gatherings provides a good framework for a fruitful group process and we would recommend using it whenever practically possible.

The aims of multifamily therapy groups for adults

The primary aim of these multifamily therapy groups with adults is to enhance the quality of support that parents and other family members provide to a young adult with an eating disorder, avoiding the temptation try to take over their responsibility for decision-making and choice of lifestyle. Participating in multifamily therapy groups can also help family members to repair misunderstandings, improve the quality of their communication, increase their ability to mentalize in

stressful situations and empower their coping skills. We trust in the idiom that the resources are in the group and the solutions are in the relationships. The programme aims to reduce the impact of those relational factors that serve to maintain the eating disorder and that cause difficulties and suffering to other family members, and to develop those positive relational factors that will support the young adult in their struggle with the eating disorder, to improve communication and the relationships within the family and to contribute to a support network comprising the various families in the group.

The practical guide does not deal with the theoretical perspectives behind multifamily therapy in any detail. This is not because we do not consider these to be important, but rather because Asen and Scholz have written in depth about multifamily therapy, covering the ideology behind this work - interventions, group processes, therapeutic attitude and style. Starting a multifamily therapy group is not to be taken lightly and requires preparation on many levels. We would strongly recommend reading “Multifamily therapy, Concepts and Techniques” (Eia Asen and Michael Scholz, 2010). Asen and Scholz give an overview of the multifamily therapy field in general, not just in working with eating disorders, and they present interventions and exercises which can be used as supplements or alternatives to the ones we describe here. Their emphasis is on child-focused work, not adults, and for this reason there are some important differences in approach between the groups they describe and these groups. We would also strongly recommend reading two books by Janet Treasure and co-workers, “Skills-based caring for a loved one with an eating disorder” (Treasure, Smith & Crane 2017) and “The Clinician's Guide to Collaborative Caring in Eating Disorders” (Treasure J, Schmidt U, Macdonald P eds. 2009).

Two metaphors: an uninvited guest and the Food Fighters

A useful metaphor for the way an eating disorder influences the life of a family is that of an uninvited guest that enters their home without anyone wanting it to be there. Though the guest may seem harmless and be unobtrusive at first, it starts to make more and more demands and becomes the centre of every aspect of family life. It has no concern for anybody's wellbeing and can create conflicts out of any situation by twisting meanings and good intentions and it stifles open and honest communication. The metaphor of an uninvited guest is very old and examples can be found in literature, art and film.

This metaphor can be presented to the group held for the first time at the information meeting and it is useful to come back to it several times during the group. It is particularly useful for the fourth gathering when there is a focus on the situation for brothers and sisters.

In this handbook the young adults who are receiving treatment for their eating disorder are referred to by the name one group gave to themselves: The Food Fighters. It reflects the fierceness of the struggle they face in becoming free from their illness and the sense of humour they require as a resource.

2

Two - Getting started

Organising a multifamily therapy group

It is advantageous to have a multidisciplinary team to lead the group. The RESSP team has included psychologists, family therapists, psychiatrists, psychiatric nurses, social workers and a fitness consultant. A variety of postgraduate professional training in the team is very helpful; in family therapy, psychodrama, group therapy, art therapy, cognitive therapy, mentalizing-based therapy and the like.

The RESSP team has usually consisted of one team member per family. While much time is spent in the plenary group, it is also necessary to split into smaller peer groups or work with individual families, and in the early gatherings, team members are active in facilitating this work.

Two members of the team share an overall responsibility for running the group, and lead all the gatherings, but they delegate the running of exercises, presentations, facilitation of peer groups and family exercises to other team members according to their background and experience. The two team leaders should have a good basic understanding of group processes and systemic family therapy as well as the treatment of eating disorders. Two of the other team members should have some previous experience of the group work and can share much of the responsibility. Where possible, include one or two novices in the team to spread the experience of running multifamily groups and to take care of continuity over time. It may seem extravagant to have such a large team, but the experience of participating in these groups provides much insight into family life with an eating disorder and represents a unique learning experience for team members. It is well worth the investment.

As far as possible, include all team members in the preparatory work and arrange for regular supervision of the team with a focus on the group process. The team meets several times during the gatherings to evaluate the group process, review priorities and delegate tasks and responsibilities.

The rapport of the team has a major influence on issues of trust and openness and the group process. A relaxed atmosphere and a sense of humour ease the tensions of the group and helps keep them within the realm of safety. When team members join in exercises and discussions in a personal, though not intimate, way they become visible as people who are also trying to make the best of their lives, rather than aloof experts living a seemingly uncomplicated, almost perfect, existence. As long as the team keep their focus on the needs of the group a degree of openness is a benefit to the group process.

Practical matters

Planning

Multifamily groups require a lot of advanced planning. It is a good idea to write up a to-do list with tasks, start dates and deadlines and delegated responsibilities. The appendix has examples of planning checklists.

Location

There needs to be one room large enough for the entire group to sit in a circle without being cramped – the plenary group can number over 30 people. There should be tables available, at least one for each family. Additional group rooms will allow families and small groups to talk in confidence. We recommend calm, quiet surroundings where group members can easily get fresh air and stretch their legs during breaks. It is good to have refreshments and fruit readily available in the room during the day. Bear in mind that there may be group members who struggle with reading and writing, eyesight, hearing, concentration, mobility and so on. It is well to ask families when you first meet them if there is anything that should be taken into consideration so that it is possible to make any necessary arrangements in advance. For some people these are sensitive issues and they need to be dealt with, with tact and discretion

Equipment

Some equipment and materials are also required for some presentations and exercises. Here is a list of equipment used by the RESSP team:

A laptop with projector or large screen.

A large whiteboard and two flip charts

A variety of writing and drawing materials

Large and small sheets of white and coloured paper

Scissors, glue sticks, erasers, various magazines suitable for collages.

A set of figures that can serve to represent family members for each family. (Figures like Playmobil and Lego are best but objects like chess pieces can also function).

A ring-perm folder for each group members, containing a lined workbook and plastic pockets. They bring these to all the gatherings to keep hand-outs and information materials in, write notes, homework tasks and so on.

Travelling, accommodation and expenses

The format of two- and three-day gatherings is well suited for families who have to travel long distances. If several families require accommodation, sharing the same guesthouse or hotel will allow them to benefit from each other's company after the group sessions. Some of our families in the RESSP groups have to travel for several hours and it is best that they arrive on the evening prior to the group so they are suitably rested for starting in the morning.

Lunch

Lunch is the only communal meal included in this group programme. We inform the families that lunch is eaten together and that one condition for participation is that everyone eats something for lunch. If possible, a dining room with long tables where the families can sit together is best. The team can spread themselves and eat together with the families. Agree a menu with the catering staff in advance, for example a buffet with hot and cold dishes of 'normal' food suitable to the participants' dietary requirements (accounting for allergies,

religion and ethics, but not preferences or eating fads). Avoid low-calorie, slimming products and particularly challenging dishes. If possible, arrange long tables so that several families can sit together without being cramped while eating as this is good training for other social eating situation). Try to keep conversations at mealtimes about everyday subjects and avoid talking about eating difficulties and related themes. If catering is not available, then group members will have to bring their own lunches and eat them together.

The participants

The Food Fighters

The young adults who are receiving treatment for their eating disorder, the Food Fighters, who participate in these groups, are aged between 18 and about 30 years old. They may live together with their family or have close contact with them. Their families can comprise parents (including divorced, step- and foster parents), siblings, grandparents, partners and loving friends who are willing and able to participate in the programme.

Asen and Scholtz (2010 p.128) write that working with the symptoms of bulimia and anorexia is very different and so they have run separate groups with groups for children and adolescents. In these groups there is not the same focus on working with symptoms and here in the very north of Europe the limited size of the patient population led to the inclusion of patients with both anorexia and severe bulimia. Our experience with mixed diagnosis groups with adults has been very good, as the groups are orientated more towards improving relationships and the families recognise very similar problems and dilemmas, independent of the symptoms. Many patients have had a mixture of bulimic and anorexic symptoms and differences between them have often been beneficial to the group process. With both patient groups, family members also get a broader insight into the

different ways eating disorder symptoms involve and dominate family interactions.

Recruitment to the group

Decisions regarding recruitment and selection are based on both demographic and diagnostic considerations. Recruitment starts by providing potential participants and referrers with a leaflet setting out the aims, principles and framework of the group, information about who can be referred and how, and the way in which we will cooperate and share responsibility with other professionals. The leaflet can also contain brief information about financial considerations – if they can apply to get some of their expenses covered, the basic regulations regarding taking leave from school and work – and it should set out the dates for all the gatherings. It makes a big difference to the families that administrative details are well and timely planned and practical matters go smoothly.

We ask referrers to ensure that a comprehensive assessment of their patient's condition and their background has been carried out recently, so that decisions regarding recruitment are well founded. The team go through the applications together, and share the task of meeting suitable participants, together with their local therapists, before the start of the group.

In our experience, there are certain factors that can hinder families from gaining much benefit from participating in this programme. When there are serious difficulties like violence and abuse that are being kept secret the family will have problems with communicating openly in the group. Parents who have a very poor ability to mentalize other people will have difficulty in being accepted by other group members. Families with a strong tendency to deal with emotionally challenging issues by withdrawing can have great benefit from the

programme, but they may easily pull out if they experience the group dynamic as too intense for them.

Meeting families

Where possible, meet the family together with the referrer at their local clinic or office. Inform them about the group, discuss how it will meet the needs of their family, ask who will participate and clarify any practical issues. Say that participation in this kind of group does require a strong commitment and that the dates for all the gatherings are set in advance so that families can make their plans around them. If the family are clearly interested but still uncertain, invite them to attend the information meeting and let them make their final decision there. The referrer is invited to attend the information meeting, and to participate in the fifth gathering of the group.

Contact between gatherings

Each family has a team member that they can contact between the gatherings. Their team contact will also keep in touch with the local therapist, and is responsible for formal matters, such as writing case notes. The families have a standing offer of an individual family session between gatherings, preferably together with their local therapist, if there are issues arising from the group that they feel they need to be dealt with in greater depth.

3

Three- Running the groups

This section of the book deals with various aspects of the running of the group.

Team meetings is about structuring the team meetings connected to the gatherings.

The process of the group deals with a number of basic principles of the group work.

Modes of the group deals with the various forms of working that these groups consist of.

The six gatherings are outlined, with a suggestion of how the groups can be run on an evening basis.

The Procedures are description of the methods used throughout the group to create a well-functioning group process, *exercises and presentations* referred to in the programme are described in more detail.

Team meetings

Before and after

Meet one or two weeks before the gathering, go through the programme together and delegate tasks and responsibilities. Meet during the week following the gathering to summarise how team members experienced the gathering and their own contributions to it. Deal constructively with any disagreements and misunderstandings that may have occurred. Encourage each other. Discuss if there is anything that needs to be changed or taken into consideration during the next gathering.

Morning meetings

On the first day of the gathering meet for an hour before the group members arrive and begin by checking out that the practical arrangements are in order and that equipment is present and functioning as it should. On following days 30 minutes may be enough. Sit together and go through the programme and how the tasks are delegated and shared by the team. Discuss any practical issues and if there is any information suggesting that a group member or family is particularly vulnerable at this time and what support they may need. Team members should know which peer group they will be with, and which family they will join for family exercises.

Talk about any practical issues and ask all the team to say something about how they are and whether there is anything that is concerning them now. Talk about what kind of support the team need to give each other. It is often helpful to appoint a second person to support the team member leading an exercise or presentation, so that have someone they can play off, although all team members should be prepared to participate when called upon. Do something that will give energy and encouragement to each other.

Lunch meetings

The team eats lunch together with the families and then meets for 15 minutes. Hold a brief evaluation of the morning session and how the group appears to have responded. Consider whether there any team issues that should be dealt with but leave that until later unless they will adversely affect the afternoon session. Move focus on to the next session and whether anything in the programme needs to be modified to meet the current needs of the group. Review the delegation of tasks and responsibilities.

End of the day meetings

The team meet for about half an hour to summarise what has happened in the group, to share their impressions of the day, whether there are any concerns for group members and discuss whether there are any considerations that need to be taken with regard to next day's programme. Take a pulse of the team and deal briefly with any frustrations and issues about cooperation.

The modes of the group

Multifamily groups are a composition of various modes of group work. At the centre is the plenary group, where the gatherings begin and end, and where most of the psychoeducation takes place. There are also various smaller groups, family work working in pairs and some individual exercises.

The plenary group

The plenary group is the basis of the gatherings. It is a forum where information, knowledge, understandings and opinions are shared by everyone. This is very valuable, but it is also a demanding forum to lead as there can be many processes occurring simultaneously and some of these are quite intense.

The group gatherings begin and end together. Chairs are set out in a circle and remove any excess chairs. The circle opens at one end to make a horseshoe when there are presentations. Families usually choose to sit together, and the team chooses whether to do the same or spread themselves. Sitting in a large open circle can be uncomfortable at first but the group soon get used to it. Speaking to the whole group can be stressful and awkward and it is often best to warm up the group first. This can be done in many ways, such as dividing into pairs or small groups to talk together before asking for input. Exercises, games, creative tasks, music, stories, reflections and meditations can all be very helpful in warming the group up.

Sitting in a circle easily drains energy from the group and group members can become tired, distracted and fall under the window of tolerance. Managing the energy of the group is a central task for group leaders. If it falls or is becoming over-heated, taking a break, leading a playful exercise or introducing short pair or small group discussions can re-vitalize or calm the group and keep it within the window of tolerance.

Another important task is to create a safe and open atmosphere in the group. Talking in this kind of group is an unusual activity for most group members, and there is a certain amount of etiquette and skill involved which they may not have developed. We have a small number of basic principles that we have found very helpful. Right at the start we give them to the group in a written hand-out, we talk about them, ask if they have misgivings about them and ask them to agree to follow them. If someone in the group does not agree to maintain confidentiality, then this needs to be dealt with before the group can proceed.

Peer groups

Peer group discussions are usually cited as the best part of this programme in the feedback from group members. Group members talk about a sense of relief that comes from hearing about some else's situation that is like their own, but still different. They say that this helps them feel less alone with their frustration, powerlessness, guilt and shame.

There are usually four peer groups - mothers, fathers, Food Fighters and siblings but there may also be groups for partners, loving friends and relatives depending on the composition of the group. They may attend certain gatherings or the entire programme.

Peer group discussions should last at least half an hour and they can last for most of a session. A short warm-up exercise can be useful with

the peer groups to increase active and spontaneous participation and to focus on the issue for discussion. It is also possible to join two peer groups for a discussion, such as joining the mothers and fathers and joining the Food Fighters and siblings.

Peer groups usually meet in separate rooms so that they can talk confidentially, undisturbed. A team member joins each group in the earlier gatherings, but in later gathering they may meet on their own. The team member's role is to facilitate the discussions and help keep them focused. Much of the life of these families has centred around the Food Fighter's difficulties and parents will often want to talk only about their daughter or son, rather than them self. Team members need to help them to focus on themselves and re-establish their personal boundaries concerning their offspring. Team members should avoid taking a dominant part in discussions and becoming the group's resident expert. Questions put to the team member can be fed back as a subject for the group discussion rather than being answered. Encourage group members to get involved in each other's situations, comparing and contrasting thoughts and experiences, asking each other questions and commenting on each other's situation. Try to ensure that everyone has time and opportunity to express themselves adequately.

The peer groups usually discuss the same topic, but sometimes they vary, especially for the Food Fighter group. The Food Fighter and sibling groups are sometimes given creative tasks such as making a collage, picture or model to express some aspect of their situation. Some like to draw pictures but others are shy and worried that the result will not be good enough and a collage is a good alternative. Have a supply of various old magazines, scissors, paper glue and drawing materials available, as well as plasticine or other modelling clay.

Peer groups are usually followed up with feedback to the plenary group. Spend a little while talking about what the group wants to feedback, how they want to do it and if there is anything they do not want to be shared. The team member should usually avoid being appointed as the spokesperson for the group.

Meeting in the peer groups can help to modify the level of emotion and conflict in the group to keep within a window of tolerance where everyone is still mentalizing well. Peer groups can be asked to meet at any time to talk about something brought up in the plenary group, to reflect over the day or to warm-up to group discussions. If there is much tension in the plenary group, it is often helpful to go into the peer groups to talk about the issues involved and then return to the plenum.

When possible, find time for the peer groups meet at least once each day.

Other small groups

‘New families’

Joining members of different families together to make ‘new families’ can lead to discussions with high levels of mentalizing. New families are temporary small groups that are re-made each time they are used. New families can be asked to discuss most issues but are particularly useful for bringing out the points of view regarding the eating disorder (unlike the peer groups). Smaller groups have more energy and there is plenty of room for group members to participate actively. New families do not usually need meet in group rooms but can form small circles in the main room. They can be asked to talk about a homework task, to summarize a day or a gathering, discuss a presentation, an exercise, an issue or a theme. When appropriate, go around the

'families' and ask them to tell the rest of the group about their discussion.

To form a new family, ask the group to stand up and mingle, then ask the Food Fighters to find either a new mother or a new father. Ask the pairs to find a parent to compliment the first. Ask the remaining group members to join a new family that does not include someone from their own family. Alternatively, ask brothers and sisters to find a new sibling and then ask them to find new parents or ask the mothers or fathers to choose a new daughter or son them another parent and sibling. Ask group members not yet chosen to join a group without someone from their family. Where appropriate, a team member can join each group.

Random groups

If you want to divide into five groups, ask the group members in the plenary to count off from one to five, and then asks the 'ones' the 'twos' the 'threes' etc. to sit together and discuss the relevant issue.

Pairs

Many pair exercises involve group members in a variety of short meetings with different partners, so that by the end of the group everyone should have spoken to each other. Speaking one-to-one increases familiarity and the feeling of safety in the group. Assumptions and prejudices are put to the test. Even when people strongly disagree with each other, they learn more about each other's perspectives and this will usually increase the level of mentalizing.

Pair exercises are a useful tool for dealing with tension in the group. They are often used in the programme for warming up to sharing in the plenary group, which many people find intimidating, at least to begin with. They help group members to collect and formulate their thoughts, hear the sound of their own voice, and reflect over what

they have said to their partner before repeating it to the group, promoting new ideas and perspectives.

Pair exercises can also be used for rounding-off sessions. They give group members the opportunity to formulate their thoughts and feelings with another person, and to receive feedback from them before taking a break or taking leave of the group.

The pair exercises vary in length, degree of structure, and in the way in which partners are found.

Families

Some of the themes and exercises are directed at the individual families, usually together with a team member. These relate to areas of family life that are difficult or inappropriate to share with the rest of the group, and where there may be issues of contention between family members. If possible, provide separate group rooms for each family to work in.

These include drawing a [tree of aims](#), drawing a [genogram](#), [sculpting with figures](#), talking about [belonging](#), and about [feelings of guilt](#). A team member joins each family and assists them in carrying out their task. Feelings can at time run high and issues may turn up that are beyond the limited scope of a multi-family group to deal with. The team member will need to follow this up and enquire if the family can continue in resolving the issue when they return home, whether they have adequate support from their local professional network or whether they require an additional family session with team members after the gathering has ended.

Meeting families between gatherings

At every gathering, remind families that they can arrange to meet with a team member between gatherings if they need to continue working on an issue brought up in the group.

If a family requests a meeting between gatherings, we would advise the following:

Contact the Food Fighter's local therapist and inform them of the meeting.

Agree with the family that the session will be keep to the issues that have come up for them in the group and that there will be no discussion regarding new problems.

Avoid discussing the quality of the local service.

If further individual family work seems necessary or if the family have other issues they are struggling with, assist them in finding other help and support rather than getting involved yourselves.

You can also offer all the families one family session between gatherings to pick up on unfinished issues from the group.

Open sessions

An open session is a space in the programme on the second day of some of the gatherings. The team should talk together and decide how to use this session on the morning in consideration of the themes and issues that have come up from homework tasks and in the feedbacks from the group. They can also ask the group how they want to use this time. Here are some suggestions that will be elaborated on later in the book.

[Role play a situation](#), [Goldfish bowl discussion](#), [Brainstorm a problem](#), [An action sociogram](#), Creative exercise, [Spectogram](#), [Peer groups](#), Family discussions, Group discussion

The process of the group: some basic principles

Alliance

One challenge for multifamily therapy groups with adults is the need for a good alliance with the Food Fighters for their ongoing

participation in the group. With children and adolescents, parents can to a large extent decide that the family will participate in the groups. After they have reached 18 years the Food Fighter has to be willing for their family to participate. These young adults want their parents and families to receive help and often encourage them to participate in the group, but they may still carry a lot of ambivalence and can easily feel provoked and unsafe. They may at times feel close to withdrawing, and it is very essential to create a safe atmosphere right from the start. This is helped by beginning with an emphasis on small groups and pair work, rather than a lot of working in the plenary group. Relationships between the group members build up better in small groups than in the plenary group.

Progression

When it comes to running the groups, the gatherings are based on different themes and the emphasis is on working with relationships to enable family members to support their son or daughter as well as possible. In the beginning, the group work is largely centred on building familiarity, trust and safety in the group and developing joint understandings of eating disorders and motivation for change. The focus moves over to communication and family relationships, personal responsibility, the challenges of living independently, looking to the future, and finally to evaluation and closure. The progression of themes takes place within a framework that covers every day of all the gatherings. This may give the impression that it is important to follow the programme closely, but this is not the case. The needs of the group should always come first, and, at any moment, it may be necessary to leave the course of the programme and deal with a pressing issue that has arisen spontaneously within the group, returning to the programme when it has been adequately dealt with.

The team may need to bring forward some themes and postpone others to accord with events in the lives of the families.

Plan and process

In working with multifamily groups, there is a clear plan or programme with themes, a framework and structure as well as an opinion about what the group needs at any time.

The groups tend to take on their own life with developments that cannot be foreseen or predicted. The energy level of the group is in a constant flux, changing with events within and outside the group. This means that the leader and the team must be flexible, be aware of both plan and process; what is happening in the group here-and-now as well as on the contents of the program.

When there are things happening? Why is it happening? How should I understand what is going on? What are we doing? Why are we doing this?

The present structure of the programme has been tried and tested and seems to work, as the themes follow each other in a logical way, expanding on issues, changing in form

If the energy level in the room is low, it is a good idea to put in a short exercise to liven up the group and the team. Activate the group; get them moving, talking to each other or take a short break, let in some fresh air. Alternatively, stay with the theme and introduce a role-play or ask the group or a member of the team if they have any ideas.

If the energy becomes too intense, the group may need to calm down. Take a break, use a meditative exercise, change the form of a discussion, round off and change the theme, come back to the theme later after the group has cooled off. If one person or a particular family seem to be struggling it may be appropriate to ask how the group can support them, or to take them to one side and talk to them about what support they need to go on.

Group members sometimes leave the room. If a family member does not see to them, give them a little time to gather themselves and then one of the team can go out and see how they are getting on and what support they need.

If something unclear seems to be happening in the group, if there is undue tension or disinterest, ask the group about it. For example: “I have a feeling that something is happening in the group, but I don’t quite understand what it is. Does anyone else have that feeling? Can you say something about it?” “I have a feeling that we are going in a wrong direction here. Does it seem that way to anyone else?” “I feel like the group might need a short break. Is that just me?”

If an issue comes up that is planned for later in the programme, consider bringing it forward. If a family takes up a difficult situation, use a relevant exercise such as Brainstorming a problem, role-play what has happened and what they would like to have happened. Carry on, but do not carry on regardless!

Creating a sense of safety in the group

Focus on establishing an adequate sense of safety right from the start of the group as this will encourage an environment for openness and the opportunity for all group members to work on their difficult dilemmas and feelings. It is important to build bonds between the families and an interest in one another’s lives. The leaders are visible and active during the early gatherings and help group members to get involved with each other, but after a while they can ‘step back’ and give more responsibility to the group. A sense of safety is built up in the group through a series of simple structured exercises that get everyone talking to one another and sharing perspectives and experiences. Also, to create a safe and open environment it is necessary to agree on a pact of mutual confidentiality within the group right from the start. Following the principle that ‘what happens

in the group stays within the group', group members can talk to other people about themselves and their own experiences but must not communicate outside the group about anybody else. This includes social media, blogging and taking photographs of the group. The team should let the group know that they will be discussing their work with their supervisor. These basic principles for group discussion help the group to run smoothly and fairly – that you decide what you do and do not share about yourself with the group, that if you want to share something concerning another group member you must ask for their permission first. Speak one at a time without interrupting and to, rather than about, one another, avoiding both characterising and evaluating each other. Avoid too making overly long speeches – share the available talking time. These rules of thumb can be given out as a hand-out at the start of the group.

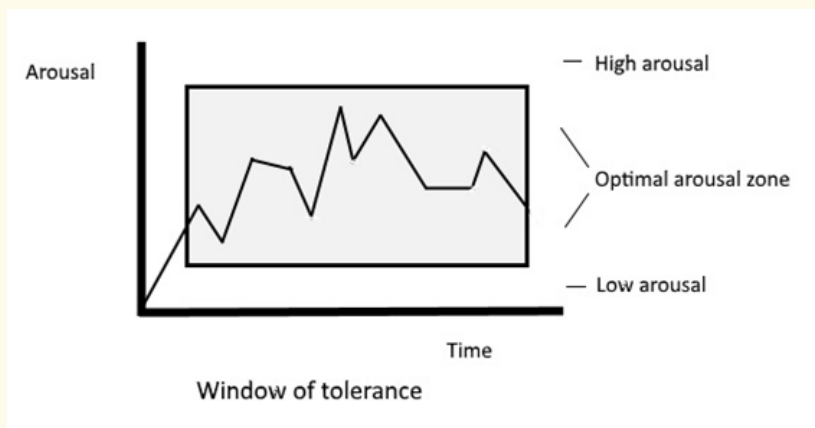
They may take time to get used to, and any group members can point out if they notice that they are not being followed. If the rules of thumb are followed so strictly that they hinder spontaneous discussion, then this needs to be talked about in the group.

Tolerable crisis

One useful way of working in the group can be seen as creating a 'tolerable crisis' in a family. Almost no change happens without some discomfort and difficulty, and if a family wants to challenge unhelpful patterns, they must dare to leave familiar, habitual ways of relating behind them and move into more uncertain territory. This may well cause a certain level of emotional discomfort and crises that have to be worked through. Managing to work through difficult situations in the multifamily therapy group will give hope that they can work through such crises at home.

Window of tolerance

When running the group, it is useful to keep in mind the concept of a 'window of tolerance', an optimal arousal zone for emotional discomfort (see the illustration below). This concept comes from individual therapy with traumatised patients but is also useful with families and groups. The window of tolerance can be thought of as a zone for effective therapeutic work, where there is emotional tension but within certain limits, so that the group remains manageable and constructive. If the tension is too high and the group is too emotionally charged, then the content will be experienced as chaotic and will be poorly integrated. Some families may drop out and the group may break up. If, on the other hand, there is too little tension in the group, then the content may be intellectualised and there will be little change in established patterns of behaving and relating. Changing between the plenary group, peer groups and pair exercises is a good way of managing emotional tension.



This modulation model is taken from sensory-motor psychotherapy; see Ogden, P. and Kekuni, M. (2000)

At the end of each day the team should consider the group's needs. Sometimes it is appropriate to choose exercises that round off the group process that dampen unease, chaos and emotional discomfort. A range of these are described in Part Three. At other times, often

after the first day of a two-day gathering, it may be helpful for the group members to go from the group with a certain amount of uncertainty and tension that they can sleep on and bring this back into the group the next morning. We have often been surprised at the way a group can end a day with apparent negative energy only to meet the next day positive, reflective and ready to work.

Changing perspectives and mentalizing

A basic aspect of all systemic work with families is to help them to see things from each other's perspective. The concept of mentalization is useful here. Mentalization can be defined as keeping one's own state, desires and goals in mind at the same time as one addresses one's own experience; and keeping another's state, desires and goals in mind as one interprets his or her behaviour. Whilst the capacity to mentalize is connected to a person's developmental and attachment history it also involves ways of relating that we can learn and train, be more proficient in and use in a wider range of situations. That can be fostered in the multifamily groups.

The more stressed a family becomes, the less family members are capable of mentalizing in relation to the eating disorder. There is an implosion of perspective and an explosion of emotion. And of course, this is replicated in the group.

The multifamily therapy group aims to help family members to increase their awareness of what a collapse in mentalizing does to their communication, and to increase their ability to mentalize well during emotionally intense situations. Group members often gain insight in this through seeing other families working in the group. When they can position themselves on the outside and observe how other people's mentalizing collapses they understand also why and how this happens to them. The 'looking on' perspective does not involve such strong elements of guilt, shame and anxiety as when they

work directly themselves; they do not have the same need to defend themselves and can take a more detached view of what happens in similar situations in their own family.

This group work is towards increased tolerance of emotional tension and difficult feelings and this can be increased through an interchange of serious, emotional issues and humour and laughter. Sometimes the group needs to do something that is not serious and difficult but is funny and amusing. If the group is becoming a bit worn out and tired, a playful exercise can provide some necessary energy. Humour helps the group to step back from what is happening and get another perspective on things.

Psychoeducation

The families often express a pressing need for more information about eating disorders. They want to know how professionals understand them, what causes them, what are myths and what are facts, and how to deal with difficult situations. Information serves to reduce levels of anxiety and thereby helps families to better manage living with the eating disorder. Many of the families we have met have complained that they have never been given adequate information about the condition and how they should relate to it. Providing information is seldom enough, however, and all psychoeducation should be followed up with plenary or small group discussions.

Breaks between gatherings

There may be a longer break between some gatherings in this programme. Beginning early in the calendar year can mean taking a summer vacation between middle and late gatherings and starting in the autumn can mean taking a break for the Christmas period or the New Year. Ramadan will also involve periods of fasting. The group can discuss how to meet the difficulties related to certain holiday periods

and how to try out the various issues taken up in the group. When the group has been apart for a while it is a good idea to focus on bringing everyone together again and back into working mode and then discuss what challenges they have met and how they have dealt with them.

Practical matters

All gatherings should begin with welcoming the group and introducing any new members to the group. Ask about anyone who is not present and pass on any messages to the group. Ask if anyone has to leave early or needs to take time out. Decide whether to remind the group about the principles for good communication and take a round of hearing people's names. Ask people to turn off/silence their mobile phones. Remind the group of the homework task and tell how you will be taking them up. Deal with any practical issues and enquire if any of the group members have anything that they want to announce or that needs to be taken in consideration. Inform the group about the main theme for the gathering.

The start of the group is presented in detail in the description of the first gathering in the Programme section.

Warming up the group

Speaking out in a group of thirty or more is an anxiety provoking experience for many people. General warm-up exercises ease group members into participating by allowing them to hear their own voice and, through sharing, play and movement, increase their energy, focus and spontaneous expression. Certain exercise can warm up the group to taking up a theme or issue. Some of these exercises enhance the ability to see oneself through the eyes of another person and the level of joint awareness in a group. This will give a good feeling of community and join the group members to each other. This allows for

a broad 'window of tolerance' and the possibility of therapeutic work on sensitive issues.

The exercises described in the previous section function as warming-up exercises, and the group can also become 'warmer' through some of those described later, such as:

- individual reflections
- pair exercises
- playful exercises
- spectograms
- reflections and meditations
- taking the pulse of the group

Guidelines for group discussions:

Confidentiality - what happens in the group has to stay within the group. Group members can talk to other people about themselves and their own experiences but do not communicate outside the group about anybody else. This includes all social media, blogging, no filming or photographs.

Self-determination – All group members decide what is shared and not shared about them with the plenary group. If you want to share something about another group member, ask him or her if it is OK first.

Consideration - Speak one at a time and avoid interrupting. Share 'talking time' and avoid making long speeches.

Respect - Avoid characterising and evaluating each other.

Speak to each other rather than about each other.

Use "I" sentences rather than "You" sentences.

Anyone in the group can object if they notice that the principles are not being followed.

Being in charge of the group may at times involve intervening, steering and correcting communication between group members and other members of the team. It can be challenging to do this, and it requires a sense of authority in the role of leader. The team, particularly the team leaders, have a responsibility to see that the process of the group is kept positive and does not become harmful to group members. The group members have agreed to the basic principles at the start and it is reasonable that they are expected to hold to their agreement.

Taking the pulse of the group

In the similar way that medical staff will take a person's pulse to assess their physical health, it is possible to take the pulse of the group by hearing from everyone about how they are feeling, what they are thinking about and what concerns them. This will help the team to understand the state of group, bring the group together and 'arrive' in the room from life outside and warm up everyone for the day's activities.

Taking the pulse of a group is a method taken from taken from Jacob Moreno's sociometry and psychodrama (Dayton T. 2000) and can be carried out in various ways. It can be very structured with each person being given a fixed amount of time or being allowed just one word or one sentence, or it can be open, where everyone can speak until they are finished. The form can be straightforward or creative such as, "Please tell how you are just now, in the manner of a weather forecast". The situation, size of the group and the time available are relevant factors in deciding which way to take a group pulse.

Taking the group pulse can be used to start or warm up the group, to round off a session, a day or a gathering or to check out the state of the group when there seems to be tension and uncertainty.

Before taking the pulse, it is often helpful to let the group focus on themselves, their physical and emotional state or on the issues that are related to the group. This can be done individually with a short meditative reflection or by talking together in pairs, threes or small groups.

Taking a group pulse can start with the leader choosing the first person or asking who will begin (asking who will begin is more effective than asking who wants to begin). Spending a long time waiting for someone to volunteer to start will often provoke anxiety, and though this can have therapeutic value in smaller psychotherapy groups, it is seldom helpful in multifamily groups. If the group is slow to start, one of the team can take the initiative to get the ball rolling. The leader of the pulse is the last to share with the group.

The pulse can move around the group in different ways. The easiest way is to go around the circle in an orderly fashion. After the first person has spoken, they can be allowed to decide whether the person to the left or their right will continue. Alternatively, the person to speak next can be left open which will let people choose to speak early or late. Here, the leader should ensure that no one is forgotten. While going around the group is less spontaneous, its simplicity usually functions well in these large groups.

If someone is not ready or is unwilling to say anything when going around the group, the leader can say, "OK, but we will come back to you at the end of the pulse to hear if there anything you want to say then."

When everyone has said something about the issues, thoughts and feelings that concern them they have been making the 'glue' that holds the group together. If an important issue turns up that needs dealing with urgently, this should be given priority over the planned programme, but the leader should finish taking the group pulse first.

A short group pulse is an effective way to get an overview of the atmosphere in the group and to find out what issues are in the air. Begin by asking the group to "Sit well in your seats and spend a few quiet moments considering how you are feeling right now and notice which words comes to mind". Ask them to put their thoughts into:

- just one word (what word comes to mind)
- one sentence
- a creative analogy such as a weather report, film, animal etc.

Short group pulses may not give a lot of information about the individuals, but they do give a good impression of the group, they are quick and let everyone use and hear their own voice. They can also contribute to the creative process in the group and give group members an alternative way of expressing themselves to each other. If words, sentences or analogies come up that are clearly negative, let the person and group know that they have been heard and come back and check out with them whether there is something that needs to be dealt with. Short pulses also are often useful for rounding off sessions.

Themes for a group pulse:

The following are examples of themes or questions that the group members can reflect over before taking the group pulse.

- How did you experience the last exercise/presentation?
- How are you feeling right now?
- Is there anything from yesterday that has stayed on your mind or concerned you?
- How do you feel about coming back to the group today?
- How has your family life been since the last gathering?
- Is there anything you would like discussed or clarified today?
- What has made an impression on you?

Spectograms

A spectogram is a simple way of measuring different aspects of the group and is also taken from Jacob Moreno's sociometry and psychodrama (Dayton T. 2000). Spectograms are used several times on the first day of this programme and can be used in all phases of group work, from warming-up to rounding off. They can be applied to almost any subject; they give both the group and the team much information about one another that can be taken further in discussion.

Clear the chairs along the centre of the room and ask everyone to imagine that there is a line running from one end to the other. Ask them to think of the line as a scale where one end is at one extreme (very negative, far north); the other end is the opposite extreme (very positive, far south) and the mid-point either middling, neutral or both positive and negative (mixed or ambivalent).

Tell the group the theme of the spectogram and what the two ends represent and then everyone to find their place on the line to show their position, attitude or feelings about a certain named issue.

When they have found their places, ask everyone to look around and see where the others are standing.

There are now several options open, including:

Interview group members about why they have chosen their place on the line.

Ask about whether and how their position might vary at different times and circumstances.

Ask them to comment on where others in their family are standing.

Ask group members to talk to each other in pairs or small groups (top end, middle and bottom).

Ask group members to find a new comparative position (how things were before, how you would like things to be, and so on) and talk about differences.

Return to the plenary group or peer groups for further discussion.

Suggested themes for spectograms:

What letter of the alphabet does your name begin with?

What is your age?

Where you live, where you come from, where would you like to be?

How *anxious* do you feel about... now? (*use with any feeling*)

How does this compare with *a year ago*? (*use any time interval*)

How much influence does the uninvited guest have in your family now?

How satisfied are you with... the way things have been since last gathering? (the help provided by the health and social services)?

How certain are you that...?

What is your opinion about...? (Strongly agree – strongly disagree)?

Spectograms can also be made with a second axis (right – left, east – west) if this seems appropriate.

Avoid having people standing still very long in the spectogram, as this can be tiring for the legs and back. If the discussion is going to keep the group in their position over time, say that they fetch a chair and sit if they want to.

Working with pairs

Finding partners

This may seem obvious but getting people to find a partner is much easier if you ask everyone to stand up and move around the room a little bit first. Many pair exercises begin with an instruction asking group members to find a partner not in their family and that they do not know so well. Sometime group members are paired according to their position in their respective families. The Food Fighters can, for example, be asked to find a 'new' father so that they can exchange points of view and experiences with a man who has a son or daughter with an eating disorder, but with whom there is no history of conflict nor established patterns of interacting. This will encourage mentalizing during their discussion.

A variety of ways of choosing partners.

“The person sitting next to you” - The simplest way, which will often lead to many group members talking to another family member.

“The person sitting opposite you” - This usually mixes the group well, but it can be difficult to find out who is opposite. A bit of chaos can lighten the atmosphere of the group.

Chance meetings - Ask the group to stand up and walk around, and then tell them to stop and talk to the person nearest them.

Blind meeting - Ask the group to close their eyes, move around and find a partner without looking. Some people will need help to find each other. There has to a certain degree of safety in the group for doing this without anyone 'cheating'.

Position in family- Ask some of the group members to find someone from another group (e.g. Mothers, find a “new” daughter and fathers find one of the brothers or sisters) and then pair anyone left over.

From a spectrogram - First organise a [spectrogram](#) on a relevant theme and then join pairs from the same or opposite ends of the line.

Starting by sharing in pairs

Sharing in pairs will warm up the group and make it easier to talk in the plenary group at the start of the gathering.

Ask the group to stand up, mingle and find a partner outside of their family. Talk about

- How things have been for them since the first group
- How they managed their homework task
- Whether there is anything in particular they would like to take up in the group.

Ask the pairs to feed back to the plenary group. A team member can write key words on the flip chart for the issues that come up.

Pair-conversations in threes

Sometimes it is a good idea to form groups of three, where one person talks to the second person who interviews while the third observes the conversation. After an allotted time, the conversation ends and the roles changed twice so that everyone has talked, interviewed and observed. The conversations end with feedback and the observer can provide a meta-perspective on the interaction that helps to promote good mentalizing.

Structure and timing

Be aware of whether there is an odd or even number of people who are going to participate in pair exercises. Whether or not team members participate will affect their position in the group, as part of 'us' or as one of 'them'. When there is an uneven number, either make one group of three or ask one of the team to join in or drop out. The team member leading the exercise will often have to keep an eye on the clock for changes of partners and tasks and stay aware of the atmosphere in the room and how engaged the group is. This can be difficult to combine with being in a conversation, so it may be best to stay on the outside.

Typical instructions:

Ask partners to sit facing each other and choose who is A and who B. Ask either A or B (vary this) to begin and talk to their partner about the subject. Say how long they have.

Ask their partner to help them keep focused on the task, perhaps by repeating a question (e.g. "What kind of things give you strength?" or "Can you tell me more?")

People usually dislike having to stop talking abruptly, so let the group know when they have a minute or so left to round off what they are saying. Four or five minutes each is usually enough, but some themes will need more time. If the time to swap is approaching but the group is still buzzing with conversation, it can be appropriate to allow more time. Tell the group how much more time they have. After the time is up, ask the pairs to exchange roles and give the partners equal amounts of time. Again, let them know when they have a minute left.

Pairs usually feed back to the plenary group. Ask them to tell briefly, what they have talked about and emphasise the main points. Let them know that they do not have to share all of their conversation if

they do not want to. Giving people the right to choose will usually lead to more openness in the group.

Typical questions for pairs:

How things have been for you since the last gathering?

How you have managed the homework task?

What thoughts do you have about yesterday's group?

What did you do yesterday evening?

How do you feel about coming back to the group this morning?

Share about what you have written or drawn. What has been most significant or memorable for you today?

What has made the biggest impression on you during this gathering?

What you would like the group to take up today?

Is there something that was unclear for you and you would like clarified?

Take turns to think about someone you know whom you respect or admire and talk about how you think they would look at this situation, how they might attempt to deal with it and what you could learn from them.

Gathering questions

Organise group members into small groups of three or four with others not in their family. Hand out writing materials and ask each group to spend a few minutes writing a list of questions. Ask the groups to choose a spokesperson to read out their questions.

Two of the team members write the questions up on flip charts and register when the same question comes up more than once

It is very helpful to know what the most salient issues are for the group before beginning to present information about eating disorders.

The team will know what needs to be dealt with and what should be emphasised. If a question comes up that is outside the scope of the team to answer it can be fed back to the group for discussion, looked

up on the internet or the team can invite another professional with the relevant expertise (dietitians, welfare benefit officers, neurologists etc.) to attend a later gathering to present information and answer questions.

Feedback from exercises

Exercises and group work will sometimes bring up information and issues that the group members want to keep to themselves. This is especially relevant to family discussions and peer groups. In respect of this, when returning to the circle and getting feedback, ask first what it was like for group members to do the exercise or talk about the issue (process rather than content), and then ask if they would like to share anything about what they did or talked about.

While working in groups or families, it is a good idea to end up by talking about what to feed back to the plenary group and how to do it. This will hinder group members letting the cat out of bag for someone else. If families have not discussed feeding back, then ask them first to sit together in the room and spend a couple of minutes agreeing on what to feed back, and then return to the circle. If the discussions have been very sensitive for the group, the team member who has been with them can give feedback to the plenary group in a general way that does not indicate who has said what.

Feedback to the plenary group can be done by going around the group in a systematic way or by letting people speak as and when they choose to. Make sure that everyone has the opportunity to share with the group. Some variation in how to feedback will prevent the group from getting too stuck in their ways.

Be clear whether the feedback is:

1) information for use in further discussions - in which case, spend time clarifying the issues but ask that further comments be saved until the discussion later on

2) an open discussion, which can be very fruitful, but time consuming. Long plenary discussions may be interesting and informative but they can draw a lot of energy out of the group.

Not all feedback has to come while sitting in a circle. If the group members are sitting in pairs, small groups or families, ask them to speak from where they are sitting.

Pairs can either be asked to give feedback about what they have said themselves or be asked to tell what the other has told them. They can also be asked to give feedback as a pair.

Writing up feedback

Writing up feedback can take unnecessary time. If possible, have 2 flipcharts available or divide a whiteboard into 2 sides. The team member leading the feedback should not do the writing but ask two other team members to write up alternate items. This will help keep a good tempo for the group.

Summarise, and write in cue words with large, clear letters. Avoid sentences. Check out whether what has been written is correct before moving on.

Encourage group members to mention all the points they have thought of, even when they have already been mentioned by someone else. When points are repeated, this can be registered with a mark next to the cue word and it will be clear which issues the group is most concerned about.

Issues raised in the group

If an issue outside of the programme that clearly needs to be dealt with is brought into the group, it is often a good idea to first have the group discuss it in pairs or small groups. The simplest way is to ask everyone to find a partner outside of their family and spend a few minutes talking and then return to the plenary group for feedback. Alternatively, after a few minutes of talking, ask pairs to find another pair to share their discussions with and then ask the groups to feedback to the others in the room.

Managing tensions and conflicts in the group

If there are conflicts and tensions within the group, always decide whether to work with these in the plenum or in smaller groups. It is useful to think about the “window of tolerance’ (see Part One) and consider how much conflict and tension can be worked with constructively in a large group. A group of 25-30 people is unsuitable for direct conflict work, and there may also be complex loyalty issues involved. Here are some alternatives:

Go into peer groups and discuss the area of conflict there. Ask the groups to come back to the plenary groups with opinions and suggestions for resolution.

Go into small groups of 3 or 4 in the main room and ask them to discuss the issue as above.

Ask group members to form a spectogram according to their perspective on the issue.

Ask group members to discuss the issue in pairs

Choose two group or therapist team members to sit facing each other and discuss the issue on behalf of the two in disagreement (in proxy).

Use a creative method – for example, ask group members to make a drawing of what they see is happening, providing a meta-perspective to the conflict. Drawings can be presented in large or small groups. Use the ‘goldfish bowl’ method of discussion.

When working with conflicts, always create a structure that allows people to talk one at a time and gives everyone the opportunity to present their perspective. Make it clear that it is all right for people to have different views and opinions and that it is important to listen and try to understand each other’s view of reality even if they do not agree with it. This will promote mentalizing.

Homework tasks

Giving the family a task to be carried out between gatherings is a good way of transferring the life of the group into everyday life at home. The tasks should be simple, concrete and related to themes from the present or the following gatherings.

Examples:

Write down a situation where the eating disorder influenced your family.

Read a chapter in a book and note what you agree and disagree with. Decide on one thing you can do differently that will improve the situation at home.

Find a short piece of music, writing, picture, video etc. that you can bring to the next gathering and share with the group. When you are feeling stress, try using a breathing exercise and see whether it makes a difference.

Alternatively, ask the group members to find a partner and talk together for a few minutes about what achievable goal related to the

influence of the eating disorder they can set for themselves before the next gathering. Ask them to write a sentence as a reminder, and then ask the group to share their personal goals.

Following up Homework tasks

Homework tasks should always be followed up at the next gathering. Mention them in the introduction and let the group know you will be coming back to them.

They can be dealt with many ways. Group members can be asked to share how they got on with the tasks in the plenary circle. The group can talk about what they have learnt. The tasks can be discussed in peer groups or other small groups

If the family are willing, a situation can be used in a role-play led by a team member where other group members are given roles to play out. A 'repaired' version of the situation can follow the original with the group suggesting different ways of dealing with difficulties.

A situation can be taken as the subject of a 'Brainstorm' or a 'Goldfish Bowl'.

Rounding-off

Summarising in pairs or threes

Ask everyone to find a partner or two and talk together about how they both have experienced this day/gathering. Ask pairs/threes to share their thoughts with the group.

Reflections

Ask the group to sit in the circle, close their eyes or rest their gaze on a point on the floor and think about how the day has been for them.

You can also give more specific guidelines, such as:

"Let your thoughts go back to just before you came here. What hopes and expectations did you have about this gathering? Have these days

been much as you thought they would be, or have they been quite different?"

"Think about the yesterday's group. Were there any thoughts that have stayed with you? Do you have any questions you would like to ask or anything you would like to share with the rest of the group?"

"Go through the day in your thoughts and choose one thing that created a particular impression on you. It may be something you appreciated, or something that has challenged you. Put your thought into a sentence that you can share with the group."

Ask the group to summarise their thoughts into one or two sentences that they can share with the others in the group. When everyone is ready, ask who will begin and then go around the group hearing everybody's sentences.

Three meaningful things

Provide everyone with pen and paper and ask them to spend a few minutes thinking of three things that have meant something to them during the day or this gathering and write each of these down in a sentence.

Ask everyone to find a partner not in their family and talk about what each of them has written and why it was important to them.

Go round the group and hear about everybody's three sentences.

When concluding a gathering it can be appropriate to end with a short ritual exercise such as:

Sending a friendly hand-squeeze

Ask one person to begin by squeezing the hand of the person on their right, not hard, but enough that they notice it. That person does the same so that a pulse is sent round the circle. Repeat this, starting with someone else sending the pulse in the other direction.

Saying Goodbye!

Ask everyone to stand in a circle, stretch out their arms with their left palm down and their right palm up. Ask them to take the hands of the people next to them, so the whole circle is joined together. Thank everyone for coming and wish them a good journey home. Ask everyone to raise up their arms together and shout Goodbye!

Leaving behind and taking with you

Ask everyone stand to in a circle and join hands. Ask everyone to think of something that they want to leave behind and imagine that they are getting rid of it by kicking it into the circle. Then ask them to think want they want to take home with them and take it by raising up their arms together.

4

Four - A programme for the groups

Navigating Part Four

*Click on titles of presentations and exercises to go to their descriptions. To return, press **Alt** ←*

The information meeting

This 3-hour meeting is best held during the week prior to the beginning of the group proper. The framework and organisation of this meeting is based on the model developed by Ivan Eisler and Pennie Fairbairn at the Michael Rutter Centre of the Maudsley Hospital.

All the team members attend. Invite all the family members who will be participating in the group, as well as the Food fighters' local therapists. When possible, recruit a representative from each of the peer groups of the previous multifamily group and ask them to prepare a short presentation of how they experienced their participation in the group program.

Welcome and presentations - The team leaders welcome everybody and team members present themselves. Ask the families, the local therapists and the representatives from the previous group to present themselves.

Talk about the importance of mutual confidentiality and deal with any practical issues.

Team members hold short presentations on the following themes:

[Our eating disorder service](#) – Present your service for the treatment of eating disorders.

What is multifamily therapy? - Present a brief background of multi-family groups, (see Asen & Schulz 2009, Chapter 1) the ideas behind multi-family groups for adults with eating disorders and what they aim to achieve. "You alone can do it, but you cannot do it alone" (Janet Treasure). How families can be of support without taking away responsibility. Outline the program. Talk about the need for research.

Why proper treatment is necessary - Why it is important to receive treatment for an eating disorder, with emphasis on the consequences of undernourishment and compensatory behaviours.

Experiences from the previous group - Invited representatives from the previous multi-family group give short talks about their experience of participating in the multi-family therapy program.

Peer group discussions - Divide into peer groups (the fathers, the mothers, Food fighters, siblings) together with a team member and an invited representative from the previous group. Talk about what it is like to participate in multi-family therapy and address any questions that are raised.

Practical issues and rights - A short presentation of the group member's rights regarding sickness benefits, leave from work, travel and accommodation expenses.

The First Gathering

For the group to be established as a place where its members can dare to speak openly and listen well to each other it is necessary to establish a sense of safety and trust. The program for this three-day gathering begins with a series of exercises and presentations aimed at grounding the group by establishing familiarity that are not problem related. Group members are gradually accustomed to hear themselves talking in the plenary group and then they meet in small groups to begin talk about how eating disorder are affecting them on a personal level.

How the families experience being met by the team is a primary consideration. A friendly welcoming tone is essential, expressing a basic attitude that we are all in this together. A little humour and self-irony in the team can helpful for setting people at their ease when this is combined with an atmosphere of professional engagement.

Family members often express confusion over diverse and contradictory information about eating disorders, some of which is moralistic, misleading and unhelpful. For this reason, it is important that the program quickly deals with providing basic information and raises key issues directly related to eating disorders and their effects on health, family life and the individual group members. Professional understandings are presented and discussed in the light of the experiences of all the group members. Group members should leave the first gathering with an understanding of the complexity of eating disorders and why it is so difficult to be free from them.



Day One

1.1.1 Early Session

The main aim of the first session is to deal with practical issues, introduce some basic principles of group participation and to begin to establish the group as a place where group members can feel safe and talk openly.

Set out chairs in a circle. When everyone has arrived, remove any extra chairs. Begin by welcoming everybody and then deal with practical information, confidentiality and other basic issues. Follow this with several exercises where the families introduce themselves by name, age and where they come from. The team should join in all the morning activities on the same level as the group members.

Welcoming, and dealing with practical issues

The two team leaders present themselves and welcome everybody. Ask the other team members to present themselves.

Inform about the framework of the 3-day programme and take up any practical issues.

Give out the folders and explain what they will be used for:

- Information about the group
- Keeping hand-outs from presentations
- Writing notes

Take up the issue of confidentiality and ask everyone to agree to keep what happens in the group within the group. Talk about the [guidelines for group discussions](#) and why they are helpful to a safe and open group. Ask the group whether they want to have a list of names, e-mail addresses and phone numbers of all the group members distributed to each other.

Multifamily therapy groups have to deal with three levels of identity – personal, family and group. The first set of exercises relate to everyone as family members, as individuals and as members of a group without referring to eating disorders or problems.

Family exercise: A name for our family

Ask families to sit together and find a new family name, one that expresses something typical about them (e.g. Family Football, Family Drama, Family Easy-Going). The team also chose a name. Ask all the families to tell the group their new name and why they have chosen it.

Pair exercise: Our given names

Ask everyone to stand up, move around the floor and find a partner they do not know and interview each other about their given name. Ask each of the pairs to tell about their partner's name to the others in the plenary group.

Short break

1.1.2 Morning session

The main aim of this session is to help group members to become acquainted and to establish the group as a safe place to talk. The group and team carry out exercises to help them to get to know each other's names.

Plenary exercise: Name spectrogram

Tell the group that they are going to use their forenames to make a spectrogram, and to do this they must imagine that there is a line running from one end of the room to the other. On one end is the letter A and at the other end is the letter Z. Ask everyone to find their place standing on the line, according to the first letter of their given name. When everyone has found their place, ask them to repeat their names starting from A to Z and then back from Z to A.

This exercise helps in getting to know names and is also a simple introduction to the use of the spectrogram as a means of exploring aspects of the group. It creates movement in the room and heightens the general level of spontaneity.

Plenary exercise: Stacking first names

Ask everybody to sit in a circle.

Say that this is a learning exercise and not to worry about making mistakes. Ask a volunteer to start by saying their name. Ask the person to their right to repeat the first person's name and then add their own, and then ask the next person to repeat both names and add their own, and so on round the whole circle. Keep this light hearted and help each other out when names are forgotten. If anyone does not want to try, say that is OK and do not press them. If group members are slow to volunteer, a member of the team should do so.

Plenary exercises: Recalling all the names

In the circle, ask for a volunteer to look around the group and attempt to repeat aloud everybody's forename. Repeat this with two or three others.

Again, keep this light hearted and encourage group members to help each other out. Team members should also try and can start if the other group members are reluctant.

Plenary exercises: The different ages of the group

First part: A spectrogram of age

Ask everyone to stand along an imaginary line with the eldest at one end and the youngest at the other and tell how old they are.

Second part: Age groups Divide the spectrogram into age groups and ask them to talk about the advantages of their age group then ask each group to tell the others about their advantages.

Third part: Preferred ages

Say, "If you could change your age, which group would you want to move to? Move to your preferred group" and ask for comments about whether people have stayed or moved.

Plenary exercises: Mapping the group

Tell the group that the floor has now become a large imaginary map divided by north–south and east-west axes.

Ask everyone stand according to where they were born

Ask them to move to where they are living now

Ask them to move to where they would like to live

Each time go around the group and ask briefly about where they are and why they are there.

Family exercise: Home -- where we come from

Materials: Tables and chairs. Sheets of flip-chart paper, writing, and drawing materials.

Provide families with drawing and writing materials and ask them to

work together to make a poster advertising the place they consider to be their home. Ask one family at a time to hold up their posters and tell about what they like about their city, town or village.

General comment on the morning sessions

In this session, the families are usually quite tense and uncertain about the group. These exercises help to lessen the level of tension quickly, get group members talking with each other and create a joint overview of who is who in the group. Group members get to hear their own voices in the room, and this facilitates their participation in later group discussions. Families and family members can show sides to themselves that are different to those that are organized around their “uninvited guest”. The Food Fighters are treated in the same way as the other adult group members from the start. The team also establish themselves as participants in the group process and not as detached from the group.

[Lunch break with team meeting](#)

1.1.3 Afternoon Session

The main aim of this session is to begin to consider how eating disorders affect family life and to establish the peer groups and help group members to talk with each other about the way their lives are being affected by the presence of an eating disorder.

Presentation: An uninvited guest

Present a brief repetition of the idea that living with an eating disorder is like having one's home invaded by an uninvited guest. The 'guest' may seem unobtrusive at first, but it soon starts making demands and eventually is at the centre of all aspects of family life, showing no concern for anybody's wellbeing, creating conflicts out of many situation and stifling communication.

Peer groups: Living with an uninvited guest

Divide the group into peer groups of mothers, fathers, Food Fighters and siblings. Ask all the peer groups to agree on a name for their group.

Mothers, fathers and siblings groups:

Ask group members to talk about how they have been affected by the eating disorder and about their present situation.

- Help them to talk about their own situation rather than talking about the Food Fighter.
- Encourage group members to get involved in each other's situations, comparing and contrasting thoughts and experiences, asking each other questions and commenting on each other's situations.
- Make sure that everyone has time and opportunity to express themselves.

Ask the group to choose a spokesperson and agree about what they will feed back to the plenary group afterwards.

In the first peer group meeting, people often tend to talk about the Food Fighter rather than themselves and the team member should help them to stay focussed on their own situation and own feelings. Some people may tend to dominate conversations while others may withdraw. The team member needs to help keep a reasonable balance about who talks. It is helpful at the outset for the team to clarify their role in managing the group, that they will sometimes intervene in the discussions. Peer group members have often experienced things that they consider shameful and which seem only to have occurred in their family. There is often relief for them to hear that somebody else has a situation much like their own, and that they are not alone in their difficulties. While group members will need to ventilate frustration, worry and pain, the team member should ensure that the group also has a focus on how it is possible to manage and resolve difficult situations.

The Food Fighter peer group.

Creative task: Collage

Materials: Large sheets of paper, writing and drawing materials, scissors, glue sticks and various magazines.

Ask the Food Fighters to draw a vertical line dividing their sheet of paper in two halves and make a collage showing how they see life with and without an eating disorder. Let them know that the pictures will be displayed anonymously to the other group members.

Plenary feedback from the peer groups

The three discussion peer groups give a short feedback to the plenary group after which there is a short break while team members set out a long table in the middle of the room.

Plenary group: An art exhibition

Display the collages, ask the group to peruse them and write comments beside them. Return to the circle and ask for feedback

Short break

1.1.4 Late Session

The main aim of this session is to round off the first day in a positive way so that group members will look forward to coming back next day.

Pair exercise: Short conversations about resources

Ask the group to find partners they do not know well and talk about the things in their life that give them strength. Return to the circle and ask for comments from the group.

Pairs exercise: Summarising the day in pairs

Again, ask everyone to mingle and find a new partner and talk about how the day has been for each of them

Plenary exercise: Taking the group's pulse in single sentences

Ask group members to the circle and give a short meditative instruction. Ask them to choose one thing that has made an impression on them and put their thought into just one sentence. Go around the group and hear everyone's sentence.

Wish the group a pleasant evening and well met tomorrow.

Team meeting

The team meet to summarise what has happened in the group, share their impressions of the day and discuss what considerations need to be taken regarding next day's programme.

Day Two

Day two starts with looking at how to understand the complexity of an eating disorder and then at why it is important to involve families from the perspective of systemic thinking. Each family draws a genogram together to help them gain an overview of the influences and resources within their relationships.

1.2.1 Early Session

The main aim of this session is to find out about the experiences and concerns of the group members, to bring the group together and to preparing them for talking in the group.

Welcome the group and deal with any practical issues.

Pairs exercise: Sharing experiences of the group

Begin by asking the group to stand up and to choose partners not in their family and to spend a few minutes sharing about how they experienced the first day, what they did during the evening and how they feel about coming back to the group this morning.

This is the first part of warming up the group. Everyone hears their voice and can collect their thoughts. Sharing in pairs like this prepares group members for talking in the plenary group afterwards.

Plenary exercise: Taking a pulse of the group

Ask the group to return to the circle. Ask who will begin and to say how they spent their evening, whether anything made a particular impression or concerned them yesterday and how they feel about coming back to the group this morning.

If any important issues turn up that need to be dealt with at once, these should be given priority over the planned programme.

Short break

1.2.2 Morning session

The main aim of this session is to increase understanding about eating disorders and to dispel some of the myths and misunderstandings.

Small Group Exercise: Gathering questions about eating disorders

Organise group members into small groups of three or four with others not in their family and write a list of questions they have about eating disorders. Ask the groups to choose a spokesperson to read out their questions and write up key words them up on flip charts.

Presentation: the medical consequences of malnutrition

Experienced medical or nursing staff should carry this out. Present a detailed overview of the somatic complications of malnutrition. Point out the severity and that the body has an excellent capacity for restoring itself when it is properly nourished. Answer questions from the group.

Although this is a serious topic, it is better for the group to have a clear picture of the consequences than to live with uncertainty about the risk to health.

Presentation: Understanding eating disorders

A team member holds a presentation about current professionals understand eating disorders. Emphasise that this is a general presentation and not everything is relevant to everyone with an eating disorder. Follow up with a discussion in the plenary group. Ask the group what is familiar to them and what not.

Role-play demonstration: The inner dialogue with an eating disorder

This exercise externalises the inner dialogue between a Food Fighter's two sides - the healthy, rational side and the anorectic/bulimic, irrational side. Open one end of the circle to form a horseshoe. Place three chairs, one in front two behind, facing the same way. Ask three

members of the team to sit in the chairs. The front chair represents a Food Fighter.

One chair behind is the voice of an eating disorder and the other a voice of health and recovery. Ask them to talk simultaneously to the Food Fighter from their two perspectives. Ask the Food Fighters whether this is a good demonstration of their thoughts and feelings. Invite group members to try out the roles. A fourth chair can also be added in front of and facing the Food Fighter chair to represent someone trying to persuade them to eat.

Ask the group to talk about their impressions from this exercise.

Follow up the presentation with a discussion in the plenary group.

[Lunch break with team meeting](#)

1.2.3 Afternoon Session

The main aim of this session is to look at how the eating disorder has influenced family life.

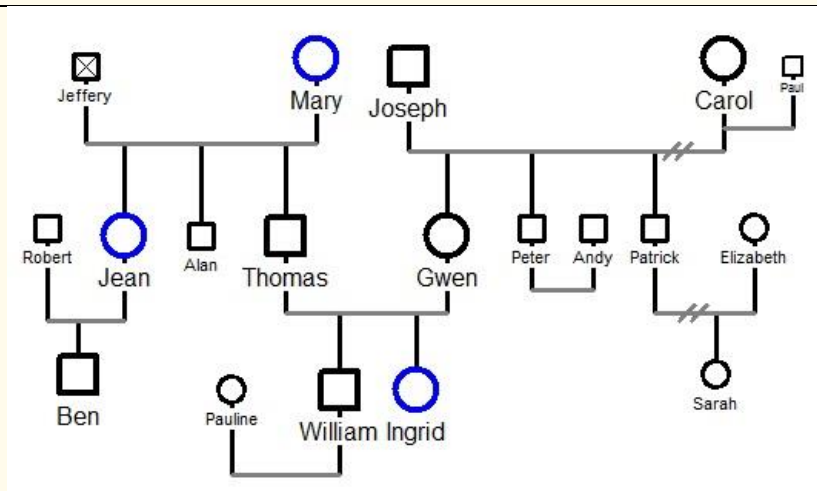
Presentation: Systemic thinking

One of the team holds a short talk about how professionals view involving families in the treatment of mental health problems. This is often referred to as systemic thinking and is the background for most family therapy.

Be aware that in early family therapy, anorexia nervosa was seen to be the result of growing up in a family with pathological communication, and that it is still a popular misconception that parents are to blame. There is, however, no evidence that any particular form of family interaction or relationship causes eating disorders and these families appear to be as different from each other as any other families before they are *affected by the eating disorder*

Demonstration: Drawing a genogram (family diagram)

Open the circle to form a horseshoe. One of the team illustrates how to draw a basic genogram on the whiteboard using a made up example. Show how to illustrate that people have married, died, divorced, and so on. Comment briefly on some of the different trans-generational influences that a genogram can illustrate.



Family exercise: Drawing our genogram

Materials: Table and chairs. Pens and large sheet of paper.

A team member joins each family and helps them to draw their genogram.

While it is being drawn, ask about the family members, their occupations, interests, resources, attitudes to food and appearance and how the family have dealt with changes and difficulties.

Plenary group: Feedback

Return to the plenary group and ask the families what it was like for them to draw the genograms. If a family member wishes to share some aspects of their genogram with the group, they should first ask whether this is OK for the other members of their family.

Short break

1.2.4 Late Session

The main aim of this session is to reflect, summarise and conclude the day. Begin in small groups or pairs, as they give more opportunity for activity and input from group members, and end in the circle.

Small groups: “New families” summarise the day

Form “new families” with one member from each family. Ask them to talk about what they have learnt today and what implications this might have for them as family members.

Ask them to choose a spokesperson to give a feedback from their discussion.

Plenary group discussion

Return to the circle and ask if anyone has anything that they would like to bring up in the group. Let the group members work with the themes that come up. Team members can join in reflections over the themes but should avoid lecturing to the group. If questions are asked of the team, try to feed them back to the group.

Plenary group exercise: Taking a short group pulse

Take up any practical issues and conclude the day by taking a short group pulse.

Team meeting

The team meet to talk about what has happened in the group, to share their impressions of the day and discuss whether there are any considerations that need to be taken, regarding next day’s programme.

Day Three

On the third day the issue of motivation for change is explored and why people appear to resist doing what is necessary for their health and well-being. The gathering is rounded off with the families looking at their resources and what they would like to achieve in the duration of the group and summarising the impressions they take with them from this gathering. They are also given a homework task.

1.3.1 Early Session

The main aim of this session is to give everyone the opportunity to say something about what they have thought and felt about the previous day.

Begin in the circle and deal with any practical issues

Pairs exercise: Peer sharing in pairs and group pulse

The previous day was filled with information and impressions and it is useful to start by putting feelings, thoughts and questions into words. Ask the group to stand up and mingle and find a partner from their peer group. Ask them to share their thoughts about the previous day for a few minutes. Return to the circle, pairs sitting together and spend some time asking everyone to say something about the previous days and their expectations for the last day of this gathering.

Short break

1.3.2 Morning session

The main aim of this session is to begin looking into the complexity of motivation for change and how family members can be supportive.

Presentation: Motivation for change

Divide into small groups and talk for a few minutes about what they understand by motivation for change. Return to the circle and open up to form a horseshoe. One of the team gives a prepared talk on the complexities around motivation for change for people with eating disorders.

Peer group: Understanding motivation

The peer groups meet, each with a team member.

Ask the group to talk about the differences in understandings of motivation.

Ask the Food Fighter group to focus on “How do I let my family know about my motivation and what support do I need from them?”

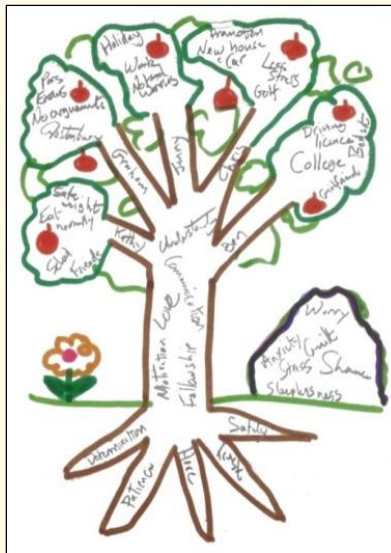
Ask the other peer groups to talk about “How can we notice a Food Fighter’s motivation, how we can encourage it and what do we need to avoid doing?”

Lunch break with team meeting

1.3.3 Afternoon Session

The main aim of this session is to enhance families' awareness of the changes they would like to see over the coming year.

Family exercise: A tree of aims



Materials: Tables, flip chart paper, pens, crayons

Provide families with drawing materials and ask them to draw a tree that will show their aims during the year they will be in the group. The roots can represent their resources, the trunk the joint aims of their family with boughs for each of them, including members who are not present

Plenary feedback

Rejoin the plenary group and ask each family to show their drawing and tell about their tree.

Short break

1.3.4 Late Session

The main aim of this session is to end the three days by closing the group, giving out homework and say goodbye to each other.

Homework task

Present the homework task to the group.

Suggestion: Write down at least one situation where communication becomes difficult because of the eating disorder and bring it to the next gathering.

Individual exercise: Sorting out impressions

Materials: Pen and paper

Ask the group to sit by themselves and spend a few minutes, writing or drawing their thoughts and experiences from the last three days. When they have finished, ask everyone to stand, move around, find someone outside their family that they have not already been in pair with, and talk about what they have written or drawn. Return to the circle and go round the group getting feedback.

Plenary exercise: Taking a short group pulse

Ask group members and the team to return to the circle and spend a few moments quietly reviewing the last three days. What has made a particular impression on them that they will take home with them? Ask them to put their thoughts into just one or two sentences that they can share with the group.

Go round and hear what everyone has to say.

Plenary group exercises: Rounding off the gathering

Round off with one or two short exercises such as a friendly hand-squeeze pulse and leaving behind and taking with you.

Ask everyone to stand in a circle and join hands. Ask one person to begin by squeezing the hand of the person on their right and the pulse

is sent round the circle.

Ask everyone to think of something that they want to leave behind and imagine kicking it into the circle, then something that they would like to take with them and lift it up by raising their arms together.

Wish the group a pleasant journey home and welcome back to the next gathering.

Team meeting

The team meet for about half an hour to summarise what has happened in the group and share their impressions of the gathering.

Second Gathering

At the second gathering the aim is to enhance group member's insight and skills in dealing with the difficulties that eating disorders bring to family relationships.

The first day focuses on styles of communication under stress, understanding how communication breaks down. The second day presents a way of dealing with disagreements and there is an open session for dealing with issues that the group are particularly concerned with.

Day One

2.1.1 Early Session

The main aim of the early session is to deal with practical issues, re-unite and warm up the group, and to identify any concerns and issues that need to be dealt with.

Begin sitting in the circle. Welcome group members.

Deal with any practical issues

Name exercise

Repeat one or two of the name exercises from the first day of the first gathering to refresh the memory of the group.

Pairs exercise: Sharing in pairs

Starting by sharing in pairs will warm up the group and make it easier to talk in the plenary group at the start of the gathering.

Ask the group to stand up, find partners outside of their family and talk about how things have been for them, how they managed their homework task and whether there is anything in particular they would like to take up in the group.

Ask the pairs to feed back to the plenary group. A team member can write key words on the flip chart for the issues that are brought up.

If pressing issues come up from the feedback, talk with the group about when they can be dealt with.

Short break

2.1.2 Morning Session

The main aim of this session is to help group members to review the way they tend to communicate when they are anxious and under stress. It begins with a general presentation about communication and a presentation of an animal-based metaphor which is used as the basis for group discussions and a creative exercise.

Presentation: Communication

One of the team presents a short general introduction to subject of communication.

An animal model of caring communication

This exercise is based on the model developed by Treasure, Crane and Smith in their book “Skills-based caring for a loved one with an Eating Disorder”. It is about helping group members to be more aware of their ways of caring and communicating in situations that are marked by stress and the anxiety.

Peer group: Styles of caring and coping

The group members go to their peer groups to discuss their style of caring and coping under stress.

Lunch break with team meeting

2.1.3 Afternoon Session

The main aim of this session is to provide a framework for understanding how communication breaks down and how people who care for each other can cause each other hurt in ways they later regret. The following role play combines the theory of mentalizing with the realities of living together and provides a therapeutic opportunity to the group.

Presentation: What is mentalizing, and how does it break down

Present the concept of mentalizing - the ability to see oneself from the outside and another person from the inside. Decide whether to just present the basic concept now and come back to developmental aspects later.

Understanding the term mentalizing is very useful as it gives a meta-perspective about what happens when their communication breaks down. It can function as a “cognitive hook” to manage and understand what happens, to avoid acting as the victim of strong emotion and repeat negative and automatic patterns

Role playing a situation: Working with the homework task

Ask families to sit together and remind them of their homework task from the first gathering - to find a situation where communication became difficult. Ask them to talk together and decide on a situation they can share with the group.

Ask families to tell the group briefly about their chosen situation. Ask one of the families if they will agree to use their situation in a role play. Ask if a family member will volunteer to help to demonstrate what happened.

Short break

2.1.4 Late Session

The main aim of this session is to give group members the opportunity to reflect over relationship issues in the peer groups, and to round-off the work of the day.

Peer group discussions and plenary feedback

Ask the group to meet in their peer groups to talk about their thoughts concerning the role play and mentalizing. Return to the plenary group and end the day with a discussion about increasing mentalizing, what kind of communication it would be helpful to strengthen in their family and which forms of communication are best avoided.

Day Two

2.2.1 Early Session

The main aim of this session is to bring the group back together, to allow group members to gather their thoughts, and hear each other's thoughts about the issues raised the previous day. Taking the pulse also gives the team information about the state of the group.

Meditative reflection and taking the pulse of the group

Begin in the circle and deal with any practical issues.

Give the group a short [meditative instruction](#) and take the pulse of the group.

Short break

2.2.2 Morning session

The main aim of this session is to present and discuss a simple model for dealing with tense situations where there is a danger of mentalizing breaking down.

Presentation: The collaborative problem-solving model

Ross Greene developed the collaborative problem-solving ABC model to help parents and carers of children who were often “explosive” in their reactions (Greene 2010). Being “explosive” can also be seen as having severe difficulties in mentalizing, and Greene’s simple but elegant model goes quickly to the core of the challenges in communication that also arise with eating disorders.

Open the circle to form a horseshoe. One of the team presents an outline of Ross Greene’s Plan A, Plan C and Plan B model for dealing with conflicts.

Peer group discussions: How can the ABC model help us?

Ask group members to go to their peer groups and discuss how Ross Greene’s ABC model can be helpful to their families and themselves.

Lunch break with team meeting

2.2.3 Afternoon Session

This is an open session where the team can decide how best to meet the needs of the group.

Open session

The team should talk together and decide how to use this session. Consider the themes that have come up in the feedbacks from the group and the homework task. The team can also choose to gather the group and ask them how they want to use this time. This can also be done by use of a [Goldfish bowl discussion](#) or after talking together in small groups.

Short break

2.2.4 Late Session

The main aim of this session is to round-off the second gathering and give the group a homework task

Pairs exercise: Sharing in pairs

Ask everybody to find a partner and to sit together and talk about what has made the biggest impression on them during this gathering. Re-form the circle and ask everyone to tell in one sentence what they will take home from this gathering.

Homework task

Present the homework task. Recommend reading Chapter 8 - Interpersonal relationships - from the book "Skills-based Learning for caring for a Loved One with an Eating Disorder" by Treasure, Smith and Crane (2017). Note down what you agree and disagree with and bring it to the next gathering.

Third Gathering

The program of the first day of this gathering looks at providing appropriate care and support, the sense of belonging in family and the ability to set limits. The second day program takes up feelings of guilt concerning eating disorder that are shared by group members and the negative affects these may be having on communication and relationships and there is another open session.

Day One

3.1.1 Early Session

The main aim of this session is to bring the group together again and prepare them for talking openly together.

Begin in the circle, welcome everybody, ask about anyone who is absent and deal with any practical matters.

Take the pulse of the group

Ask group members to go together in twos or threes and talk about how things have been for them since the last gathering and what matters they are concerned about now. Spend some time going round the group and hearing from everybody.

Reviewing the homework task

Ask the group how they have got on with their homework task of reading the chapter on communication, noting what they agreed and disagreed with. Ask the group for feedback on issues they would like dealt with and write these up on the flip chart.

Open team conference

The team can confer openly about how to work with the issues that have come up the homework task while the group are listening, and the group can be asked for their comments.

Short break

3.1.2 Morning session

The main aim of this session is to increase awareness of how an eating disorder influences personal boundaries and to give practical care and support.

Plenary exercise: Setting personal boundaries

Everybody has their invisible physical boundary for intimacy, but its extent varies from person to person and according to situations. In this exercise group members can learn something about their personal boundaries and how near they can allow another person to come to them without feeling that there is too much intimacy.

Presentation: Practical care and support

A fundamental idea behind these multifamily groups is that young adults with eating disorders usually receive more practical caring (things being done for them) and less support (help to do things themselves) than is usual for people of their age.

This presentation concerns the differences between giving practical care and support, how these influence maturity and independence and can function to maintain an eating disorder. The related concepts of control and shielding are also looked into.

Peer group discussion: Care and support

Follow up the presentation with a peer group discussion. This allows group members to reflect over the issue from a certain emotional distance.

Plenary group: Feedback from the peer groups

Meet in the plenary group and ask the groups to feedback from their discussions and talk about the different perspectives.

Lunch break with team meeting

3.1.3 Afternoon Session

The main aim of this session is to look at what it means to belong in a family as an adult, and to discuss what this means for each family.

Presentation: Belonging

Open the circle to form a horseshoe and present a short talk on belonging in the family. The sense of belonging is central to human life and colours how we see ourselves and how secure we feel. It is the basis for attachment, which is central to the concept of mentalizing.

Short break

3.1.4 Late Session

The main aim of this session is to increase awareness of setting limits, and to round off the day

Pairs exercise: Asking, refusing and giving

This exercise is intended to increase the group member's awareness of their reactions to being pressured about their right to set their own limits and dealing with other people setting their limits.

Taking a brief group pulse

End the session by taking the pulse of the group in one sentence.

Team meeting

The team meet for about half an hour to summarise what has happened in the group and share their impressions of the gathering.

Day Two

3.2.1 Early Session

The main aims of this session are to gain an impression of the climate in the group and to begin to explore feelings of guilt related to the eating disorder.

Guilt is a very sensitive subject, but it is very much a part of the lives of most families of people with an eating disorder and so it is an issue that should not be avoided. When guilt is opened up as an issue it can awaken other strong feelings, such as regret, sadness and anger and so it is approached gradually.

Taking the group's pulse: A brief group pulse

Take a brief pulse of the group.

'New families' exercise: Exploring feelings of guilt

Materials: Pen and paper

Ask the group to stand up, and arrange them into 'new families', with a mother, father, Food Fighter, and sibling from different families. Ask them to talk about and write down what they see as positive and as negative about having feelings of guilt.

Go around the room and ask the new families to feedback from their discussion.

Short break

3.2.2 Morning session

The main aim of this session is to look into the way that feelings of guilt associated with the eating disorder affect group members and their family lives.

Breakfast in Hell

Plenary exercise: A tower of guilt

The whole group contributes to making a collective statement about the feelings of guilt they carry concerning eating disorders, to let them see how much they have in common. The aim is to make this issue less inflamed for the families, so that they can talk to each other more easily about it. Working with guilt requires time and should not be rushed. If this exercise is not finished by lunch, continue with it after the break.

Peer group discussion

Peer groups meet with a team member and discuss the tower of guilt. Talk about which of the guilt feelings are helpful, which need to be reduced and what effect they think these guilt feelings are having on relationships in their families?

Plenary feedback

Return to the plenary group, and sit around the tower, still laid out on the floor. Ask for feedback from the group discussions.

Family discussions

Ask the families to go together and spend a few minutes talking about the way that guilt feelings are influencing their family life and their relationships.

Plenary discussion

Gather the group and ask them to talk about what to do with the

tower that is still laid out on the floor.

[Lunch break with team meeting](#)

3.2.3 Afternoon Session

[Open session](#)

This is an open session for working with the group. Here are suggestions of what to do.

- Continue working with the tower of guilt
- [Review the homework task](#)
- Review the flip charts with the group's thoughts about Chapter 8 of Treasure, Smith and Crane's book. Ask which situations they recognize and discuss the themes that come up from the group. Situations can be explored in a [role-play using the role reversal method](#) if the group feels safe for the members.
- [Brainstorm a problem](#)
- [Drawing social atoms and an action sociogram](#)

Short break

3.2.4 Late Session

The main aim of this session is to present the homework task to the group, and round off the gathering

Homework task

Notice a situation where a Food Fighter's brothers and sisters appear to be affected by the eating disorder. Register what happened and bring this to the next gathering.

Rounding-off the gathering

Reflection and feedback

Materials: Pens and paper

Provide everyone with pen and paper and ask them to spend 5 minutes writing down 3 things that have made a particular impression on them during this gathering. Ask them to find a partner with whom they have not spoken much and talk about what they have written down. Return to the circle. Go around the group hearing their 3 sentences.

Take up any practical issues and information about the next gathering with siblings and end with a short leaving exercise.

Team meeting

The team meet for about half an hour to summarise what has happened in the group and share their impressions of the gathering.

Fourth Gathering

Preparation

In this gathering, sets of figures are used to look at how family members see their situation. Prepare a set of figures for each family. The figures from toys such as Playmobil and Lego are very good as they vary in colour and shape, but simple figures from games like Chess can also be used. Wooden or plastic figures are available at hobby shops and these can be coloured, drawn on or covered with plasticine.

This gathering focusses on the situation of brothers and sisters of food fighters. However, even if they do not have siblings the presentations, discussions and exercises are still largely relevant to family life and other close relationships. On the first day there is a repeat of the concept of an uninvited guest, peer groups and a panel debate. On the second day there is a family sculpture visualising the impact of the uninvited guest and an open session with some suggestions of relevant exercises.

Day One

4.1.1 Early session

The main aim of this session is to make the brothers and sisters feel welcome and included in the group

Introductions

Begin sitting together in the circle. Welcome everybody, deal with practical issues and present an overview of the two days. Talk about confidentiality and ask the brothers and sisters to agree not to talk about the group outside (including social media). Tell them that they do not have to talk about anything if they do not want to and that they are free to choose what they want to say.

Ask families to present the brothers and sisters to the group and ask everyone else to present themselves with their name and where they come from.

Ask someone to try to repeat all the names or use one of the [name exercises](#).

Plenary exercise: Taking the group's pulse

Go around the group and ask about how their family life has been since the last gathering. Remind them of the homework task and ask how they have managed it.

Consider the atmosphere of the group and the ages of the brothers and sisters and judge an appropriate way to include them and build safety in the group for them. It can be suitable to go into small groups, pairs or families first and share in the plenary group afterwards.

Playful exercise: The wind is blowing on ...

As some of the brothers and sisters may be young, nervous or both, it is useful to have a playful introduction to the group.

Short break

4.1.2 Morning session

The main aim of this session is to look at the needs of a Food Fighter's brothers and sisters.

Not all families have other children than the Food Fighter, but it can still be useful for them to be a part of these discussions as they emphasise mentalizing and moving the focus away from accommodating to a Food Fighter's problems.

Presentation: An uninvited guest

Open the circle to form a horseshoe. One of the team members presents the idea of an eating disorder as uninvited guest

Peer groups

Divide into peer groups and go to the group rooms. One or two team members join each group.

Mothers and fathers can join together to form a larger parents' group if this seems appropriate.

Take several postcard size cards to each peer group. Each question from the peer group discussions is written on a card and taken to the following panel debate.

Siblings

If there is a big difference in the age of the brothers and sisters, divide them into different groups. We present two alternatives here, one for younger and the other for older siblings.

Younger siblings

About myself

Materials: Paper, drawing materials, magazines, scissors, glue sticks. Sit round a table with the drawing materials. Begin by asking them about where they live, what they like to do, their interests, hobbies, their friends and so on.

Ask them if they have pets or which animals they like.

Ask them "What are those animals like? Ask if they will make a drawing.

Ask: “What do those animals do when things are difficult for them?”
“Is this the sort of thing that you can do?”

Carry on the conversation from here.

Have a playful approach. Anchoring of strength in the body. How can they have an animal that helps and supports when things are difficult in everyday life?

Making a picture

Ask them to make two pictures, one about how their family is with an uninvited guest of an eating disorder and the other about how they would like their family to be.

Tell them that they can draw, colour, write, cut out pictures and words from the magazines, use what they like, to make the pictures, and that they can show them to the others later.

Ask if there are any questions about having eating disorders that they would like an answer to. Write each question on a card and tell them that you will ask the questions for them later in the group.

Older siblings

About myself

First ask the siblings to tell about themselves, where they live, their friends, interest and so on. Encourage them to talk about their interests and concerns and how they experience their family situations.

Living with an uninvited guest

Ask about what it is like for them to live with a brother or sister who has an eating disorder. Invite them to talk about any situations that have been difficult for them.

Ask them to think about whether they have any questions about the eating disorder and whether there is anything they have thought about but have been reticent to ask.

Write down questions from the group on card to take to the panel debate. Tell them that you will present the questions in a general way in a panel discussion and will keep them anonymous.

Siblings can carry very mixed emotions concerning a Food Fighter; resentments about a Food Fighter demanding attention and putting pressure on the family, fears for a Food Fighter's health and guilt about not doing enough to help a Food Fighter. It is very helpful for the brothers and sisters to discover that the others share these thoughts and feelings.

Food Fighter peer group

Modelling an uninvited guest

Materials: One figure from the set of figures for each Food Fighter (Playmobil or similar). Coloured plasticine.

Firstly, provide Food Fighter with coloured plasticine and one of the figures from the set that will be used with their family next day. Ask them to think of what their eating disorder, as an uninvited guest, might look like, and then to use the plasticine with the figure to make a model. Ask them to tell each other briefly about the models they have made. Let them know that the models will be used the next day in a family conversation.

The Food Fighter group often find the idea of making the model strange at first, but once they get started they can become very creative.

Our brothers and sisters

Next, ask them to talk about what difficulties they think their brothers and sisters might be having related to their eating disorder and what questions they may have. Write down the questions on separate cards and let them know you will present them anonymously in a panel debate where all the peer groups will be sitting together answering questions.

Parents' group

Our other children

Ask parents to talk about how they think that the eating disorder affects their other children.

- Are there things that they think their other children are keeping to themselves?
- If they did not have to spend so much time and energy on the uninvited guest, how would they want to use it on their other children?
- What questions do they think their other children need to ask Food Fighter?

Write down the questions on cards and tell the group that they will be presented by a team member anonymously in a panel debate.

Mother and father groups can meet independently if this seems more appropriate.

t and talks about how it can change family life.

Lunch break with team meeting

4.1.3 Afternoon Session

The main aim of this session is to discuss and answer questions concerning Food Fighter, their brothers and sisters, the family and the uninvited guest.

Plenary group: A panel debate

Set out tables to form a large square with the chairs on the outside. Ask each of the peer groups to sit along one side of the square. One team member takes charge of the debate, going from table to table and asking for the questions to be read out from the cards and inviting discussion.

Being in the panel debate gives Food Fighter the opportunity to be an expert in their situation and show their resources and their healthy, rational side to their family.

The panel debate might extend into the next session.

Short break

4.1.4 Late session

The main aim of this session is to conclude the work of the day

Plenary group: Rounding-off the day

Ask everyone to find two partners who are not in their family. Ask them to sit together and talk about something they have discovered during the day. This can be a question that has been answered, or something they have understood or learnt.

Ask everyone to return to the circle, think of one sentence to tell about their discovery, and share this with the group. If any of the children find this difficult they can be helped by the adults.

Day Two

4.2.1 Early session

The main aim of this session is to bring the group together to reflect over the previous day

Welcome the group back and deal with any practical issues.

Small groups: 'New families' talk together

Ask brothers and sisters to find a new brother or sister outside their family (including Food Fighter) and then ask them to find new parents. Ask these new families to talk about what they did yesterday evening and what new thoughts or questions they have now.

Go around the 'new families' and ask them to tell what they have talked about.

Consider whether the younger children will feel safe in a 'new family'. If it will be difficult for them let them go with a family member.

Short break

4.2.2 Morning session

The main aim of this session is to help family members to be more visible to each other by exploring their different points of view, fears and hopes

Family exercise: Sculpting our family with figures

Materials: A set of figures for each family and the model of the uninvited guest made by Food Fighter the previous day.

Families go to separate rooms together with a team member and sit around a table. Give each family a set of figures that can be used to represent all the members of their family and any others who are important to them. They use the figures to make different arrangement to show each other how they see their situation. Then they can talk about how they can work together to begin to make changes towards the way they would like things to be.

This exercise is about bringing the family together to gain a clearer idea of each other's views, to express any fears for the future and then look at how they can all contribute to improve things. Comparing similarities and differences in perspectives promotes tolerance and the ability to mentalize.

If the team has not been able to obtain a set of figures for each family (and chess pieces will do), use an alternative [family sculpture technique](#) similar to the one developed by Michael Scholz and Katja Scholz from Virginia Satir's (1989) Workshop Manual

Plenary group: Feeding back to the group

Return to the circle and ask families to tell what it was like for them to do the last exercise.

Lunch break with team meeting

4.2.3 Afternoon Session

Open session

Here are some suggestions for this open session.

- Families review their [Tree of aims](#). Ask them to present it to the brothers and sisters who have not seen it before and to supplement it with anything that they would like to add.
- [Family appreciation](#)
Divide into family groups and ask family members to take turns and tell the others something that they appreciate or respect about them.
- [Role-play](#) a recent situation (homework task)
- [Brainstorm a problem](#)
- Plenary group discussion based on the list of issues from the last feedback from the group.
- Small group discussions.

Talk about the issues that are most relevant for them just now.

Short break

4.2.4 Late Session

The main aim of this session is to round-off and conclude the gathering

Present the homework task to the group.

Ask everyone who will be coming to the next gathering to think of the brothers and sisters (or another member of their family) and decide one thing concerning them that they will do differently that they are sure they will like. Write it down and bring it to the next gathering.

Pairs exercise: Wishes for our family

Ask everyone to find a partner outside of their family, if possible, from their peer group. Ask them to sit together and talk about a wish each has for the future for their family. Return to the circle and ask everyone to share their wishes with the group.

Playful exercise: The wind is blowing on...

The youngest siblings enjoy this exercise, but they may need help to find a question.

Plenary exercise: Saying Goodbye!

Ask everyone to stand in a circle, join hands, raise their arms together and shout Goodbye!

Fifth Gathering

Preparation

Invite the local therapists to participate in this gathering. They can join in the plenary and relevant family sessions. When the peer groups meet, they can form their own group and talk together about the way they include families in their work or they can join one of the peer groups.

Invite a representative of a supporting agency for eating disorders to talk about what they can offer to Food Fighter and their family.

This gathering looks at the process of change and improvement and the possibility of tackling life without using eating disorder as a support. In the program for the first day, the situation today is compared with that of one year ago, supporting organisations are presented, and the group have the opportunity to raise an issue they are concerned about or revisit a themes previously taken up. Issues concerning managing transitions in the treatment process are look into. On the second day the program looks at the various aspects of improvement and recovery and families and local therapists work on a helping-hand plan for when there is a crisis or risk of relapse.

Day One

5.1.1 Early Session

The main aim of this session is to reunite the group, introduce the local therapists and review the developments so far this year. If the group has been apart for a while it is a good idea to start by focussing on bringing everyone together again and back into working mode.

Welcome everybody and deal with any practical issues. Ask guests to the group to present themselves and ask everyone to give their names. Repeat the requirement of confidentiality of information.

Pair exercise: Sharing about the time between the gatherings.

Ask everyone to find a partner outside their family, decide on who is A and B and each spend 5 minutes talking about how the interval since the last gathering has been for them, how things have been for Food Fighter's brothers and sister, and how they have got on with the homework task of making one positive change. When the time is out ask pairs to feedback briefly to the rest of the group.

Spectogram - comparing now with one year ago

Ask the group to imagine a line running from one end of the room to the other and designate one end as very negative, the other as very positive, and the middle as neutral or equally positive and negative. Ask everyone to stand on the line on the place that shows how satisfied they are with how things have been since last gathering. Ask them to look around and notice where the others in their family are standing.

Ask them to think back to their situation one year ago and move to where they would have stood then. Ask them to look and see where the others in their family are standing. Ask them to turn to the person nearest them who is not in their family and talk to them about how things have been this year and how that compares with last year. Then go along the line and ask them about how things compare, now

and then.

It is easy to overlook changes that have taken place from one year to the next. In this gathering the group will be looking to the future and so seeing how things have progressed from last year to now is a suitable way to begin.

Short break

5.1.2 Morning session

The main aim of this session is to bring out a theme that is relevant for the group and to work on it.

Presentation: Supporting organizations

Invite members from support organisations for people with eating disorders, for carers of people with eating disorders and for mental-health service users to come and present their organisation, what they have to offer and how they work.

If organisations are not able to provide a representative, ask them to send written information and a team member can present this to the group and discuss how they can be useful.

Remember to include services available over the internet and talk about the benefits and risks involved with using internet services and information.

Choosing a theme to work on

Materials: Paper and pens

Provide group members with paper and pen. Ask them to sit down by themselves and spend a couple of minutes thinking back to the previous gatherings. Remind them that this is the second to last gathering and ask them to think about what is important to them now and if there is anything they would like the group to work on - something new or something that they want to go further into. Ask them to write down cue words for what they would like the group to work on.

Plenary group: Feedback

Go around the room and ask everyone to read out what they have written down while one or two of the team writes their themes up on the whiteboard. If a theme comes up more than once, make marks on the board to indicate how often it is mentioned.

If it is difficult to choose a theme, have a [goldfish bowl discussion](#). The team move their chairs into the middle of the circle and have a short

discussion about what issues the group could start working with, not to decide but to air the possibilities they see. Then the team members stand up and ask members of the group to sit in their places in the inner circle and carry on the discussion. When they have talked for a few minutes ask other members of the group to take their place and continue. After a while the team return to the inner circle and talk about what they now understand the group wants to do. The team re-join the circle and reach an agreement on what issue to work on.

Open session

Decide whether to continue with the chosen theme in the plenary group, the peer groups or with families.

Lunch break with team meeting

5.1.3 Afternoon Session

The main aim of this session is to look at managing transitions in care. Families are often very concerned about how things will go when Food Fighter leaves hospital care, out-patient treatment or when the level of follow-up is reduced or ends. The transition from a structured treatment programme to a life at home represents a significant risk factor for relapse. Families often have a limited overview of the services available and the rights and responsibilities of service-users and their next of kin. We believe that being well informed about these services reduces levels of anxiety and thereby increases the ability to mentalize and act appropriately if things become difficult.

Presentation: Mind the gaps!

Present a short introduction to this theme, preferably with diagrams, showing how the health and social support service is organised in your region, and where and how responsibility for care and follow up is placed.

Peer groups: Managing the gaps

Divide the group into peer groups and ask them to discuss how they are managing gaps in the support system.

There is often little to be gained by concentrating on shortcomings in the helping services, so encourage the peer groups to talk about how they can best use helping organisations and the system as it is.

Short break

5.1.4 Late Session

The main aim of this session is to move focus beyond today and on to wishes for life in the future

Meditative reflection

Begin with the group in the circle. Ask everyone to sit well in their chairs and, if they like, to close their eye and think a little bit about their life as it is just now. Ask them to open their eyes, stand up, go behind their chair and slowly move forward 5 paces, taking their chair with them. Say that each step represents one year forward in time and when they sit in their chairs again and close their eyes they can think about their life, five years in the future. Ask them to imagine what life will be like, what will they be doing, how they live, who they live with, what interests they have, and so on.

Family exercise: A path forward in time

Ask families to sit together around a table and provide them with a large sheet of paper and drawing materials. Ask them to begin by drawing draw a path stretching from today to 5 years forward in time. Ask them to talk, write and draw how they would like their family to be like in 5 years time and what will have happened along the way to arrive there.

Feedback from families

Return to the plenary group and ask families if they will show the group their picture and ask how it was for them to make it. Ask if there is anything they want to share from their discussion.

Round off the day

Day Two

5.2.1 Early Session

The main aim of this session is to introduce the theme of improvement and recovery from an eating disorder

Deal with practical issues and tell the group that the team need a representative from each of the peer groups to come to the information meeting of the next multifamily group to talk about their experience of participating in the programme. The decision will not have to be made before the next gathering, but ask them to think about whether they would like to represent the group, and if they can.

Plenary group: Take the pulse of the group

Ask everyone to share what they have been thinking about since yesterday, what thoughts they bring with them today and whether they have thought about anything regarding the future.

Improvement and recovery

Ask all the group members and the team to write a short list of what they consider to be the indicators of improvement and recovery from an eating disorder.

Small group discussions

In the circle, divide everyone into small groups by going round and counting consecutively from 1 to 5 or 6. Ask the groups to talk about what they see as indicators of improvement and recovery.

Short break

5.2.2 Morning session

The main aim of this session is to increase understanding of the complexity of trying to improve and recovering from an eating disorder.

Presentation: Improvement and recovery

Use the study by Gunn Pedersen to talk with the group about how recovery and improvement is viewed.

Peer group discussions

Divide into peer groups and discuss change and improvement. Local therapists can either join the peer groups or they can form their own peer group for this discussion.

Return to the circle and ask for feedback from the groups

What are the biggest challenges in letting go of the eating disorder?

Goldfish bowl: Daring to let go of an eating disorder

Ask the Food Fighter group to make an inner circle and have a goldfish bowl discussion about:

What will be most difficult about no longer having an eating disorder?

What will change in my life? What expectations will there be if I recover?

Return to the circle, ask the other group members for their comments and continue the discussion.

Plenary group: Peer group feedback and discussion

The different groups will probably have different perspectives on this issue and this creates a basis for the reflection in the plenary group.

Work on the theme of improvement in one of the following ways:

Alternative 1

Lunch break with team meeting

5.2.3 Afternoon Session

The main aim of this session is to help families agree on ways of managing the situation if Food Fighter loses control over their eating disorder.

Family exercise: A helping-hand plan

Materials: Pens and paper

Ask families to sit together with their local therapist and make a plan for how to manage the situation if Food Fighter seems to be heading for a relapse or there is a crisis. The family keeps the plan and can review it twice a year.

Plenary feedback: Presentations of the helping-hand plans

Ask each family to present their helping-hand plan to the group. Invite the others to give them constructive feedback.

Alternative:

Family discussion together with the local therapist

If it does not seem appropriate to work on helping-hand plans, use this as an opportunity for families to talk together with a group member and the local therapist about the expectations they have concerning each other and whether these are realistic or achievable.

Short break

5.2.4 Late Session

The main aim of this session is to present a homework task and help the group focus on their resources

Present the homework task to the group

Homework task

Ask each family to find a short cultural contribution, a poem, text, song, video or an activity to present to the group at the end the last gathering.

Ask everyone to consider whether they can represent the group at the next group's information meeting.

Pairs exercise: Conversations about resources

Ask everyone to find a partner who they do not know well.

Ask them to talk about: what they like, what they used to like to do in their spare time, what used to give them pleasure and what they can do to renew their energy. If conditions allow, suggest that they go for a short walk together while they talk, and give them a time to be back in the room.

When the group has gathered together again, ask the pairs to tell what they have learnt about each other and the resources they have.

Plenary exercise: Taking a short group pulse

Re-form the circle and ask everyone to spend a minute thinking about how the day has been for them, and to find a sentence to describe it. Ask who will begin and go around the group hearing the sentence.

Sixth Gathering

The program of the sixth gathering does not introduce any new themes, but rather concerns tying up loose ends, reconsidering points of view, evaluating the group and what benefits the members have gained from it, and concluding the group process.

Day One

6.1.1 Early Session

The main aim of this session is to find out how things have been for the group members since last gathering and whether there are any themes they want to go over again during this final gathering. Remind the group about the homework task of finding a cultural contribution. If they have forgotten, let them know that they still have until tomorrow to find something.

Plenary exercise: Taking the pulse of the group

Ask group members to mingle and find a partner outside of their family. Ask them to share with each other how things have been for them since the last gathering and whether there are any themes or issues they would like to go over again, discuss or clarify. Return to the circle and take the pulse of the group. A team member can write up any topics that are raised for discussion.

Short break

6.1.2 Morning Session

The main aim of this session is to review the history of the group and discuss any unfinished topics that they want to look further in to.

Presentation: What we have done

A team member presents a summary, gathering by gathering of the themes and issues the group has explored during the year. Choose whether to talk the group through the themes or to open the circle and show prepared slides with an overview of the contents of the previous gatherings. Ask the group what they remember. This is a reminder of what the group has gone through, not an evaluation.

Open session

After the presentation and summary, open up for discussion about any themes that the group feel need more attention. This is a repetition of themes and fresh issues should be avoided unless they seem to be essential to the group. As with previous open sessions, use role play, brainstorming, goldfish bowl or any other methods that seem appropriate.

Lunch break with team meeting

6.1.3 Afternoon Session

The main aim of this session is to find new coping strategies for when the eating disorder makes trouble.

Exercise: A new DVD

Materials: Two DVDs – plain or with appropriate titles. Pen and paper
A team member gives a short talk on a metaphor of a cognitive strategy. Present the idea that negative automatic thoughts (as an old DVD that plays repetitively in the head) can be replaced with other thoughts that are helpful and constructive (by ejecting and inserting a new DVD in its place). Use the two DVDs to illustrate the topic.

Individual reflection

Provide group members with pen and paper and ask them to write down a list of the contents of their old DVD.

When they are finished, ask them to go to their peer groups taking their lists with them.

Peer group: A new DVD

The peer groups discuss or write up negative ‘Old DVD’ thoughts that are unhelpful and the positive ‘New DVD’ thoughts that can replace them.

Short break

6.1.4 Late Session

The main aim of this session is to round-off the second last day of this multifamily therapy group

Plenary feedback

The peer groups feedback to the group about their new DVDs. After the presentation the other group members can ask questions and give feedback. The plenary group can then have an open discussion about what they have presented.

Take the pulse of the group

A short, one sentence pulse, then round off for the day.

Day Two

6.2.1 Early Session

Group members fill out a written evaluation form (see appendix) before taking a verbal evaluation in the group.

Set out chairs and tables and when the group members arrive, ask them to sit by themselves fill out the evaluation forms, without conferring with anyone else (see the appendix for an example). Play soft background music, if you like. The length of time group members require for this is very variable.

Short break

6.2.2 Morning session

Take the pulse of the group

Take a short group pulse to hear how each person is feeling and their thoughts from the day before.

Plenary exercises: Spectograms about changes

Ask the group to line up to make spectograms showing how things have changed for them since they began in the group. For each question ask the group to stand showing how things were for them before the first gathering, then to move to show how things are for them now. Ask some of group members to comment on changes (or lack of them) in their positions.

Questions for the spectograms can be:

How well you understand the eating disorder?

How much the eating disorder, as an uninvited guest, dominates the life of the family?

How afraid are you of the eating disorder?

How much hope do you have for positive change?

Plenary group: Open discussion

Return to sitting in the circle. Ask the group to begin an open discussion about what being in the group has meant for them and what they will take with them from the group. This is also the last opportunity to take up any “unfinished business” in the plenary group.

Family exercise: Reviewing the Tree of Aims

Put out tables and chairs for each family and provide them with a large sheet of paper, coloured pens, crayons and pencils. Ask them to take out their Tree of Aims from the first gathering. Ask them to review what they have achieved and what aims they have for the next year. If it suits them they can draw a new Tree of Aims on the fresh sheet of paper.

Exercise: Reviewing family names

Ask families to sit together in the circle and think about the name they

gave their family on the first day of the first gathering. Ask them to discuss whether they see the name as still appropriate for them or whether they want to give the family a new name.

In the plenary group each family tells the group whether they have changed their name or kept the old one and why this is.

[Lunch break with team meeting](#)

6.2.3 Afternoon Session

The main aim of this session is to conclude the group says goodbye to each other in a creative way

Families say goodbye to families

Materials: Tables and chairs, large sheets of paper drawing and collage materials.

Ask the families to sit at a table and write their name at the top of the sheet of paper then go around the tables leaving farewell messages to each other.

Tidy the tables and return to the circle and ask families to show their farewell messages to each other.

Plenum: Cultural contributions

Ask the group to open the circle to form a horseshoe.

Ask the families to take turns in presenting their cultural contributions; the poems, songs, videos or texts that they have chosen for the group.

The team can also choose a cultural contribution to present.

Short break

6.2.4 Late Session

The main aim of this session is to conclude the group
Return to the circle.

Take a final pulse of the group

Ask everyone to think about and share, in a few sentences, what are the most useful things that they will take with them from this year in the multifamily group.

Exercise: Ending Rituals

Ask everyone to stand together in the circle and join hands. Ask them to symbolically kick into the circle everything they want to leave behind in the room, and then think about what they will take with them from the group

Ask everyone to raise their arms and call out “Goodbye and Good Luck!”

After group team meeting

When all the family members have left and are on their way home, the team may be left with mixed feelings. A long and eventful journey, rich in experiences, has ended. The team have gained a close view into these families’ daily struggle as they have shared many aspects of their lives at home. The team members have also been woven into the tapestry the life of the group.

At the same time as it is a little sad to say farewell it is also a relief that the group is over.

The team will do well to sit down with a cup of tea or coffee and share what changes they have seen in the families during the course of the group and what they have learnt from it. One member of our team commented that “Being in the team running this group makes me a better and wiser person”.

An evening version of the program

Framework for a shorter evening version of the program

It may not be practically possible for some services to run the full 13-day programme as it is described in this practical guide. When the families come from urban or densely populated areas a shorter evening version of the programme, run on a weekly or fortnightly basis, can be a viable alternative. Whitaker W, Treasure J, & Todd G (2009) and Treasure et al (2012) describe 3-day workshops for carers of people with anorexia nervosa at the Gerald Russell Eating Disorders Unit.

The following is a suggestion for a shortened version of the RESSP multifamily group programme. It builds on the same model as the full version, and there is a similar progression in the process of the group. It is also possible to begin with a 2 or 3-day gathering and continue with regular evening meetings. We recommend that the group comprises 4 to 7 families.

The basic structure of an evening gathering – 2 ½ hours

Open the room a quarter of an hour before starting and have tea and coffee available so people can arrive and chat with each other before the start.

15 minutes	Take the pulse of the group. How things have been since last gathering, how they are feeling just now.
45 minutes	Work on the main theme
15 minutes	Break
45 minutes	Work on the main theme
15 minutes	Round off and sum up

1 - Introductory evening

Present the team and the families.

Presentations:

What is MFT?

The uninvited guest

Why good treatment is necessary

Short break

Participants from previous groups tell about their experiences

Peer groups

Practical issues and summary in plenary group

Suggest homework tasks.

2 - Establishing the group

Take the pulse of the group

Name, age and places exercises

Short break

Peer groups –Discuss living with an eating disorder

Food Fighter group – collage – life with and without

Art exhibition

Rounding off and summing up

3 - An uninvited guest

Take the pulse of the group

Presentation: An uninvited guest

Peer groups –living with an eating disorder

Food Fighter group: Collage - life with and without an eating disorder

Short break

Peer groups continue

Plenary group - Art exhibition

Rounding off and summing up. Assign a homework task.

4 - Motivation for change

Take the pulse of the group

Presentation about the phases of the motivation process.

Short break

Peer groups discuss motivation for change. What is adequate and appropriate support?

Summary in the plenary group

Rounding off and summing up. Assign a homework task.

5 - Who are we as a family?

Take the pulse of the group

Choose which method to use: Genogram or sculpting the family with figures

Short break

Go into peer groups and talk about what they saw in the last exercise and whether there was anything they would like changed.

Rounding off and summing up. Assign a homework task.

6 - Communication skills and mentalization

Take the pulse of the group

Short presentation about mentalizing

Role play of a situation when communication broke down

Short break

Present Janet Treasure's animal model of communication in stressed situations

Groups of animal types talk together about the advantage and disadvantages of this style of communication
Rounding off and summing up. Assign a homework task.

7 - The ABC model

Take the pulse of the group. Take plenty of time over this
Half way through the group programme.
Open plenary discussion about which themes group members are most concerned about.
Short break
Present Ross Greene's ABC collaborative problem-solving model
Discussion in the peer groups.
Rounding off and summing up. Assign a homework task.

8 - Care, support and belonging

Take the pulse of the group
Presentation about care, support and belonging.
Short break
Role playing situations showing appropriate and inappropriate care and support
Rounding off and summing up. Assign a homework task – agree on a difficult situation that can be worked on next meeting.

9 - Brainstorming a problem

Take the pulse of the group
Pairs talk about the situation from the homework task
Work on a situation using the brainstorming method
Short break
Working with group on a problem

Rounding off and summing up. Assign a homework task.

10 - Brothers and sisters

Welcome the brothers and sisters
Take the pulse of the group
Short presentation about the “uninvited guest” and how it can affect the lives of brothers and sisters and their relationship to Food Fighter
Peer groups talk about what it is like for brothers and sisters. What questions they have about the eating disorder but have not asked.
Short break
A panel debate. Discussion.
Rounding off and summing up. Assign a homework task.

11 - Mind the gap – Who helps when and how?

Take the pulse of the group
Presentation of how the health service is organised and who is responsible for what.
Short break
In families – work on making a helping hand plan
Rounding off and summing up. Assign a homework task.

12 - The future and daring to change

Take the pulse of the group
Looking 5 years forward in time
Short break
Life without an eating disorder – in peer groups or the plenary group.
Rounding off and summing up. Assign a homework task.

13 - Old and new DVD

Take the pulse of the group

Present the idea of an old and a new DVD

Peer groups discuss a new DVD

Short break

Presentation of the new DVDs in the plenary group.

Rounding off and summing up. Assign a homework task – note down a situation where you should put in the new DVD.

14 – Evaluation, feedback and saying goodbye

Take the pulse of the group

Hand in evaluation forms

Ask everyone to write down the three most useful things they have learnt during the group. Present these to the rest of the group.

Discussion.

Short break

Feedback about the group.

Rounding off and summing up. Saying goodbye. A parting exercise.

5

Five – Presentations and Exercises

The presentations and exercises in this programme address a variety of issues: working with the process of the group, improving communication, shared understanding and the ability to mentalize as well as supplementing knowledge about eating disorders. Some are directed at improving the relationships between family members and some are directed towards building supportive relationships between group members, giving them the opportunity to exchange thoughts and experiences.

Many are useful for other kinds of therapeutic groups and with multifamily work related to other diagnoses.

The exercises presented here are described in our words, but they are taken from a variety of sources. Some have come from the training course in multifamily therapy run by Pennie Fairbairn and Ivan Eisler, some have come from other training groups and clinical practice in psychodrama, systemic family therapy, art therapy, experiential group therapy, and mentalization-based therapy. Others were developed by the RESSP team for these multifamily groups. Most of these exercises have been used, adapted and passed on within an open tradition where therapists have shared their work freely with each other. It is often not possible to trace the exercises back to their origins and so many are described without specific references.

Presentations

Belonging

Having a good sense of belonging involves feeling one has an indisputable place in a family, group, workplace or community.

Intensity of belonging varies –in some families (groups etc.) it is very strong and there can be strict requirements of loyalty and obedience, with strong sanctions. In other families belonging is very loose, everybody does their own thing and members come and go just as they please.

There are different ways to belong in a family. Family members may have different roles like the black sheep, the golden child, the tower of strength, which can be restrictive and difficult to break away from.

A young person's sense of belonging influences their moving on to independence, as they can get stuck with issues that they carry with them and that have a negative effect on their adult relationships.

Belonging is not just important within a family; families can also feel accepted or rejected in their local community. When families do not feel they are properly accepted they may be experienced by others as insular or even hostile. Family members may be subjected to unpleasantness and sanctioning if they are seen as not belonging to their community or the community they belong to is divided. The thought of independent living can then seem to be overwhelming and threatening.

After the presentation ask families to sit together and talk about how they experience belonging in their family. Then return to the plenary group and ask families to feedback briefly how it was for them to talk about belonging, and whether they have anything they wish to share with the rest of the group.

Caring and supporting (control and shielding from the truth)

Young adults with eating disorders often receive more practical caring (having things done for them) and less support (help to do things themselves) from their families than is usual for people of their age. While this may be understandable, given the levels of anxiety involved, this may act to maintain the eating disorder. In practical terms, both care and support involve giving a child or person the experience of being appreciated, seen, heard and understood (Finne et al, 1994)

Practical caring can be expressed in many ways and styles

In parenting it involves giving a child:

Nourishment, clothing, love, time and attention suitable to their needs

Practical caring involves doing things for a child

This kind of caring is based on a dependency on the care-giver and is essential for early development.

Parental supporting involves helping children to do things themselves

In practical terms, it involves:

Setting up situations where a child can learn and develop

To encourage them to tolerate frustration and manage difficulties that may arise

Giving guidance and advice along the way

Giving encouragement, affirmation, and praise:

"It's something you need to learn to do" - "You can manage it" - "You have done it" - "Well done!"

From Caring to Supporting

An infant needs a lot of practical caring just to survive

As they develop, they need this caring to be gradually replaced by supporting

Supporting enables children to become independent and to mentalize others

Disagreement between parents on when and how to provide their child with caring or supporting can be a serious source of conflict.

With eating disorders:

Fear for survival breeds anxiety which may lead parent to give excessive and inappropriate levels of caring behaviour and too little support.

If a Food Fighter becomes too used to they may expect and demand parental caring that is more appropriate to a youngster than to an adult.

Parents may have difficulty in setting limits for their involvement

The thought of independent living can seem overwhelming and threatening for the Food Fighter and they may resist support as care seems less demanding.

This presentation can be supplemented by placing two chairs a couple of meters apart, one representing Caring and the other Supporting.

Ask the group if they have any examples of difficulties around care and support and move between them as examples are discussed.

Two further concepts can be introduced: 'Control' and 'Shielding' (shielding from the truth). Two more chairs can be brought in to represent them. The group can be asked to talk about these, where belong, and what connection they have to Caring and Supporting.

Communication

Talk briefly about:

How people are always communicating with each other – you cannot not communicate

There are verbal and non-verbal forms of communication

People have inner dialogues and reflections

Meta-communication is communication about communication

Understanding oneself in the larger context

Families can have very different ways and forms of communication

All communication involves interpretation and there is always a risk of misunderstanding

What can help to improve communication when it is breaking down.

Compassion-focussed therapy

A model based on 3 emotional-regulation systems

Food, body and weight can be used to regulate emotions

Symptoms are understood as safety-seeking and emotion-regulating strategies

Understanding the origin and function of self-criticism and shame

The importance of balancing emotional regulation via the calming system

The use of compassionate capacity for toleration, acceptance and soothing of the difficult feelings and painful memory pictures that are activated with the normalizing of eating behaviours

Compassion can be learnt and developed

Once compassion is learnt it is always available

Compassion contributes to closeness to others rather than distance from them

Compassion does not contribute to being self-obsessed or spoilt

Compassion involves responsibility and respect

Compassion involves relating to yourself and your life with an openness of mind and heart

Suffering can be converted to the possibility for compassion and belonging

CFT focuses on promoting good feelings, not just reducing difficult feelings

Using exercises and skills to develop compassion.

Doing what is helpful to me, reduces my suffering and increases my wellbeing

Improvement and recovery

A review of 200 studies of long-term improvement through treatment found that, in general, after several years, 50% of patients were recovered, 30% were improved but had some symptoms and 20% still had a severe eating disorder.

There were, however, large variations of rates of recovery between the studies, researchers used varying criteria for improvement and so no clear definition of recovery emerged.

In 2002, the Norwegian psychologist Gunn Pedersen carried out a study into how former patients, their close relatives and health professionals viewed improvement and recovery from severe eating disorders.

Former patients reported that recovery involved:

Acceptance of yourself and your body

Not using food to resolve your difficulties

Not letting food and eating dominate your life

Feeling that life has meaning for yourself and others

Being in contact with your feelings and being able to express them

Making use of your own potential and not just living up to other people's expectations

Functioning well socially

For both professionals and relatives recovery involved:

No eating disorder symptoms

Normal weight

Regular menstruation (women)

Better general health

A positive attitude to one's own body

Being able to trust one's own feelings

Being able to recognize the thoughts and feelings that can trigger symptoms

Reduced perfectionism

Understanding why the eating disorder developed

Awareness of the cultural pressure to be thin

Improved functioning at school/work

A better social network / ability to participate in a social life

Improved family life and close relationships

A better quality of life

Gunn Pedersen summarised these recovery factors:

Having a BMI that does not give serious health problems

Body and appearance do not determine one's self-esteem

Symptoms do not disrupt daily life

Reduced negative perfectionism

Symptoms are within statistical norms and do not function to resolve problems

No clinically significant anxiety or depression

Scores on psychological instruments that are within population norms or indicate a significant change for the better

Life (without an eating disorder) is experienced as meaningful

New challenges in life are not resolved through eating disorder symptoms

Being engaged in plans for the future

The meaning of one's life is no longer limited to being thin or to retaining an illness-role connected to the eating disorder

Situation-appropriate openness about present or previous eating disorder

An inner dialogue when eating a meal

This presentation aims to illustrate the inner dialogue between Food Fighter's two sides - the healthy, rational side and the eating-disordered, irrational side. It aims to give group members an insight into Food Fighter's psychological reality and it can allow Food Fighter to observe their situation close up. It is a good idea for team members to practice this role-play in advance so that they are comfortable in taking their roles.

Instructions:

Ask the group to open one end of the circle to form a horseshoe shape. Place one chair in the middle facing forward and two more chairs just behind, facing the same way, forming a triangle.

Say that the front chair represents a Food Fighter, the chair behind on the left represents the voice of the Food Fighter's eating disordered

thoughts and feelings while the chair behind on the right represents the voice of Food Fighter's healthy and rational thoughts and feelings.

Ask 3 members of the team to sit in the chairs. Ask the team member in Food Fighter's chair to imagine that he or she soon has a plate of challenging food to eat and ask them listen to the voices behind them (you can give them something to represent the food).

The person on the left, repeatedly and in a demanding tone, voices typical eating disorder thoughts, such as:

"Eating will make you swell up. Being fat is disgusting. You don't deserve food. Everything is your fault..." etc.

At the same time person on the right repeatedly voices encouraging healthy thoughts, such as:

"You need to eat to live. Food is good for you. You can manage to eat this. Of course you deserve to eat. Do not punish yourself..." etc.

After a while, stop the talking and ask the team member in the Food Fighter's chair what it was like for them to have to listen to this.

Emphasise to the group that this is a demonstration of an inner conflict and does not imply that a Food Fighter has a split personality or hears voices.

Ask the Food Fighter group members whether they are familiar with this dialogue, and whether it is a good demonstration of their thoughts and feelings.

Ask one or two of the Food Fighter group if they will sit in chairs of the voices to show what the voices are like for them (the eating disorder voice is usually much harsher when Food Fighter demonstrates it).

Ask a Food Fighter to move the voice chairs closer or further from the listening chair to show how close or distant the voices can be at best and at worst.

Ask other group members to sit in the listening chair and experience what it is like to listen to the inner dialogue.

A fourth chair can also be added in front of and facing the Food Fighter chair and a team member can play the role of trying to persuade them to eat.

End by discussing with the group what their impressions are from this exercise.

Comments:

This is a demonstration where Food Fighter can recognise their situation and shows that change is not just a matter of “pulling themselves together”. Group members find being in the listening chair hard to tolerate and may jump quickly out of it.

This form of double dialogue can be used in later exercises and role plays concerning ambivalence and more chairs can be added to represent different “voices” in complicated dilemmas. Externalising an inner conflict can also be used with many other situations and in making difficult or important choices.

Medical consequences of malnutrition

This presentation is best made by a medical doctor or nurse familiar with current knowledge as it may raise many questions from group members that will need to be dealt with competently. It is usually experienced as tough but necessary. The following headlines are a good basis for illustrated slides used in this presentation.

- Statistics concerning morbidity and mortality and factors influencing prognosis
- The most frequent causes of death with eating disorders
- A brief presentation of the Minnesota study
- The effects of starvation and malnourishment on the nervous system, the muscles, the peripheral nervous system, the teeth

and gums, the skin, the lungs, the heart, the digestive system, the endocrine system, the kidneys, the skeleton, the blood and the immune system.

- End the presentation by emphasizing the ability the human body has to restore itself, and how Food Fighter can regain health.

Recommended source: Boachie A. & Jasper K, “A parent’s guide to defeating eating disorders” (2011) pp.53-67

Mentalizing

‘Holding mind in mind’

Mentalizing can be understood as the ability to see oneself from the outside and another person from the inside. One has both an inner and an outer perspective on oneself and others.

Mentalizing also involves interpreting one’s own and other’s actions as meaningful expressions of an inner life, for example feelings needs, wishes choices, rationality etc. (Fonagy et al 2001).

Feelings can be unclear both for ourselves and for others. It is not possible to understand the other completely; we are separate people.

Misunderstandings can easily occur as a consequence of our acting on a misconception of the other person. To be misunderstood triggers strong feelings such as aggression, withdrawal, disappointment, offence, over-protection etc.

A breakdown in mentalizing happens when one person stops seeing the other person in their own right, perhaps because one is afraid or irritated or misunderstood. Here a person also stops seeing themselves from the outside and remains caught up in their feelings.

Because eating disorders awake so much emotion in Food Fighter and Food Fighter's family, there are frequent breakdowns in mentalizing. Interaction and communication become very difficult.

Mentalizing

Is something we all do all the time.

We interpret our own and other's actions as being meaningful. Mentalizing involves 'seeing' our self from the outside and others from the inside. However, thoughts, feelings and intentions are always unclear so there is always uncertainty about interpretation.

We all interpret more or less well

Our ability to do so varies according to our state of mind and level of affect.

Our mental picture of 'reality' can be very different from 'reality' for another person.

Mentalizing and development

During the fourth to fifth year of life children learn to experience that both them self and other people have thoughts and feelings that should be respected.

Before this they pass through different stages that can 'pop up' later in life.

Teleological understanding

At around a year babies develop a sense that people do things to make something happen. They do not have a picture of thoughts and feelings, but understand in a very concrete way.

Adults can view situations in the same sort of way, without considering context or meaning.

And then may react in ways that are action-orientated and impulsive.

Psychological equivalence

The idea that other people have thoughts and feelings emerges in the second year of life.

Infants cannot distinguish between fantasy and reality: thoughts and feelings are the same as reality.

Adults can have the same difficulty in distinguishing between what they think and feel and what the world is like outside their own perspective: "I think, therefore the world is"

Pretend mode

The child eventually experiences that fantasy and reality are separate from each other, that there is an inner and an outer reality. The separation can be exaggerated and fantasy and play can become disconnected from outer reality.

Adults can behave as though thoughts and feelings have nothing to do with an outer reality, resulting in denial and intellectualising.

Break down of mentalizing

When mentalizing breaks down, we stop considering of other people's points of view and feelings and see things only through our own eyes, with our own emotions. This breakdown is not seen as being about personal traits, but rather as being connected to the strength of our feelings at any particular time.

Comment:

A presentation of the theory of mentalizing can lead to these concepts being intellectualised. It is better to illustrate the presentation with short role plays by team members showing typical situations where the ability to mentalize breaks down. This will make it more concrete, down to earth and understandable.

This presentation can be divided up, with an introduction up to the slides on development being presented and discussed first. The group can also try to find simpler descriptions for concepts like 'teleological understanding' and 'psychological equivalence.'

It is useful to come back to this presentation later in the group and review it again at the end

Mind the Gaps!

The 'Gaps' are the spaces between levels of care in the health and social services. They are most noticeable when moving from in-

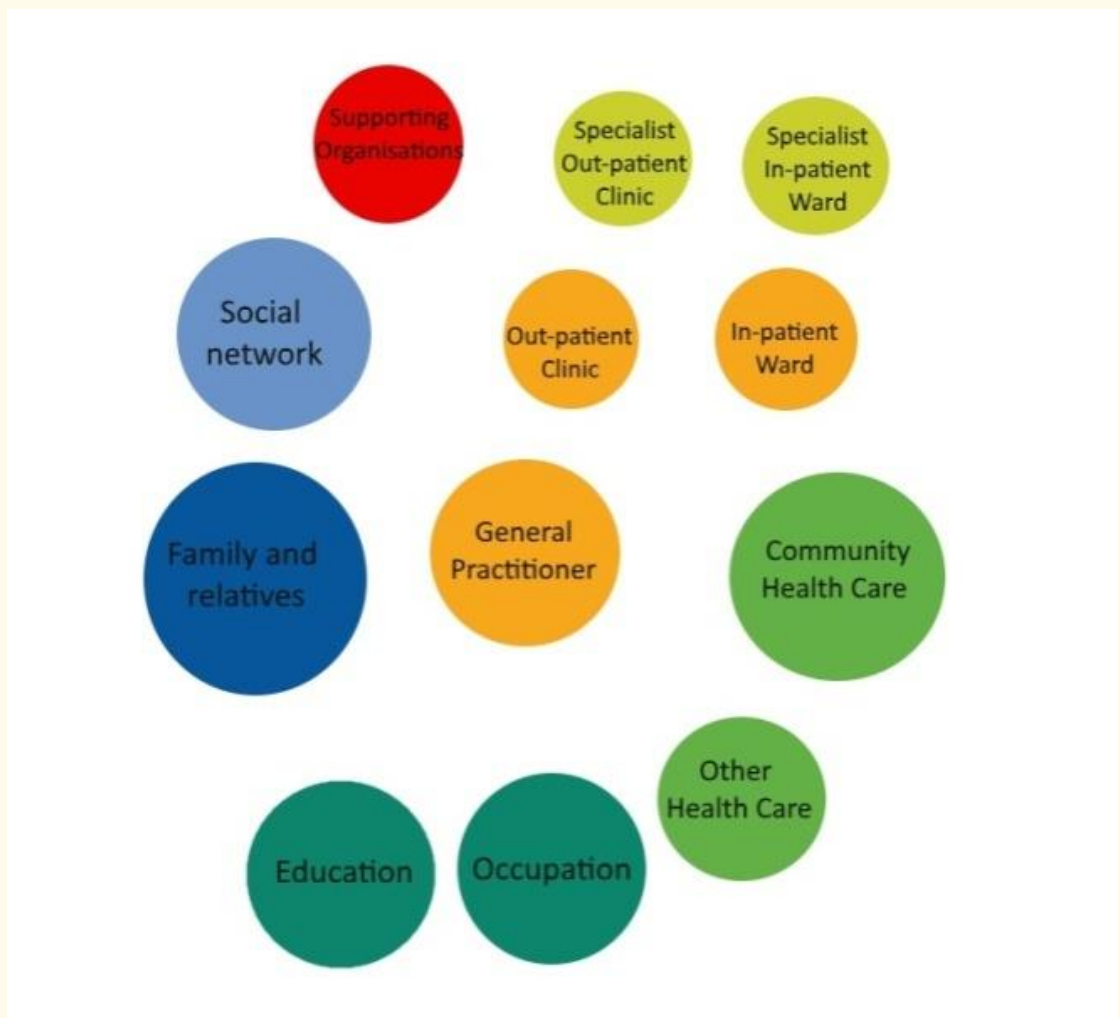
patient to outpatient care, from specialist to generalist services and when concluding professional support.

There may be uncertainty about pathways of care, how health and social services are organized, and who has what responsibility for providing treatment and follow-up.

Present a short introduction to this theme, preferably with diagrams, showing how the health service is organised in your region, and where and how responsibility for care and follow up is placed. Include other relevant agencies such as social support, employment, benefit and advisory services. Where relevant, include information about Integrated Care Pathways (ICP) and Individual Plans (IP), if these are a part of your health and welfare system. Talk about the rights that carers and next of kin have regarding involvement and information and what are viewed as their responsibilities. Talk about confidentiality and consent and what information is available to whom in what circumstances.

Talk about consent and about compulsory treatment. Which laws and regulations are involved, when it is considered necessary to use compulsory admission and the risks that are involved in taking responsibility away from an adult? Include the local therapists in the discussion, asking for their comments.

Discuss with the group which Food Fighters have after they are discharged from a stay in a hospital or clinic.



Ask the group to try to visualize the gaps between their services and what they comprise.

If Food Fighter does not feel safe about their boundaries being understood and respected they may hold their family members at arm's length, but if they do feel safe they can accept that they have an important role in a "safety net" in times of difficulty.

Motivation for change

The trans-theoretical model of health behaviour change (TTM)

Developed by Prochaska and DiClemente (Prochaska J & Velicer W 1997)

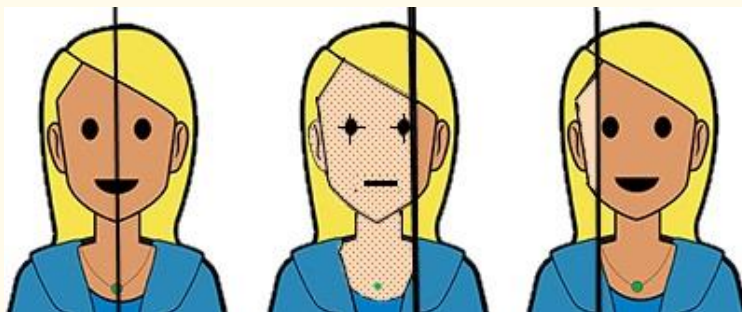


The TTM proposes that people proceed through different stages in the process of behaviour change. These are

- 1) Pre-contemplation – not ready, not intending to change.
- 2) Contemplation – considering changing in the near future.
- 3) Preparation – taking initial steps towards change.
- 4) Action – actively changing their behaviour.
- 5) Maintenance – keeping up the change.

The process is circular and there is a risk of
6) relapse to stage 1 during the later stages.

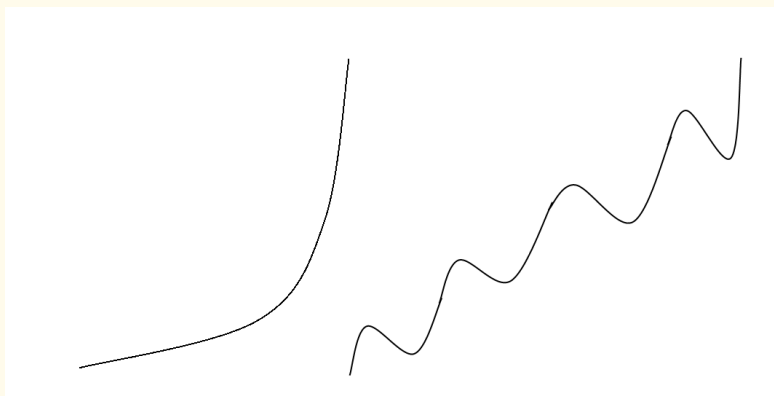
Food Fighter's two minds about their situation



While Food Fighter does not have a split personality, their thinking and feeling is radically divided when it comes to matters concerning their eating disorder. On the 'one side' their thinking is rational and they are concerned about their health and well-being and considerate of others. On the 'other side' their thinking is irrational, suspicious, self-critical and driven by negative thoughts and feelings. It can be

very confusing and frustrating for relatives when the eating disordered side suddenly dominates after a rational discussion. Even when Food Fighter has succeeded in overcoming their symptoms and regained control over their life, there often remains a residue of eating disordered thinking and feeling.

The rocky road to improvement



The road to improvement is never straightforward with an eating disorder. There are always ups and downs, times when motivation is high and others marked by doubt. Be prepared for the times when motivation fails and understand that Food Fighter will need support until it returns again. It is Food Fighter's ambivalence, the inner dialogue between the healthy and the eating disorder thoughts and feelings, which makes motivation difficult.

Our service for the treatment of eating disorders

Present a brief overview of the provisions in your district, pathways to treatment and the collaborating between general medicine, general mental health services and specialist facilities. Photographs of in-patient units and their staff can help to make them seem less daunting.

Systemic thinking

Systemic thinking is not about looking for causes, but family members often feel that they are in some way to blame for each other's

difficulties.

The family is seen as an entity or system where all the 'parts' are interacting and mutually affecting each other.

Problems are understood as being between people, not within people

How a problem is defined determines how we attempt to deal with it

Problems occur, and are resolved, through language and within the context of our relationships.

A focus on relationships

Communication – understanding each other's perspectives

Emphasis how we function and work together, on understanding rather than cause and effect, avoiding assigning guilt and blaming.

Why the whole family?

Families organise around the symptoms – family life revolves around managing the eating disorder. Patterns of interaction become increasingly limited and strained. Family members 'walk on egg shells'. Family members become depressed and helpless.

What do we wish to achieve through multifamily groups?

To mobilize the family as a resource.

To help families find their own solutions.

To hinder the 'uninvited guest' from playing the leading role in the life of the family.

To contribute to strengthening the family's ability to tackle the changes and developments that are a natural part of a life-cycle.

Transactional Analysis

Present the basic interactional model from Eric Berne's Games people play (2010) and/or Thomas Harris's I'm OK, You're OK (2012)

Parent	Parent	I'm OK	-	You're OK
Adult	Adult	I'm OK	-	You're not OK
Child	Child	I'm not OK	-	You're OK

Understanding Eating Disorders

There are many aspects to eating disorders that are not yet well understood and the point of this presentation is to inform the group about our present understanding and how this influences the treatment we provide.

Prepare slides with key words and illustrations. Give out hand-outs from the presentation.

This presentation itself should not take more than 30 minutes and should form the basis for discussion in the group.

Emphasise that this is a general perspective and not everything will be relevant to their family member with an eating disorder. Ask the group about what appears familiar to them, and what is different from their own situation. Family members may have differing perspectives and opinions.

As you go along check out what they group members know and how this fits in with present knowledge.

Cover topics like:

The diagnostic categories for serious eating disorders, their occurrence and prognosis.

The myths concerning eating disorders and how they are misleading.

How undernourishment of the brain affects thinking and feeling.

How eating disorders affect self-esteem self-compassion and relationships.

Follow up the presentation with a discussion in the plenary group with questions and answers.

An uninvited guest

Present the idea that living with an eating disorder is like having one's home invaded by an uninvited guest that makes its way in to the

family's life. Though the guest may seem unobtrusive at first, it begins to spread doubt and worry, makes unreasonable demands on everybody, and eventually becomes the centre of every aspect of family life. It shows no concern for anybody's wellbeing, creating conflicts out of any situation by twisting meanings and intention and it stifles open and honest communication. It becomes threatening and dangerous when anybody opposes it and establishes a tyranny based on fear, frustration and helplessness.

The metaphor of an uninvited guest is very old and examples can be found in literature, art and film.

This metaphor can be presented to the group held for the first time at the information meeting and it is useful to come back to it several times during the course of the group. It is particularly useful for the fourth gathering when there is a focus on the situation for brothers and sisters.

Exercises

Animal model of caring communication

This exercise is about helping group members to be more aware of their ways of caring and communicating in situations that are marked by stress and the anxiety. It is based on the model developed by Treasure, Crane and Smith in their book Skills-based caring for a Loved One with an Eating Disorder.

One of the team presents the animal metaphors:

- The Kangaroo that is overly concerned with protection and carries its child in a pouch – emphasis on avoidance
- The Rhinoceros that is forceful and controlling – emphasis on action

- The St. Bernard Dog that is warm and calm – emphasis on comforting
- The Jelly fish that spreads its emotions everywhere – emphasis on own anxiety
- The Ostrich that buries its head in the sand – emphasis on denial
- The Dolphin that gently nudges its young to guide them

Write the name of each of the above animals on a sheet of paper and include a few key words about their characteristics.

Place the 6 large sheets of paper, spread out, across the floor
Ask everyone to walk around and stop by the picture that think best represents how they react when they get very stressed. Ask people in the same group to talk about why they have made this choice. Ask them to look around and see where the other members of their family are standing, consider whether they agree with their choice of animal and give each other feedback.

Ask the people who have chosen the same animal to sit together and discuss what the advantages and disadvantages are with this style of caring and whether they would like to change.

Team members join in this exercise.

If some people have difficulty deciding which animal, emphasise that this is about situations where there is a lot of stress and tension, and not necessarily their usual way of coping with things.

There is plenty of opportunity for humour in carrying out this exercise. It also helps if team members are honest and admit their own fallibilities.

Art exhibition

The group peruse the collages made by Food Fighter

Displaying the pictures

- 1) Lay out all the Food Fighter pictures on a large table. Place a smaller piece of plain paper and a pen on both sides of each picture – one for life with, and one for life without an eating disorder.
- 2) Ask the members of the other peer groups to go round the table and look at picture and write any comments they have on the paper sheets.
- 3) After they are finished viewing, a team member reads the written comments out loud to the group. Ask the plenary group to talk about their reflections on the exhibition.

Asking, refusing and giving

This exercise is intended to increase the participant's awareness of their reactions to being pressured about their right to set their own limits and dealing with other people setting their limits.

Ask everyone to find a partner and decide who is A and B. Ask B to find an object they can hold and to think of it as representing something that is very valuable to them. Tell B to refuse to give it away, no matter what. Tell A to ask B to give the object to them, using any method of verbal persuasion. Pause after three or four minutes and inform the group that they have 30 seconds left and that B can now decide whether or not they will give their object to the A. When the time is out, ask the group who has given up their object and who has kept it. Then tell A and B to swap roles and repeat the exercise. When they are finished, ask the pairs share with each other how they experienced the exercise and why they decided to give or keep their object.

A variation is to give B an eraser and say that this has the miraculous power to erase one problem from their life, but that it can only be used once. Proceed with the exercise in the same way as above.

Follow up the exercise with a plenary group discussion on the difficulties of asking, giving and refusing.

This exercise can activate feelings in some members of the group as it involves them acting in a way that is unfamiliar to them. The ability to keep saying no is clearly related to the issue of insisting on giving support instead of giving in and providing age-inappropriate caring.

Brainstorming a problem

Brainstorming is an excellent way of involving the group in discussing how to deal with difficult situations.

Ask families to sit together and find an example of a difficult situation that they do not know how to deal with. Ask who will share their difficulty for the group to work with. Help them formulate the essence of their difficulty in one short sentence. Draw a brainstorming table on the whiteboard like this:

<i>Problem formulation</i>		
Suggestions	Positives	Negatives
-		
-		
-		
-		
-		
-		
-		
-		
-		
-		

Two members of the team share the task of writing on the board. Write the sentence with the problem formulation at the top. Keep this as concrete as possible (For example “What can we do or say when Food Fighter does not eat any dinner”).

Say to the family presenting the difficulty that they can now listen to the group’s suggestions of how to deal with it. They can come with clarifying information but not comment on the suggestions. Now it is the group’s task to come with ideas.

Encourage unusual suggestions from the group as these often lead to creative thinking and fresh ideas. Cue words for each solution are written in the left-hand column. When the group has run out of new ideas, include the presenting family and go through the suggestions one at a time to find one or more positive and negative things about each suggestion. Cue words for these are written in the centre and right columns.

End by asking the family which of the solutions seem most appropriate for them.

Finding positives and negatives in all suggestion is important as it encourages flexible thinking concerning a stuck situation.

This brainstorming method is at the centre of multifamily groups for psychosis developed by William McFarlane (McFarlane 2002)

Using this method for the first time often takes some time as the group learns how to do it but once it becomes familiar it goes quicker. It can be used at any time if the group brings an appropriate issue to be dealt with.

Brainstorming can drain the energy level of the group so consider following it up with an active or playful exercise.

Breakfast in Hell

Set up a “breakfast” table in the middle of the room and ask 6 group members to sit round it. Ask one of them (not a food fighter) to role

play having difficulty in eating (use something as a prop for the food). Ask the others pick a role card telling them what kind of attitude they have to the situation (see below).

Ask the group to play out a breakfast situation where everyone is relating to the person according to their role. Encourage them to butt in and talk at the same time as each other.

Afterwards, ask them to share how they experienced being in the role play and ask the rest of the group to share their reactions.

Invite a new set of players take their turn at the table and give them different cards.

Return to the large circle and talk about

- How they experienced the role play
- What kind of communication is suitable for mealtimes?
- What are the thoughts and feelings that influence communication?

Role cards for Breakfast in Hell:

You are a very caring person	You know what is best and like to give advice	You are irritated	You want to give spiritual support
You are worried and anxious	You tend to take things personally	You are confused	You think that people should pull themselves together
You want to avoid a fuss	You are pessimistic	You are optimistic	You do not care

Collaborative Problem-solving Approach

This approach was developed by Dr. Ross W. Greene for helping parents manage conflicts with children with problems controlling their anger (Greene 2014). However, the basic principles are relevant for any situation where there is a lot of tension.

There are three plans for dealing with conflict situations: Plan A Plan C and Plan B

Plan A - Imposing your will

Tell the person what to do, or what not to do.

If the person does not do what you require:

Confront them and insist that they do

If they resist, use stronger forms of persuasion until they do

The person who uses the most power in this situation will win

The problem with this is that it can lead to pain, abuse and violence

It enhances stubbornness, resistance, frustration, resentment and anger.

And you may often lose

Plan C - Giving up

Tell the person what to do or what not to do

If the person does not do what you require:

Let them have it their own way.

This greatly reduces the short-term risk of explosive behaviour

But it can lead to risky situations

Your sense of authority and self respect are undermined

In the long term it still leads to:

Stubbornness, resistance, frustration, resentment and anger.

Plan A then Plan C

First try to use force and then give up

Enhances stubbornness, resistance frustration and anger and can lead to risky situations.

Plan B - Listen and negotiate

Aims to achieve a mutual resolution of the concerns of both parties.

Two forms:

Emergency (within a current confrontation)

Pro-active (before or after a confrontation)

3 parts: Empathy and reassurance, problem definition, invitation

Emergency Plan B:

1 Empathy and reassurance

Show the other person that:

You have heard what they have said (by repeating it)

That you recognise their situation and why it is a problem for them.

If they begin by proposing solutions, enquire first about their concerns: "What's the matter?"

2 Problem definition

Put forward your own view and concerns about the situation in a way that the other can understand.

Check out whether the other person understands your concern (by asking them to repeat it).

3 Invitation

Invite the person to join you in finding a way of resolving the situation that deals with both their and your concerns.

“Let’s see if we can work this out...”

Pro-active form Plan B

Empathy and reassurance

Choose a time when neither you or they are highly emotionally aroused

Begin with a statement of your own observation or thought: “I have noticed that...”

Hear the other person’s perspective and let them know that you recognize why that would be a problem for them.

Invite them to discuss ways of resolving the situation that will deal with both their and your concerns.

“Let’s see if we can work this out...”

Sometimes using Plan A or Plan C is unavoidable, but the aim is to use Plan B as much as possible.

Collage: Life with and without an eating disorder

Materials:

Large table, large sheets of paper, writing and drawing materials, scissors, glue sticks and several different magazines.

Ask the group to sit around a large table and provide them with large sheets of paper, writing and drawing materials, scissors, glue sticks and a pile of colourful magazines.

Ask each person to draw a vertical line dividing their sheet of paper in two halves. Ask them to make a collage or drawing in two parts, one that shows how they see life with an eating disorder and one showing life without an eating disorder.

Ask them to not put their names on the sheets and let them know that the pictures will be displayed anonymously to the other group members. Emphasise that it is their message that is important, not the picture’s artistic quality.

Letting go of an eating disorder

Ask the group to think about what might be the positive aspects to keeping an eating disorder. Ask the Food Fighter group to make an inner circle and have a goldfish bowl discussion about:

What do I think will be most difficult for me if I give up my eating disorder?

How will my life change without my eating disorders?

How will expectations change if I recover from my eating disorder?

Return to the large circle, ask the other group members for their comments and continue the discussion.

Different ages of the group

First part: An age spectogram

Ask everyone to stand and make a new spectogram by standing on an imaginary line with the eldest at one end and the youngest at the other. Starting at the youngest end, ask everybody to tell how old they are.

The exercise leader and the team also join in. Some people are quite sensitive about their age, but this exercise will go well when done with a good portion of humour.

Second part: Age groups

Divide the spectogram up into three or four groups by age.

Ask each group to sit together in a small circle and talk about what is the advantage of being in their age group. After a few minutes, ask each group to tell the others about these advantages, and why their group is good to be in.

There is usually a lot of fun and positive energy in this exercise and it is a good way of warming the group up to talking in the plenary in a spontaneous and creative way.

Third part: Preferred ages

Still in the age groups, say, "If you could magically change your age, which group would you want to move to? Take your chair and go to

your preferred group.” Go around the groups and ask for comments about whether people have stayed or moved and why so.

Group members and team are again talking about themselves in the plenary in a light-hearted way. If anyone makes a radical change, this might be useful information about their situation and should be kept in mind.

This is an exercise where the youngest group members often feel important as they have some things that their elders do not have - time and potential. It is a way to empower Food Fighters.

Drawing a genogram

A team member joins each family and helps them to draw their genogram. Give the families at least 45 minutes for this task. Provide a sheet of flip chart paper and writing materials. As far as possible allocate a group room to each family, so that they can talk without disturbing each other.

Materials: Table and chairs. Pens and large sheet of paper.

Ask who will draw the genogram and give supervision on how it is drawn. Ask about how big their extended family is, including four generations, to get an idea of how to space out the drawing and suggest they begin with the youngest generation. As the map is being drawn, asks about the family members, their occupations, interests, resources and relationships. Ask about attitudes to food and appearance. Ask how the family have dealt with changes and difficulties. Focus mainly on resources and strengths and talk about how this applies to their present situation.

Ask about how the eating disorder is understood by family members, who the different family members can turn to for support when things are difficult and whether there are any unhelpful attitudes or misunderstandings.

- Attitudes to food and eating within the family.

- Which family members are particularly close, and which are similar to each other?
- How different members deal with difficulties in life.
- Who knows about the eating disorder and how it is understood by family members?
- Who the different family members can turn to for support when things are difficult?
- Has anybody's attitude been particularly difficult, and how this has been dealt with?

Ask Food Fighter to keep the genogram, folded, in a plastic pocket in their folder, as it might be referred to in a later gathering.

Drawing a genogram takes some families into sensitive areas as issues of guilt, blame and shame can be brought to the surface. Reassure families that the object of the exercise is not to find fault but rather to make the context of their relationships more apparent so that they can be better dealt with.

Some families work quickly but others can get caught up in details and take a long time. Allow a minimum of 60 minutes and keep an eye on the clock and help them to finish the task in time.

Genograms in some larger families are quite complicated, and the drawing may appear a bit chaotic. This can be stressful for someone who likes things to be perfect, in which case encourage them to look on it as a rough version that they can re-draw neatly later.

For more about using genograms with families see 'Focused Genograms (DeMaria, Weeks and Twist 2017).

Family appreciation

Divide into family groups and ask family members to take turns and tell each other about something that they appreciate about them.

Goldfish bowl

The goldfish bowl is a well-established technique in group work for discussing issues. All sorts of themes can be dealt with, and themes may function as a starting point for further discussion, a presentation or an exercise. Initially it can appear to be quite challenging for the first participants but once they start talking to each other they tend to forget about the people around them and it becomes more relaxed. The strengths of the goldfish bowl are the movement between listening and active conversation and the way the exchange of perspectives gives valuable material to the group and the team.

Arrange the chairs into a small inner circle of 5-8, surrounded by an outer circle. Ask group or team members to sit in the inner circle and talk about a particular issue while the rest of the group in the outer circle sit and listen. The team member running the exercise does not usually participate in the discussions.

After a few minutes, ask them to pause the discussion and swap places with group members from the outer circle. Ask the new inner circle to continue the discussion based on what they have heard and their own thoughts. Swapping the circle can be repeated several times. End by asking to return to the circle at asking for comments on the discussion.

Swapping people in the inner group can be one or two at a time, or the whole inner circle can be swapped.

The inner circle can be formed by selecting participants, with peer groups and the team or by asking for volunteers

If the group process seems to be a little stuck, the team can sit in the goldfish bowl and discuss how they see the group. They can then ask members of the group to swap places with them and take over the discussion. This can be repeated, and end with the team returning to the inner circle and talk about how to go on with the group, then re-join the circle and decide what to do next. In this way the team exercise leadership without taking responsibility away from the group.

Meditative reflections

Starting a session with a short sitting meditation also helps group members to calm down and focus on themselves, help the group 'land', achieve an overview of their daily life and relationships. The guiding should not be rushed, the group will need enough time to think. If a particular issue has come up in the group or concerning family life, focus the instructions on this. Some people will follow their own thoughts rather than the instructions, but this does not matter. The short meditation will usually be followed up by a form of sharing, either in pairs, small groups or the plenary group.

There is no standard formula but meditations are often built up in a similar way. Speak in a soft but clear voice. Give the group enough time between the instructions to settle and gather their thoughts. Do not rush. Ask everyone to sit comfortably in their chairs with both their feet on the floor and to relax and focus on here and now.

Example

"Place your feet on the floor and feel that you are sitting comfortably in your chair. Find a point on the floor to focus on, and if you are comfortable, close your eyes. Notice your breathing and feel the way you are resting on the chair. Notice any tensions in your body. Notice the room around you, the temperature, the sounds and the smells".

"Think about the time that has passed since we were last together. Are there any particular thoughts that come into your mind, anything that strikes you as important?"

"When you are ready, open your eyes and return to the group."

When everyone is ready, ask who will begin to share their sentence, and let them choose which direction to go around the group.

Guided fantasy

Looking down from a heavenly perspective

“Now that you are sitting with closed eyes, imagine a starlit sky. Look at the sky, notice the colours and see all the many stars there. Choose one of the stars. Imagine that you can change places with that star and that you are now looking down at the earth. With the perspective of your star, imagine that you are looking down on the earth, your country, your town or district and the building you live in, among the other houses, apartment blocks and buildings. Imagine that you can see into your home. From your star-perspective, look at the people in the house and see how they are moving around. Notice how they get on with each other. Ask yourself: ‘How close they are?’ ‘How much time do they spend together?’ ‘How much are they alone?’ ‘What are they doing?’ ‘How are they dressed and what expressions are they wearing?’ Do they look well or do they look upset? What is on their minds? What do you think they need? Is there anything you can do to support them? What else can you see in your home as you look down from above? Choose one of the impressions that you have had to take back with you, and slowly draw back your perspective, zooming out to see the town, district, country, the whole earth in the solar system, and when you are ready, changing your perspective back to this room again and slowly open your eyes.

Stand up and choose a partner who is not in your family. Sit together and take turns in sharing what you have seen, looking down from the sky.”

If a pressing issue turns up from the feedback, the team can talk openly about whether to leave the planned programme and deal with it now or later. The group can be asked if anyone has opinions or suggestions.

Helping hand plan

Ask families to sit together with their local therapist and make a plan for how to manage the situation if Food Fighter seems to be heading for a relapse or if there is a crisis. See the appendix.

A helping-hand plan should include:

- Signs of a possible relapse that Food Fighter can notice and that other people might notice
- The kind of helping-hand that the family should give Food Fighter if they see warning signs.
- Who in the professional services should be contacted if there is a relapse or a crisis?

Ask the family to keep copies of the plan, and to review it twice a year.

Home - where we come from

Materials:

Tables and chairs. Sheets of flip chart paper and writing and drawing materials.

Set out a table for each family to sit round. Everyone participates, including the team who form their own “family”.

Provide families with drawing and writing materials and ask them to work together to make a poster advertising the place they consider to be their home. Tell them how long they have to make it and let them know when time is running out.

When they are finished, ask them to move the tables to the sides of the room and to sit together in the circle. Ask one family at a time to hold up their posters for the others to see, and tell about what they like about their city, town or village.

This is a family exercise that promotes co-operation, belonging and pride. It presents a challenge for some families that have moved a lot, or who have more

than one base.

Individual reflections

Quiet individual reflections are helpful for group members to gather their thoughts and feelings and concentrate on the here and now without input from others.

Group members can be asked to sit for a little while and reflect on:

What has been happening in their lives recently

How they are feeling just now

How they are breathing, whether they are relaxed or tense and What signals are coming from their body

What thoughts are concerning them at the moment

Whether there is anything they would like the group to deal with

It can also be helpful to provide group members with pen and paper and ask them to sit by themselves thinking about what concerns them just now then write or draw something to express their present thoughts and feelings.

At the end of a day the group can be asked to think of what has been most meaningful for them. If there has been a lot of information, and emotive themes, some personal reflection is especially useful.

After individual reflections it is usual ask group members for feedback from their thoughts. It can be helpful to begin feedback by sharing in pairs and then asking pairs to share with the group, especially with a new group or when the group seems tense.

Where appropriate, write up key words coming from the feedback on a flipchart or whiteboard.

Learning names

Ask everyone to stand up, move around the floor and find a partner that they do not know and then sit down in pairs facing each other.

Ask pairs decide who is A and who is B.

Ask A to interview B about B's given name; where it comes from, what it means, whether they like it, if this has changed over time, if they would swap it, do they have a nickname and so on.

After a few minutes, ask the pairs to swap and B to interview A about their name.

Re-join the circle with the pairs sitting next to each other. Ask each of the pairs to tell about their partner's name to the others in the plenary group. Ask A to get up and stand behind B and tell about B's name, and then B to stand behind A and tell about A's name.

Some people get nervous when they have to repeat back to the group what someone else has said. Let pairs know that this is not about being clever at memorising and that they can help each other out. Use humour and make this as playful as possible.

Stacking first names

Ask everybody to sit in a circle.

Say that this is a learning exercise and not to worry about making mistakes. Ask for a volunteer to start by saying their name. Ask the person to their right to repeat the first person's name and then add their own, then ask the next person to repeat both names and add their own, and so on round the whole circle. Keep this light hearted and help each other out when names are forgotten. If anyone does not want to try, say that is OK and do not press them. If group members are slow to volunteer, a member of the team should do so.

Recalling all the names

In the circle, ask for a volunteer to look around the group and attempt to repeat out loud everybody's forename. Repeat this with two or three others.

Again, keep this light hearted and encourage group members to help each other out. Team members should also try and can start if the other group members are reluctant.

Mapping the geography of the group

Tell the group that the floor has now become a large imaginary map divided by north–south and east-west axes.

1) Ask everyone to think about where they were born and ask them to move there on the imaginary map, relative to the others. Go around the group and ask everyone to tell where they are.

2) Then ask everyone to move and stand according to where they are living now. Go around the group again and ask everyone where they are now.

3) End up by asking everyone to think about where they would like to live, ask them to move there on the map. Go around the group and ask briefly about where they are and why.

This exercise gets people talking to each other while they find their place on the map. It touches lightly on aspects of belonging and aspiration. Standing exercises like this can be tiring for the back, so conversations should be brief. Let people take a chair and sit down if they need to. Make sure no one is forgotten. An alternative is to let group the talk to each other in pairs or small groups

A name for our family

Ask families to sit together and find a new family name, one that expresses something typical about them (e.g. Family Football, Family Drama, Family Easy-Going).

Ask the families who will speak for them and ask them to tell their new name to the plenary group and say why they have chosen it.

The leader team also meet and find a ‘family’ name and share it with the group.

This is a simple and humorous way for the families to begin to talk about themselves in the plenary group. It also brings out the resources in the family and emphasises their sense of identity and belonging.

New DVD

Materials: Two DVDs – plain or with appropriate titles. Pen and paper

A team member gives a short talk on a DVD metaphor of a cognitive strategy.

Present the idea that negative automatic thoughts can be like an old DVD that plays repetitively in the head and that it can be ejected and replaced with a new DVD containing thoughts that are helpful and constructive. Use the two DVD's to illustrate.

Ask the group to sit by themselves think about and write down the negative thoughts that they have that could use replacing.

Ask the peer groups to meet and provide each of them with a large sheet of paper from the flipchart. Ask them to draw a line down the middle and write the heading 'Old DVD' on the left side and 'New DVD' on the right. Ask them to talk together and agree on a number of negative thoughts that need replacing and write them on the left, then write which positive thoughts can replace them.

The peer groups return to the circle and present their New DVD (or Blu-ray) to the rest of the group.

Panel debate

Set out tables to form a large square with the chairs on the outside. Leave a small space at each corner. Ask each of the peer groups to sit along one side of the square. The parent group can take 2 sides.

One team members takes charge of the debate, going from table to table and asking for the questions to be read out. The other team members sit with the peer group they were in. Read questions from the cards in general terms so that they do not identify who proposed them. Address them to a peer group or the room in general, not to a particular person. Team members can join in the debate but should keep to a minor role.

Go around the peer groups asking for one question at a time. Mention any questions that have already been talked about.

Many questions may be addressed to the Food Fighter group, but others can join in the discussion. The siblings may need help to understand that not every question has a clear-cut answer.

Team members can support the Food Fighter group in answering the difficult questions but they should not take over from them.

Being in the panel debate gives Food Fighter the opportunity to be an expert in their situation and show their resources and their healthy, rational side to their family.

Path forward in time

Materials: Large sheet of flip chart paper, writing and drawing materials

Ask families to sit together around a table and provide them with a large sheet of paper and drawing materials. Ask them to begin by drawing a path stretching from today to 5 years forward in time.

Ask them to talk about how they want the family to be like in 5 years' time and write and draw to show this. Ask them to indicate what has happened along the way to where they want to be. Ask each family member to draw or write what they want to contribute during the 5 years to reach this goal.

Personal boundaries

Divide the group into two, with half of the members of each family on each side. Ask the groups to line up on opposite sides of the room, facing each other, with family members opposite each other as far as possible.

Ask one side of the room to indicate to the person opposite to come towards them, to stop or to go back using only hand signals. They can adjust the position, sending the other further back or bring them

closer, until they feel that the distance between them is right for them.

Say to the people on the opposite line to walk very slowly towards the person in front of them and follow the hand signals and stop when indicated. Ask the group to do this quietly, without talking, keeping eye contact with each other.

When they are done, ask some of the group to tell about what the exercise was like for them and how they experience the distance between them.

Ask everyone to return to their starting places and repeat the exercise the other way around.

During feedback talk about how everybody has their invisible physical and psychological personal boundary - how near another person can come without being invited, without them feeling that they are being intruded upon. The boundary varies with different people and according to the situation. It is related to personal integrity and self-determination – being able to make one's own decisions and being responsible for one's own life. Over-riding these boundaries can be extremely problematic for a relationship.

Playful exercises for energising the group

Playful exercises, activities and games are very helpful in raising the energy level of the group. They can inject an element of fun in a session marked by seriousness and they can help people relax their public image a little. Here a few simple ones:

The wind is blowing on:

Begin sitting in a circle with all empty chairs removed. Remove your own chair and stand in the middle of the circle.

Tell the group that when the wind is blowing on something that is relevant to them (e.g. "The wind is blowing on everybody with blue

eyes”) they must stand up and find another chair. As there is one chair less than the number of the group one person will be left standing in the middle. It is now that persons turn to say what the wind is blowing on and the group members swap places again. The wind can blow on anything at all, things that are apparent, or hidden e.g. everyone who has visited to Paris, everyone who likes coffee, everyone who is afraid of flying.

Play several rounds of the game and round off by saying: “Three more times and then we end”.

This exercise is fun, lifts the energy of the group and group members find out new things about each other.

Anyone who is infirm, fragile or unwell should be excused from this exercise, but it should be amusing for them to watch.

Heads shoulders knees and toes

This well-known children’s game works well with adults too. Everyone stands and recites:

*“Head, shoulders, knees and toes, knees and toes,
Head, shoulders, knees and toes, knees and toes,
Ears and eyes and nose and mouth and chin,
Head, shoulders, knees and toes, knees and toes”*

- at the same times as they touch the parts of their body referred to. Begin quite slowly and repeat, getting faster each time.

Simon Says

In this children’s game, people drop out if they make a mistake. The leader of the game has the role of 'Simon' and issues instructions to the other players (usually physical actions such as 'Lift up your right arm'). The instruction must only be followed when the leader says 'Simon says' first, and not when the leader just calls out the action. The game usually ends when there is only one person remaining and that person is 'Simon' in the next round.

The hugging game

The exercise leader stands on a chair to give instructions while keeping an overview of the group.

Ask everyone to stand and say that everyone should try to join in groups of a certain size, the number of which will be called out. Say that if you call out the number 7, everyone should attempt to join a group with 6 others by putting their arms around each other's shoulders and bunching together in a big hug. Anyone who has not managed to be included in a group of 7 is "out" for the rest of the game and if a group has more or less than seven members, then the whole group is "out".

Begin the exercise by calling out a number. After the groups are formed and the unlucky ones have dropped out, tell the groups to break up, ask the remaining group members walk around and then give them a new number (e.g. 5) to make new groups (of 5). More people will be "out" as the game progresses, until there is just one group of 2, and these two have won the game.

Recommended sources for more games and playful exercises: 101 Drama Games & Activities and 101 More Drama Games & Activities by David Farmer

Role-plays

Role-plays are very useful ways of promoting mentalizing. They can have many forms. A family member can describe a situation which other members of the group and team members play out. The people who were in the situation can demonstrate the roles themselves first, and then let others take over while they watch.

Observing a situation that oneself has been involved in being played out can give a person the possibility of seeing it from a new perspective, with other eyes, and from another person's point of view. When families sit and watch another family taking up a problematic situation, they will often recognize similar episodes from their own lives and can gain a meta-perspective to, and new understandings of,

their own situation. In this way role-plays contribute to increasing the mentalizing of the families who are not directly involved.

Ask families to talk together and find a recent example of a situation where mentalizing broke down, though not one of the most severe kind (this may have been a homework task).

Ask which family will let their example be used in a role-play, using members of the therapist team to act the roles.

Ask one member of the family to help set the scene, - where it happened, who was present, where they stood or sat. Use chairs and tables as props.

Then ask them to tell what happened and what was said.

Ask the team members to act the situation as well as they can.

Ask the family if this was accurate or if anything needs changing (they can also demonstrate to the actors how to play the parts).

Once the situation is played through ask the family what it was like to see it from the outside and then ask the other group members if it is a situation they recognise and what thoughts they have about it.

Avoid using a particularly painful episode for the first role-play, especially if the group is approaching the end of the gathering.

Many people find the idea of role-playing intimidating at first, so using members of the team as actors is a safer approach this first time.

Later, use other members of the group to play the roles.

These role-plays can unintentionally take on a comical character and when seeing things at a distance the family are often able to see elements of humorous absurdity in the situation in a way that is helpful for them.

Role reversal

Role reversal is another very effective method for promoting mentalizing, the understanding of another person's point of view and being able to see a situation "through their eyes". It can be used in many contexts and is limited only by the imagination when it enters the world of "as if" to explore alternative versions and perspectives of

reality. It can be used as a single role reversal vignette with one person and as a role reversal with a whole group. Role reversal can be used as a dialogical form of conversation and as conflict solution.

It is also possible to reverse roles with different sides of an inner dialogue, an inner conflict or the ambivalence involved in making a choice.

Role reversal was developed by Jacob Moreno (Fox 1987 p.74-5) as a psychodrama group therapy technique where one person, the protagonist, acts a situation concerning a conflict. The other people involved in the conflict are not present but are represented by members of the therapy group, and so it is the protagonist, through role reversal who ascribes the characters their replies, opinions and feelings. When the protagonist changes roles with other people in their life, this changing of perspective allows them to see more clearly the situation from another's point of view, an insight that can help them to improve their mentalizing.

Unlike a psychodrama group, the plenary session of a multifamily therapy group will often include the other people involved in a conflicted family situation. Seeing oneself in another person's portrayal of a situation can be difficult and will often need to be followed up with the opportunity to present one's own perspective of the same situation. Role reversal has to be carried out with respect and sensitivity in a well-established and safe group. It can, however, be very informative and useful for a mother to see her daughter interviewed in her (the mother's) role. It can give her valuable information about how her daughter understands her (mother's) attempts at helping and about how she understands mother's burden of having a daughter with an eating disorder. The daughter will also gain insight and they will have a good basis for their future discussions. There is also the opportunity for both to receive feedback from the others in the group

A role reversal vignette is usually related to a concrete situation or episode and begins with briefly setting the scene to help the person to think back to what has happened. A monodrama is very similar but simpler, involving just one person reversing roles.

A role reversal between a mother and daughter is described here as an example of the technique.

Everyone was sitting in a semi-circle. The daughter, Lisa, was asked to come forward to where two adjacent chairs had been placed, while Lisa's mother Brigit, remained sitting with the rest of the group.

Lisa chose which was her chair and sat down. She first told about a particular situation from her own point of view. She was then asked to move to the second chair, which represented her mother, and the team leader interviewed her saying

"Now Lisa, in this chair I will talk to you as your mother and I would like you to reply as you think she would. Imagine that you are in your mother's living room, think about where you are sitting, try to sit in the same way as your mother would do and pretend that you are your mother. Think briefly about how old you are and the sort of things you do on a daily basis. Now I am going to ask you a few questions. Please answer them in the first person, using "I", just as if your mother was answering them herself." "Brigit, how do you see this situation, as a mother? What is your opinion about what is happening? What kind of feelings do you have about it? Is there anything here that you wish was different? Is there anything that you would like to do? What would you like Lisa to do?"

When the interview ended, Lisa moved back to her own chair and was asked to speak as herself again.

Brigit was asked to come forward, sit in "her" chair, and was asked whether what was said was a fair representation of her perspective and what her thoughts were. Other members of the group were then asked to share their thoughts on what they had seen and the exercise

ended there. The general issues that come up in a role reversal can be discussed further in peer groups or 'new' families. Group members can talk about what they recognized from the role reversal in their own situation.

Reversing roles of conflict situations need to be done with sensitivity when both parties are present. Both will need to feel that they have been given a voice and that their perspective has been represented. The group should not be asked to sit in judgment over the rights and wrongs of the situation. At the same time, the irony and humour in a situation may become apparent and the participants are then able to view at themselves and each other in a compassionate way. An episode full of shame can become a comedy of errors and this can be a liberating experience.

Saying goodbye to other families

Materials: Place tables and chairs in a circle round the room – one for each family. Place a large sheet of paper (flipchart size), coloured pens, magazines, scissors and glue on each table.

Ask the families to sit at a table and write their name at the top of the sheet of paper. Ask them to move clockwise to the next table and tell them that they have 8-10 minutes to leave a farewell message, in words and pictures, to the family whose name is on the sheet. Let them know when they have one-minute left. After every 8-10 minutes move the families on to the next table, until they have all received a message from all the others.

Tidy the tables and return to the circle and ask families to show their greeting to the others.

This exercise allows everyone to give a creative greeting to each other at the end of the group and it gives them a lasting reminder of the group.

Sculpting our family with figures

Materials: A set of figures for each family and the model of the uninvited guest made by Food Fighter the previous day.

Families go to separate rooms together with a team member and sit around a table. Give each family a set of figures to represent the members of their family and any others who are particularly important to them.

First arrangement

The team member asks who will begin (sometimes it is appropriate that the youngest starts).

My family now

Ask them to arrange the figures to show how they see their family as it is now using position, closeness and distance to show how they see things. Then ask them to place the model of the uninvited guest, among the family members. Ask them to find a word or phrase that describes the way the figures are arranged. Then ask another family member to rearrange the figures to demonstrate how he or she sees things now. Ask about any differences and ask them to find a word or sentence to describe the arrangement. Let everyone have their turn.

Second and third arrangements

What I am worried will happen

Ask a family member to arrange the figures to show how they are worried that things might turn out. Ask them to find a name for this arrangement.

What I want for my family

Then ask them to rearrange to show how they want things to be for their family. Ask them to give a new name to this arrangement.

Let each family member have a turn.

Talk about how they can work together to begin to make changes towards the way they would like things to be. Ask what the first steps on the way to a better future could be and ask each of them about what they can do to contribute to this.

Encourage them to be inquisitive about each other's perspectives and emphasise that this is not a permanent picture, just how things seem here and now. It may be necessary to help some family members to accept that if there are different perspectives it does not mean that they are right or wrong.

This exercise is about bringing the family together to gain a clearer idea of each other's views, to express any fears for the future and then look at how they can all contribute to improve things. Comparing similarities and differences in perspectives promotes tolerance and the ability to mentalize.

While there may be notable differences in how things are seen now, there will usually be more agreement in what they fear and want for the future and this can bring them more together concerning the situation now. If they do have very different wishes for the future, this is a relevant issue for them to continue working on in another setting.

Seeing figures arranged in relation to each other gives a unique perspective on the family that often brings out fresh ideas.

Sculpturing a family

Family sculpturing is a technique pioneered by David Kantor and Virginia Satir (1972). There are many suitable ways of working with family sculptures in multifamily groups (e.g. Colahan and Robinson 2002, Wallin 2007). Michael and Katja Scholz in Dresden developed a method for their multifamily groups for children and adolescents with eating disorders. The following description is based on their variation. Ask which family will be prepared to work for the group by making a living sculpture of their family.

If Food Fighter has a brother or sister ask them to begin, first by choosing a stand-in for themselves and then by placing family members and their proxy in the way they see their family as it is now. Go to each of the family members and ask them how they think and feel about the position they have been put in. Ask them to choose a group member to act as a proxy for them self, to stand in the same way and let them see the situation from a distance. Ask the group for their comments on the sculpture.

Ask Food Fighter's brother or sister if they remember a good situation for the family from a time before the appearance of the eating disorder.

Ask them to make a new sculpture of that situation and interview family members about what they remember of this happy time. Then ask the family to return to the sculpture of their present situation and ask them what they can take from the happy sculpture to their present situation. Invite the group to share their impressions.

Alternatives:

In the above variation, the family members themselves participate in the sculpting, however some therapists ask families to choose proxies from the beginning and use them for the entire sculpt. This gives the family a distance to view the sculptures from the outside, and to hear how the proxy group members experience being in their roles.

Food Fighter can be asked to make three sculptures, one showing the family before the eating disorder, a present-day sculpture and a sculpture of how he or she wants things to be in the future, when the uninvited guest no longer runs their lives. A member of the group can be asked to represent the uninvited guest and be included in the sculptures. Food Fighter can show what they hope for and what they are afraid of. Other family members can be asked to make their sculptures of how they see things. The group can be asked for their comments on the sculptures.

Short conversations about resources

A pair exercise

Ask the group to stand and mingle and find partners they do not know well. Ask them to talk to each other about one of the following themes:

- What sort of things do you like?
- What do you enjoy doing in your spare time?
- What helps you to restore your energy?
- What would you do if you won a fortune?
- Where would you most like to go on holiday?
- What season of the year do you prefer, and why?
- Who in the world do you most admire?
- What is your favourite book, magazine, film, or sport?

Ask one question at a time and give pairs 2-3 minutes to talk together, and then ask them to move on and find a new partner and give them a new theme to talk about.

Return to the circle and ask if anyone would like to comment on what they have learnt about the resources in the group.

The purpose of this exercise is to bring out the positive sides and strengths of the group members and to restore balance after focusing on a difficult issue. Short conversations like these challenge prejudices, build familiarity, and strengthen a sense of community in the group. They can be used at any time in the group.

Social atoms and action sociograms

Provide group members with pen and paper and ask them to sit by themselves and draw a social atom. Show them how to do this on a flip chart or white board. They do this by drawing a circle in the middle to represent themselves and then draw circles for family members and other people who are particularly important to them at a distance that shows how close they are.

A group member can demonstrate their social atom with an action sociogram. They place a chair in the centre of the circle for themselves then more chairs to people in their social atom. Then they choose members of the group to sit in each of the chairs. Then they swap places and a team member interviews about who they are, what their relationship is like and what they want to say to the group member. When the group member returns to their own chair they get to hear all of the messages repeated back to them and they can also watch this played out at a distance.

When the exercise is over all of their group share their impressions of the exercise.

Summarising in pairs

Ask everyone to mingle and find a new partner they do not know well and then to sit, facing them.

Ask pairs to choose who is A and B. Ask B to tell A about how the day has been for them. A listens and asks questions about B's experiences. After 3 minutes let them know that B has one minute left and after 4 minutes ask them to swap. Again, let them know when they have one minute left before ending.

It is often helpful to have some steering in the choices of partners to avoid cliques and to ensure that everyone gets to talk to each other during the group. Food Fighter may find it difficult to choose someone unknown to them on the first day, so get others to choose them.

Tower of guilt

Materials:

Tables and chairs, sheets of red, yellow and green coloured paper.
Broad-tipped pens.

Give each group member a broad-tipped pen and 3 pieces of coloured paper, one red, one yellow and one green.

Tell the group that the object of the exercise is to explore the feelings of guilt related to eating disorders in the group as a whole. Ask them to begin by sitting by themselves at a table and write, in large letters, cue words for the things connected with the eating disorder that they have guilt feelings or a bad conscious about. If the feeling is strong, write the cue words on the red paper, if the feeling is middling write cue words on the yellow paper, and if the feeling is mild, write on the green paper.

Tell the group that in this exercise all the sheets of paper will be seen and read by everyone in the group and the key words should be written in an anonymous way. Make sure that all the group members understand this before they start writing.

When they are finished, gather in the sheets of paper, and lay them out on the floor to make a tower of guilt feelings, five or six sheets wide, with green sheets at the bottom, the yellow sheets in the middle and red sheets at the top. Include any sheets with nothing written on them.

Ask everyone to walk around and inspect the tower, reading the cue words and see how much there is in common for the group.

When the group has finished reading, the peer groups meet to discuss the tower of guilt and then feed back to the plenary group. Families talk together about how guilt feelings are affecting them and the plenary group decides what to do with the 'tower' laid out on the floor.

One group decided to turn their tower into a garden. They cut the sheets of paper into large colourful flowers and threw the off-cuts onto a compost heap. Another group decided to keep the sheets of paper until the last gathering so that they could review how they felt about it at the end of the group. Then they made a bonfire outside using the paper. Another taped theirs together as a football, kicked it around and then burnt it. Another group shredded theirs.

Guilt is a very sensitive issue to work with directly and the 'tower' is a way of looking down at guilt feelings from a meta-perspective to allow the group members to see how much they have in common with each other. Guilt is closely related to blame and the team should be prepared for some of these feelings being directed at professional services. The team should not become defensive if they are criticised but try to help the group to talk about their resentment in a constructive way. Working with guilt requires time and should not be rushed.

Tree of aims

Materials: Tables, flip chart paper, pens, crayons

Provide families with drawing materials and ask them to draw a tree that will show their aims during the year they will be in the group. The roots can represent their resources, the trunk the joint aims of their family with boughs for each of them, including members who are not present. Ask what fruits they want the tree to bear and what nourishment the tree will need to flourish. Ask them to draw a compost heap near to the tree and consider what needs to be thrown onto it and what it can be transformed into. What can the compost be transformed into?

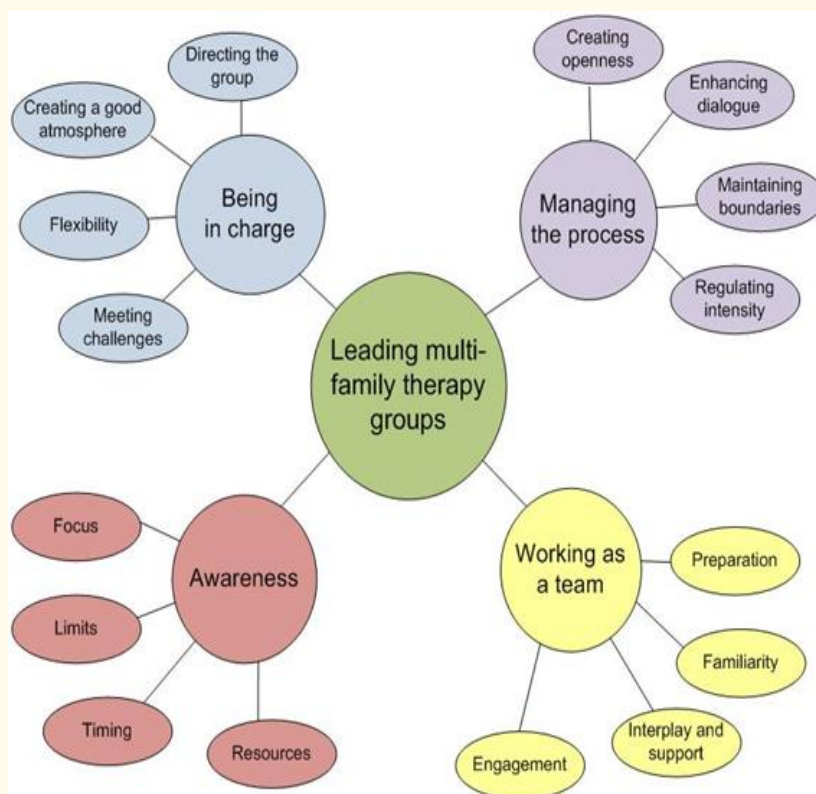
Re-join the plenary group and ask each family to show their drawing and tell about their tree. Take care of the family tree drawings so that at later gatherings they can be taken out and reviewed making any additions and changes that they think are appropriate.

Families draw very different kinds of tree and comparing them can be lead to an interesting exchange of ideas between them. For some

there is a possibility that perfectionism can get the upper hand and the focus is on the drawing, not the purpose of the task. At the last gathering the families can look again at their drawing and talk about what they have achieved and what remains for the future.

6

Six - Leading multifamily groups



Good leadership is vital to the success of multi-family groups and this raises the question of what comprises good leadership. Brinchmann et al (2017) investigated the practice of therapists in multi-family therapy groups at RESSP in a grounded theory study. This identified a core category of “Having many strings to one’s bow” and three subcategories “Planning and readjusting” “Developing as therapist and team” and “Recognising and regulating the temperature of the group”.

Steven Balmbra (Balmbra 2014) looked at the practical knowledge involved in leading multifamily groups. Senior members of the RESSP team were interviewed about the experiences of leading multifamily groups that had left a lasting impression on them. The interview texts were analysed through the Interpretative Phenomenological Analysis (IPA) method (Lindseth & Norberg 2004). This gave four main themes of group leadership: 'Being in charge', 'Managing the process',

'Awareness' and 'Working as a team'. Each of these themes had several sub-themes.

These four aspects of multifamily group leadership are presented here, together with short extracts from the interviews, *printed in italics*.

Being in charge



Leadership was seen as being about taking responsibility for managing the structure of the group while giving room for the content to play itself out in a spontaneous way. In this study 'Being in charge' emerged as the ability of the group leaders to direct the group, to be flexible and create movement, to create a good atmosphere and to meet challenges from participants.

The group must provide room for the expression of negative feelings and experiences. It exists as an arena for finding ways of coping better with a difficult situation, not for exacerbating feelings of helplessness and bitterness. Leadership involves protecting the process of the group from the negative and destructive tendencies that sometimes emerge through the frustration, anger and fear that these families live with in their daily lives.

Directing the group.

Directing the group involves instructing group members through exercises and role-plays and taking responsibility for how to deal with choices about how to go forward. Directing a multifamily group involves a continual movement between different ways of talking together - group members (and the team) move from talking in families, to pairs, to the plenary, to lines, to groups, to lines and back to families again. Each conversational context will provide different conditions for dialogue, attention and reflection. The families participating in the group share a lifestyle characterised by marked limitations and rigidity in communication. Directing the group through these shifting forms of talking, listening and acting together provides a counter to this rigidity.



When directing a role-play, the leader instructs, "Choose someone to play you – Begin – Pause - Say it again, louder - Move your chair closer" - and does so in accordance with their understanding of the group and the situation that is being played out. This style of direction aims at giving expression to the knowledge inherent to the situation.

It happens through dialogue, and a to-and-fro movement is always present - between taking command and letting go, between the players and the group, between playing and discussion. The intention of the group leader is not to confirm their own perspectives, but to make apparent the perspectives of others.

When J.L. Moreno developed group psychotherapy, his two fundamental principles were creativity and spontaneity. Creativity is about bringing about something new, the use of the imagination. Spontaneity is about the ability to act freely, without having to think things through first, in a way that is appropriate to the situation. Spontaneous behaviour is not the same as being impulsive (quick, unprocessed responses) but is based on experience and intuition and is in accord with the particular context it occurs in. In the context of a multifamily group it is in accord with the purpose and process of the group and the general well-being of the group members.

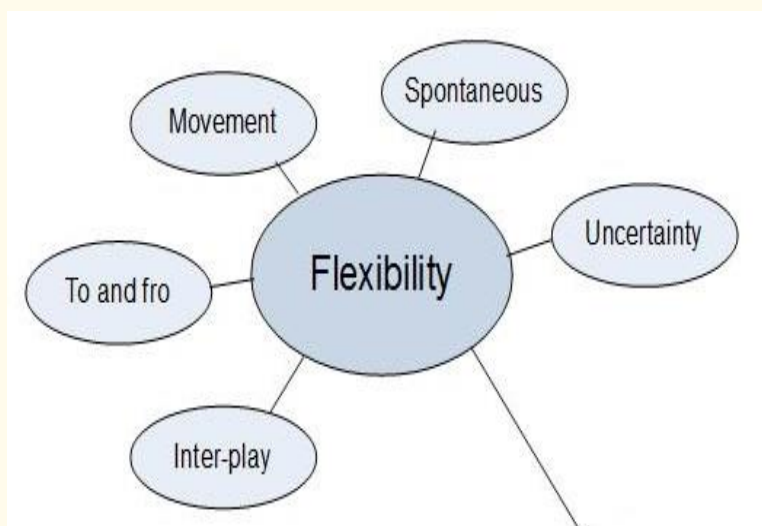
When a group is spontaneous its members express themselves more freely, are more self-aware and are better able to see things from each other's point of view. In other words, they mentalize better. Parents and their adult children can achieve a genuine and warm meeting with each other where they can deal with the suffering that has come into their family, and that they all have to live with.

With these groups it can be useful for the leader to be able to say, "I am uncertain about what to do, now" and yet to keep face, keep cool. Many participants in the group become anxious if they do not feel they have control. They need to learn how to tolerate situations where they do not have an overview, so that they can become better able to cope.

Flexibility and creating movement

For the leader being flexible and creating movement in the group involves being prepared to change form and direction and being able to tolerate the uncertainty that this brings. Being flexible is about moving in accordance with the way a situation develops. It is about strength gained through interplay.

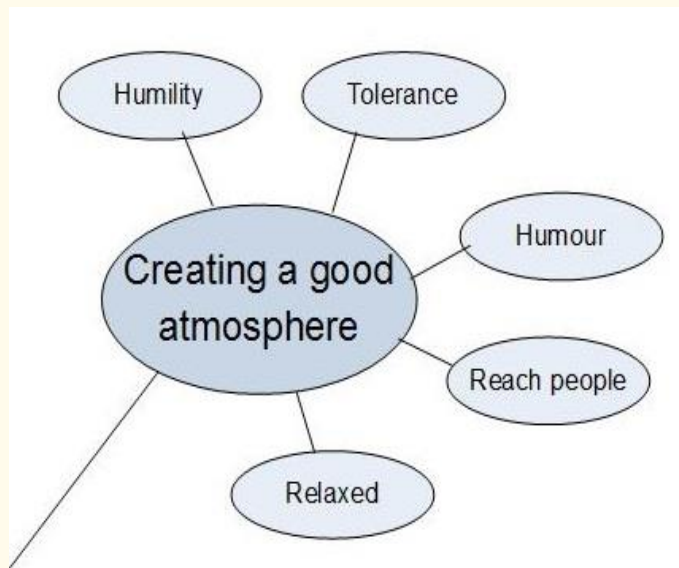
This theme relates to how a group leader keeps in touch with the group, asks for comments and reactions, and is prepared to digress from the way they had planned.



If I get a bit stuck I can ask the others in the team or the group if they have any suggestions. You can do it in a formal way, for example by setting up pairs or small groups. What to do when you do not know what to do? – To say that “I can see several ways forward from here, but I am uncertain which is the best. Please find a partner and talk about what you think for a couple of minutes.” and then get feedback or use the ‘Goldfish Bowl’ where the team can sit in the centre and have a discussion (see Part Three for more about this), then perhaps change places with group members. The process is taken care of, and so is the leadership, the responsibility, and a way forward is found.

Creating a good atmosphere

Creating a good atmosphere in the group concerns how the leaders manage to put group members at their ease so that they are able to focus on the process of the group rather than over-focusing on themselves and their family. Leadership characterised by humility, self-irony, and humour came out as central to this.



Humour is, I think, of inestimable value in communicating. We have to be seen as people who can talk to people. We are pretty ordinary in these groups. Being relaxed with each other promotes being relaxed with the family members.

The group programme deals with many issues that are challenging to the group members and at times the atmosphere tends to become serious and emotional. Maintain a to-and-fro movement between seriousness and lightness, intensity and good humour. Without these lighter periods the intense emotion will be difficult to tolerate during a gathering that lasts for two or three days, and this difficulty creates resistance.

The way an exercise is introduced, talked about and carried out, seriously but with a touch of humour, makes it easier for people to take part, go into a role play and so on. It is not so scary, not too serious or prestigious. A mixture of seriousness and humour works very well. Humour gets others joining in. It contributes to the energy of the group. If we had been only serious group leaders, and impersonal, we would not have got that bubbling energy.

The ability to establish an easy contact is a resource when you work as a therapist in a multifamily group. One aspect is the ability to use

humour to create contact and safety in a situation. Reach out to people and find their areas of interest, talk about ordinary things and get to know them on that level.

We have patients who are so strict with themselves, where everything has to be perfect, that self-irony is useful. If we can stop and say “How is this going? Oh no, this is turning out wrong.” And show that we can make mistakes. It is something about taking the solemnity out of the situation, diluting the sense that everything is so very important or meaningful. A self-irony that includes the ability to look back at oneself and say “Well, well, that is what I’m like for better and for worse.” To introduce an element of that because it is a necessary part of the recovery process.

Humility is not to be confused with uncertain leadership. It represents a willingness to reconsider and adjust one’s position, to enter into interplay with the circumstances, avoiding a monological form that is insensitive to group process.

In the first gathering I gave an instruction to the group and several people misunderstood what I wanted them to do. So I said “It looks like I have a serious problem with my communication today. Can someone help me and we’ll see if I can manage to put my message across.”

Meeting challenges

The team are self-appointed leaders of these groups, and it is not unusual that group members will challenge their authority and competency, especially if they are feeling uncertain and anxious.



The way these challenges are met will have will define the group. When challenged, a leader needs to ask themselves; "How shall I understand the challenge that is coming from the group?" It can often be understood as a part of the process of developing trust in the leader. It is unlikely that it will be based on the wish to do harm to the group process. It may well be an expression of anxiety about the consequences of how and where the group is being led. It may be a form of protection because someone feels exposed or threatened in some way.

The leader will need to reassure the group by listening carefully to the protest. When there are different perspectives needing to be weighed up before deciding how to move on it is best to enter into a dialogue. The protesting group member should be left with the feeling that they have been heard and taken seriously even if the group proceeds in the same way. The way the leader speaks; tone of voice, tempo, posture, and so on, factors that reflect the attitude of the speaker are important. If the group member has already experienced the team member as interested, warm and understanding they will be more

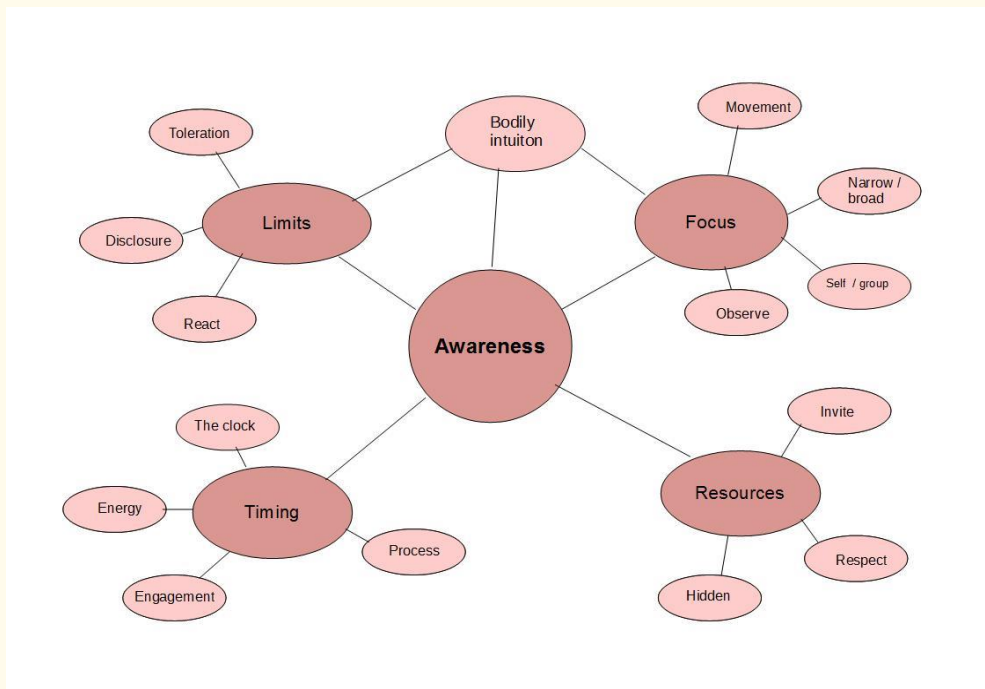
likely to see boundary setting as well-intentioned and constructive rather than a put-down by an authority figure.

I had a presentation about understanding eating disorders, and a protest came up already with the first PowerPoint slide. I heard, "It's not like that" and "I hope this isn't just going to be about diagnoses." I thought 'I can accept the protests as an interesting perspective. They want to put forward their points of view; they want to be the experts on eating disorders.' That is how I interpreted it. One girl said she wanted to be understood as a whole person, not just in terms of an eating disorder, and she led the way in explaining some of the nuances of her situation. It went well to let her have space, and another girl and a parent joined in. Already by the start of the second day the spontaneity of the group had increased.

The energy in anger can be very positive. Everything creates a possibility. It is positive that the group is an arena that is safe enough to bring out anger. It is also a matter of trusting in the good forces within the group, that the group means well for itself. They have gathered to achieve something positive and one can trust that the group is fundamentally well intentioned.

Awareness

A group leader's awareness of the group process develops with time. It was seen to involve tuning in to a variety of signals and forming an impression that is bodily as well as cognitive. The four aspects of awareness that came out of the interviews related to focus, timing, limits and resources



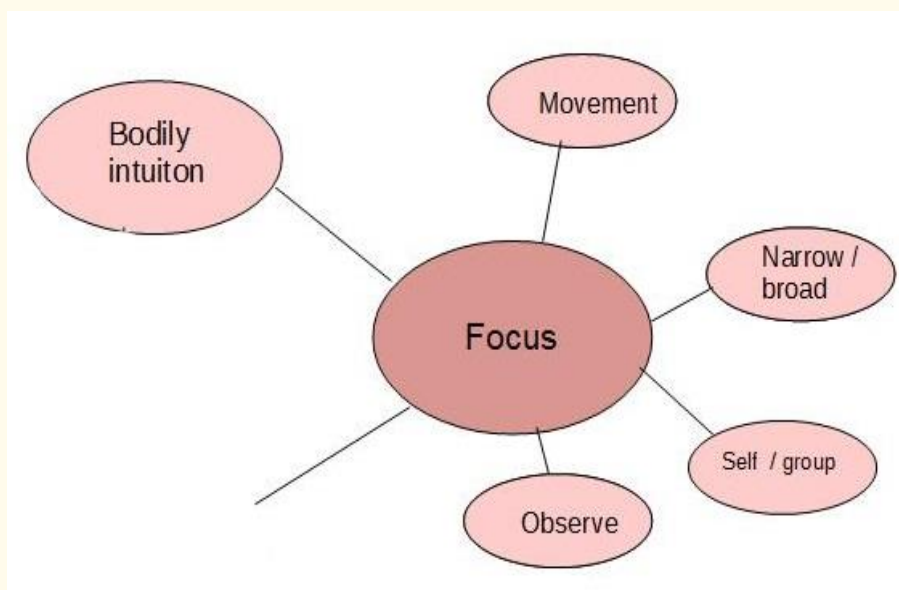
A group is a gathering of individuals who have different tolerances and sensibilities and ways of reacting, but it develops its own kind of dynamic. A feeling of security in some of the group members can spread to those who feel less secure. You can develop a general feeling for the group that is more than a summary of the individuals' level of security. When the group feels safe then the individual members can tolerate more uncertainty and emotion than they otherwise would have done because safety resides in the group collective. The opposite is also true, if the collective feeling is insecurity, the individuals can feel anxious and stressed about things that they would otherwise have tolerated well.

Understanding where people are, what is suitable, how much to challenge, what the individuals in an exercise will be able to tolerate. After a while, you get into the group and become familiar and this becomes easier. But the first gatherings are always quite exciting.

Focus

Focus concerns where and how a leader directs attention towards the meaningful aspects of a situation and away from those that are less relevant. Being in tune with the mood of a group is not only a matter

of seeing and hearing. Much of our awareness of atmosphere and tension is sensed bodily rather than cognitively and a leader develops a feeling for what seems right or wrong. There is an interplay between focusing on the group at the same time as having awareness of one's own bodily reactions and being in tune with the atmosphere in the room.



To begin with, you have to feel safe in taking the lead and having authority, in being able to take the floor and being comfortable about being there. This means that your attention is not directed inwards towards yourself - whether or not you are good enough, monologues of doubt and uncertainty - but that your focus is with the group and its members. You have to pick up on what the group means. It is almost like radar. One sends out something and listens to how it says 'Pling' when a response comes back. But you have to send it out. And if it sounds 'Plong', then you have to think "Well, I am going to have to do something about this."

When you are inexperienced, you can be quite self-focused and you can get stuck in your thoughts. You can feel a discomfort that is driven by uncertainty about what is the right thing to do, how to go forward. But with experience, you lose much of this discomfort and your focus

moves away from yourself and out towards the group - what is happening there. When you let go of thinking so much, creative ideas come along. Thoughts block them. Intuition and thinking are two different things.

You have a sort of observer role over the whole group. It is hard to explain it. A view from above that sees both here and there. But to be an observer you have to be present in yourself. It is about mindfulness. I know if there is anxiety in the group I feel it in my stomach. It is a centre for feeling. I feel the group's energy level as exhaustion, tiredness, heaviness or a buzz, lightness, inspiration. You must take a step back and ask yourself the question, 'what is happening to make my energy change?'

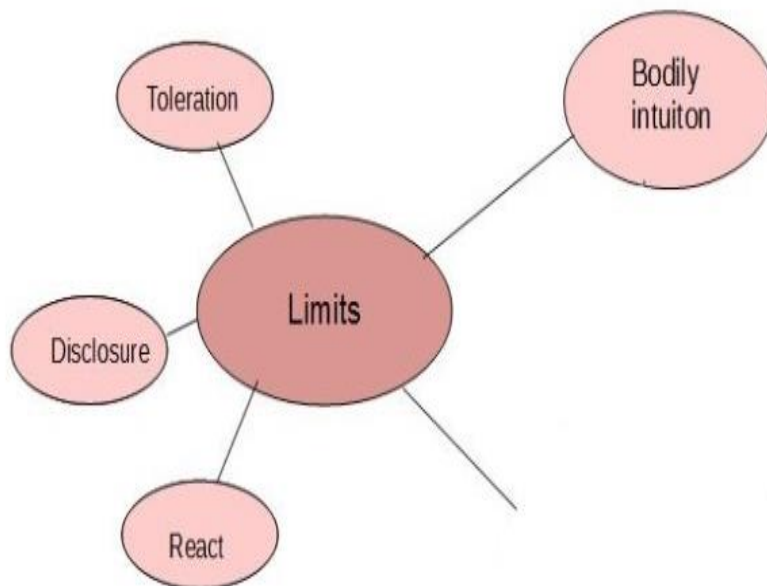
It is not your thoughts; it is your body that tells you. And you can trust it if you dare to do so. The difficulty for novices is that they have a kind of plan and forget to listen to what is actually happening because they are concerned with carrying out their plan. This can be a problem when we are working with a particular issue, when we have a structure and framework and presentations.

Awareness of limits

There are limits to what is acceptable to members of a group. Some of these will relate to ordinary social norms but some will relate to the particular group being led and these will vary according to the level of safety. The level of disclosure that the group can tolerate is particularly important for these multifamily groups. As the group becomes established and the level of trust and safety increases, fear of exposure usually becomes less of an issue. However, it remains a fragile process.

If the unity of the group changes then its tolerance for what it can contain also changes. There will always be differences in how much individual members can tolerate and the group leader needs to be aware of this when introducing exercises, asking for feedback and so on.

Awareness of what is appropriate for the group is an intuitive matter rather than a cognitive one. Experienced group leaders will often enter into an inner dialogue when they sense something is not quite right, rather than ignore it.



We see the relationships played out and this is different from any other form of group therapy. One sees this in ordinary family therapy, but when there are several families together there are more witnesses than just the therapist.

Family members should not be asked to expose each other. When the group is over, some participants go home with each other and live with each other. This is not the case with other therapy groups where participants can work with their inner picture of the other without the other being present.

We took a round of questions in the plenary group and asked the Food Fighters what they thought their mothers would have thought or said if we asked them what thoughts they had about the previous day - a typical circular question. One of the mothers objected. She said that because it was her daughter who was being asked about her thoughts and feelings it was outside her control concerning being exposed by others. We said at once that we took her point and we did not

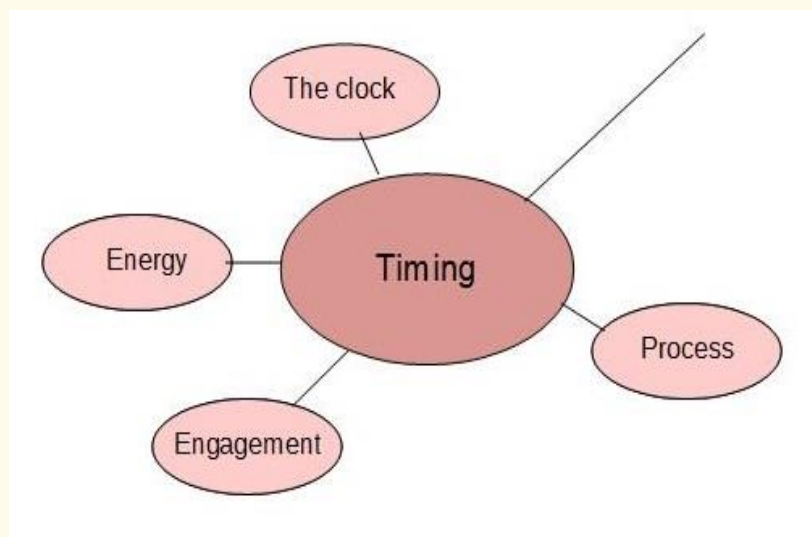
continue to ask in this way. We could have asked this circular question if we were working with a single family, but in this large setting one has to be very careful about these kinds of questions.

You have to stay wide awake as a group leader. You have to continually swap roles, in your mind, with the group members and feel for what will be right here. Where do their limits extend to? What kind of questions can I ask Karen, knowing that mother will hear what Karen says? You have to take into consideration the other group members in a different way than in an ordinary therapy group.

Awareness of timing

It is necessary for the leader(s) to be aware of time passing. Exercises presentations and discussion can take more or less time than expected and it is easy to lose track of the clock when the work is particularly absorbing or intense.

Awareness of time is also related to the group process. At the beginning the content of the programme aims to warm up the group members, and at the end the group should be rounded off so that participants are ready to go home and take their experiences with them.



Rhythm in conversation is perhaps a central part of being a therapist. When do we use humour in the groups? Does it contribute to the group? Does it regulate within the 'window of tolerance', give a breathing space? Or does it get in the way of the process, distract? It is being a group therapist. You have to act according to what you feel.

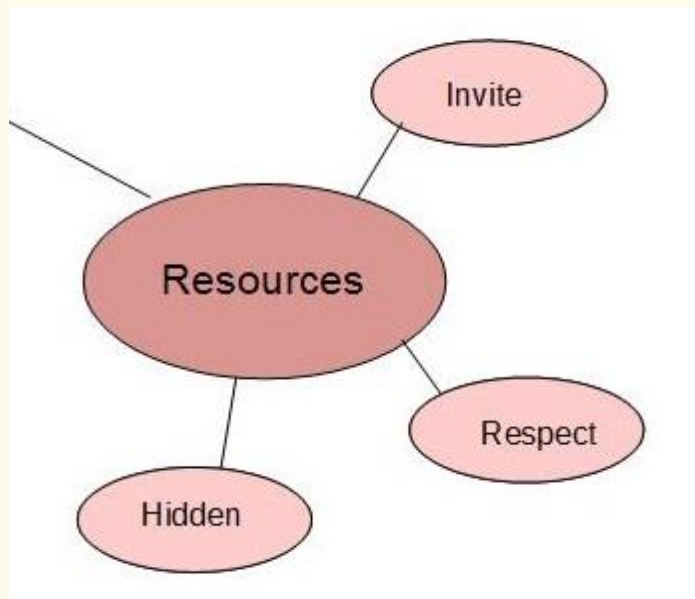
A sense of timing is a fundamental aspect of group leadership - the sense that the time is right or that the time has not yet arrived in the group for this, or that, activity. It concerns questions like how long to continue a discussion in the plenary group (which will often drain the energy of group members), how long to give the small groups and pairs to have a short discussion, how long the families will need for a task or a conversation. It is about having a feel for where the group is here and now. It is most noticeable when it is lacking:

There was a team member who had the task of presenting a review of the different themes and activities the group had been through as a basis for small group discussions. He had prepared a number of slides with a lot of detail. During the presentation he looked mostly at the slides and read out everything written on them, often going into even more detail. It was taking time away from talking in the small groups. I could feel that I was becoming restless, and I could see that several group members were fidgeting and appeared to be losing interest.

This example illustrates a faulty focus of awareness - presenting in a monological form as well as lacking an awareness of timing and of the energy in the group.

Awareness of resources

The interests, skills, knowledge, talents and character of all the group members represent a valuable resource for the entire group that the team can tap into.

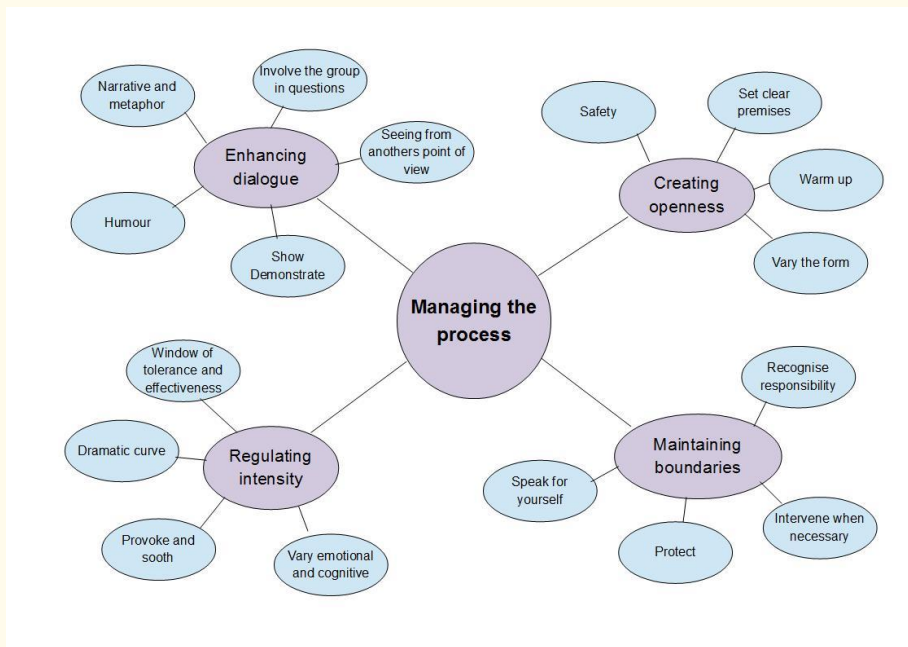


We often see how these young adult patients show their best sides when they are in the multifamily group, more so than when they are at our inpatient unit or the outpatient clinic. We have often been surprised to see the extent of the strengths and resources they manage to bring out in the groups.

A useful assumption is that all the group members have strengths and resources that in recent times have been hidden, covered over by the presence of the eating disorder, and one of the aims the multifamily group is to help the members to remind themselves of these.

Managing the group process

The group process takes on a life of its own. The group is more than a collection of individuals as it also constitutes the relationships, preferences and attractions of the members and the team. The leadership team cannot control it, but they can influence it. They have to see that the process is working for the good of the group members and they have a responsibility to intervene if it is not.



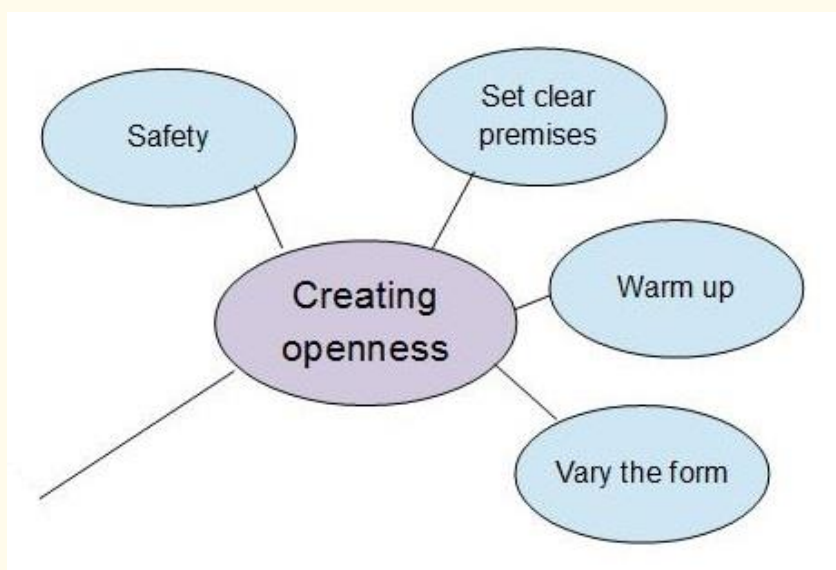
In respect of this the study highlighted the creation of conditions for openness, enhancing dialogue, maintaining boundaries and regulating intensity.

Creating the conditions for openness

People are usually willing to be open in their communication if they feel that it is appropriate and safe to be so. A basic task of the team is to establish a level of safety that will allow for an adequate degree of openness for good group process. Openness does not mean that group members are encouraged to talk in an unfiltered and impulsive way.

There is a progression in the way we start. We begin with the families who decide on a joint name. Then everyone speaks in pairs about their forenames, and this is shared in the plenary group. Then everyone finds their place in a spectogram line according to their age and go into groups of the same age bracket. After that we look at where everyone comes from and they re-join as families, back to base as it were, to make an advertisement for their home place. That is to say there is a movement from families to pairs to lines to groups and back to families again, a kind of movement that helps to build a safe group.

When we first go into the subject of life with an eating disorder, we do it in the small peer groups. While the group with an eating disorder make a picture, the others meet and talk about how their lives have been affected. Each group hears about what they have in common, and what is different. They take an interest in each other and listen to each other's stories.



I believe that the exercises also have another function, that they normalise the patients. We do not differentiate between what they are asked to share and what, for example, their fathers share. We make them healthier in these conversations. We treat them as ordinary people and I think that this is quite good at creating a sense of safety for them, that they are allowed to be themselves in pair exercises, meet another adult and talk on their own premises. The ingredients that create safety are the pair exercises, activity exercises, moving from the less risky to the more risky, humour, playfulness, ordinariness, and good relationships among the team members.

As with team sports, a group needs to warm up. At the start, group members need to be brought together. This means bringing the focus of their attention away from the various aspects of their daily life over

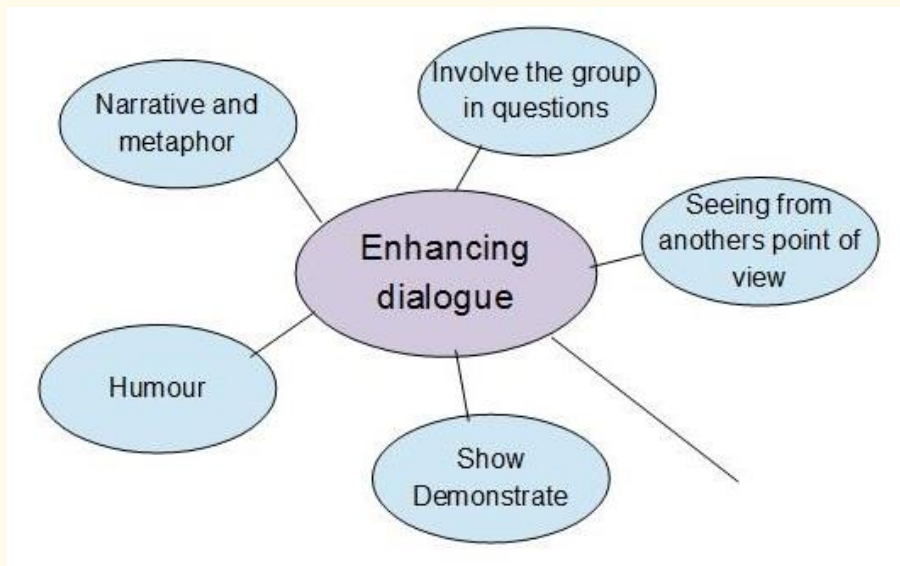
to being in the group. We need to help them to focus on their own situation rather than that of others, and to start to talk about their situation. Beginning a gathering with a short reflective exercise, talking in small groups or pairs and then sharing with the whole group are effective ways of bringing the group together and getting them warmed up for active participation is good leadership. Openness in the group can also be helped when team members share something of their own thoughts and feelings or tell about a situation they have experienced.

In our team we share a part of ourselves when we go into pair and small group exercises and, for example, talk about how things have been for us since the last gathering. They get to know about us, but we are careful about how much we talk about ourselves. It makes us more ordinary in their eyes and keeps us from being put on a pedestal. You must be able to lift yourself up so that you have an overview of the group but that does not mean being authoritative or impersonal.

There is a balance in this as well, as there is with using humour. You have to be constructive. We are therapists, we have a competence, we have a meta-perspective here but we are also only human. We are here as catalysts to bring out what is in the group members, the families, the relationships.

Enhancing dialogue

Dialogue is characterised by interplay, a to-and-fro movement between the group members. In a monologue there is no play of ideas, one proposition is followed by another without the risk of change on either side, but with dialogue the ideas are always being put to the test. Monologue is purposeful; it is the exercise of power with the intention of gaining the mastery for one perspective over the others.



In dialogue the result cannot be known in advance as it will be the result of a to-and-fro that can lead to a change towards the human good. The German philosopher Gadamer described this as a hermeneutic process where all participants are free to change, develop and mature. He wrote that dialogue cannot be wholly serious - there needs to be an element of frivolity for ideas and points of view to be allowed movement and the possibility for change. No position is quite safe in dialogue, and a person's ideas and understandings are always at risk of being turned on their heads.

The team need to lead the various activities of the group in a way that will invite dialogue and reflection. Multifamily group gatherings start with asking whether there are any issues the group would like to be dealt with. The group is invited to comment on how they are experiencing the exercises and presentations. The programme for the group has evolved in this way, and this has led to it becoming generally well adapted to the needs of its members.

When we help family members to see things from each other's perspective, this helps to promote dialogue in their daily lives.

In the mothers' group, one question that came up was: 'How much pressure can we use to get our daughters to talk to us when we are worried that they are eating too little?' I asked one mother to sit in a

chair as if she were her daughter and to try to feel what it was like to be confronted by someone questioning her on why she had not eaten. Then we rehearsed the situation, talking with 'I' sentences, and explored what she, as a mother, could say to move forward in a dialogue. I encouraged the other mothers to come with suggestions about how she could say things in a different way. They had no difficulty in recognising themselves in the situation, where a daughter will not talk, starts to cry or becomes angry and where conversation stops. In the role play they tried out different ways of expressing their worries in a way that kept a dialogue alive. It was only a short sequence of role reversal, but it was very effective.

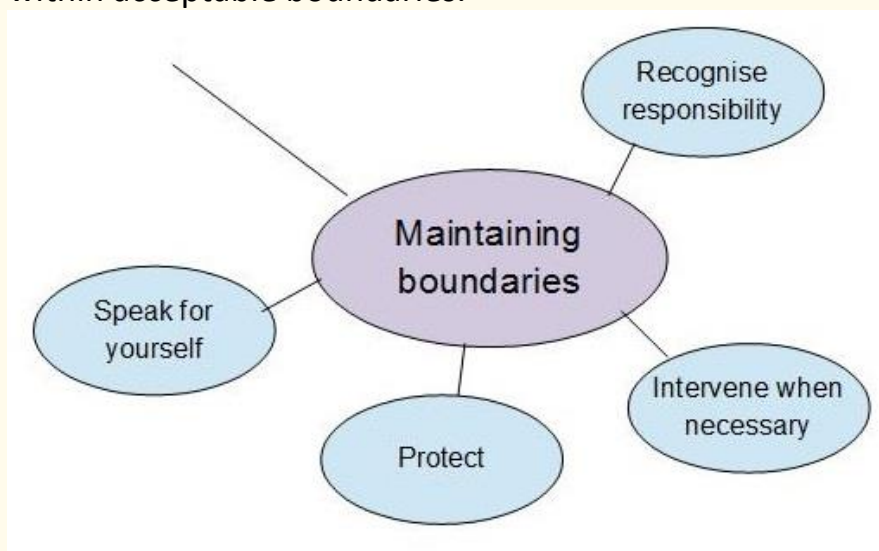
Presenting things in an active and playful way seems to increase engagement. It raises the possibility of lightness and humour in a subject that can otherwise be difficult. The playfulness is still serious, and the mixture is helpful especially when dealing with issues concerning stuck patterns in people's lives. Group members usually carry much guilt and shame and it is helpful to reduce the tension that this brings when dealing with difficult subjects.

In the last group I laid out sheets of coloured paper with keywords about motivation for change in a circle on the floor. I began talking about the analogy of a person who is wearing a woollen jumper that begins to itch. I saw that one of Food Fighters, who I knew was fairly outgoing, was wearing quite a large jumper. I asked her if she would come and join me and help me to demonstrate my point. She agreed and we walked around the floor, through the stages of the model, comparing it with how the jumper is at first comfortable and protects from the cold, but begins to itch. Although she puts up with it for a while the itching becomes so intense that she decides that she needs to take it off but she does not know how to keep warm without it. This illustration really brought the model to life, made it quite amusing and brought the point home much better than if we had used slides and pictures.

A presentation will not come over well if I just read a text, but if I break it up, tell stories, give examples, throw out questions ask for comments and include the group, then it can come alive. I have to ask myself questions like: “How will this presentation affect the energy in the group? What do we need to do to engage the group in this? This is a touchy subject; how can we help group members to avoid slipping into a self-critical inner dialogue?” I think that it is useful to think about how to do things in a way that hold people’s thoughts in the room rather than letting them disappear into their internal monologues of self-criticism, anxiety and shame.

Maintaining boundaries

The group needs there to be an understanding and agreement about the limits of openness, and a shared responsibility for how to respect these if there is to be an appropriate level of trust and safety in the group. This has led us to adopting the ‘rules of thumb for good group communication’. Some forms of interaction can have a negative effect on the process of the group. Sometimes group members can lack sensitivity for what issues are appropriate to disclose or to bring up in this kind of group. If the team are to maintain their credibility as group leaders they will sometimes have to intervene to keep the group within acceptable boundaries.



If one of the parents starts to tell about a difficult situation involving their daughter, the leader needs to interrupt and say something like "Excuse me for breaking in, but I need to check out with Karen that it is OK that this is brought up in the group. Is it OK for you, Karen? Fine. Sorry for interrupting. Please carry on."

It can be difficult for inexperienced group leaders to intervene like this as they do not feel they have a right to do so. They are uncertain of their authority and where it comes from. The team's authority comes from their responsibility to keep the group process helpful, safe and open.

It can also be difficult when a parent shows a level of self-disclosure that is uncomfortable for the rest of the group. As leader it is legitimate to say "I understand that this is an important issue for you, but I think that it is something that is better dealt with in another forum than here in the multifamily group." But it can still be very difficult to set this limit.

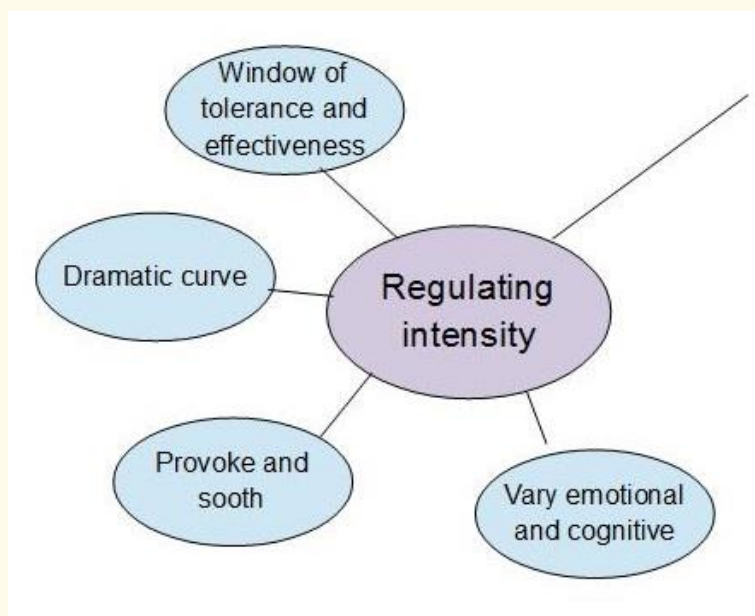
I learnt a lot from having a patient in the group who was very intense, almost hypomanic, and she talked prolifically about how well she had recently become. I thought to myself, "This girl is saying too much, talking too quickly, it is too hectic, the other group members cannot believe in what she is saying. What will this do to the group? The other group members must surely understand that the team sees that there is something wrong about this, and yet we are just letting her carry on. We may well lose our credibility as competent group leaders in their eyes." It was a situation I remember very well as a group therapist, thinking about what can we do to keep our credibility and still allow her to retain her enthusiasm. We let the situation ride and I think we only just managed to come out of it with our credibility intact.

In this situation, the concern is not primarily with the over-enthusiastic young woman, but that the group will experience the team as unable to provide adequate boundaries for her to function well in the group. "If the team are prepared to leave this young

woman to her own devices, what will happen to me if I need support?" The team are in the dilemma of not knowing how to calm her without risking 'shooting her down in flames'.

Regulating the intensity

Some of the plenary group presentations and discussions can be quite low-key while some of the family sessions in particular, can be highly emotional. The programme has been set up to allow a progression through the various themes and issues dealt with a variation in the level of intensity. A good flow or rhythm is essential for a well-functioning group. The team may divert from the programme if it appears to be necessary to liven up or calm down the group.



I think about our flexibility as group leaders in regulating the temperature by various means. Our most handy method is to divide up the group. We use some pairs exercises as well, - divide up in various constellations. In pair work we often ask the group members to find a partner they do not know well and who is not in their family. Where they are on neutral ground. For the leader, the most challenging to keep at the correct emotional temperature is the plenary group. If it is too cool it becomes tedious, just talk. It can be very safe, where you can have interesting discussions on general

themes, but it does not touch 'me and my life' 'so well and is therefore not therapeutic.

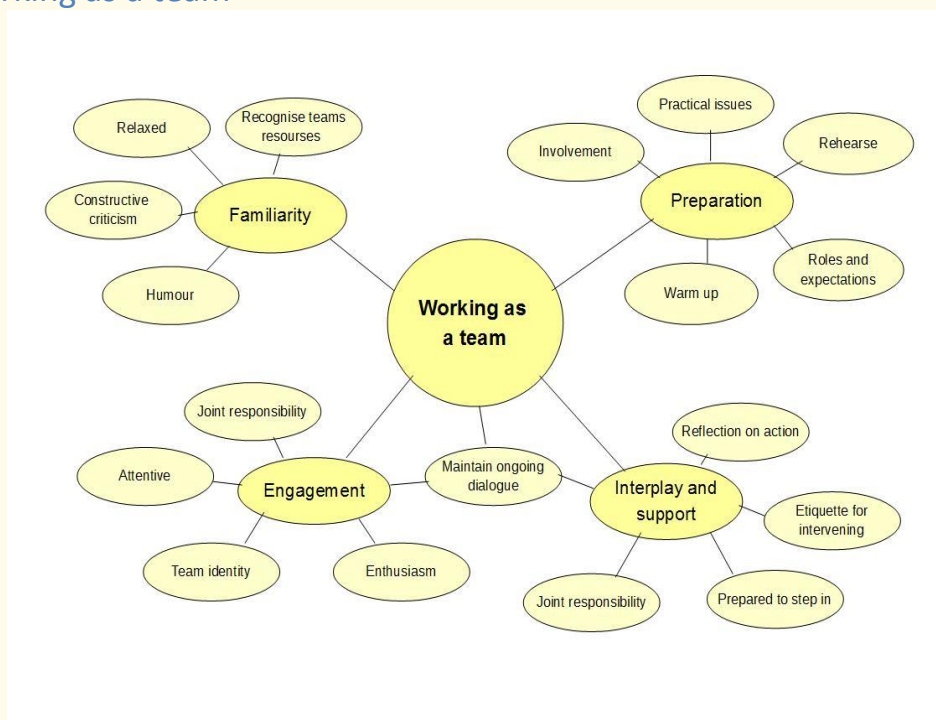
A group leader needs to be continually aware of the intensity of the group process and ensure that it remains within the limits of effectiveness and tolerability. The concept of a 'window of tolerance' relates to the level of arousal or stress in therapeutic work. It proposes that if a client is too little aroused then psychotherapy will be ineffective, but if a client is aroused too much then they will be too preoccupied with their inner state to receive any benefit. There will be a strong possibility of dropping out of treatment in both cases, either because the client loses interest, or because they experience therapy as so unpleasant that they fear to continue.

When it comes to close relationships, things can quickly get overheated. I believe that there is always a limit to how much you can provoke both because of the size of the group and because there are such close relationships between group members. The emotional pressure can easily be much greater in a multifamily group. It is in relation to one's closest that mentalization breaks down quickest. We had had a presentation about mentalization and we tried to bring out some examples or issues to talk about in the plenary group. It became very quiet and no one seemed to want to say anything. So, we chose to go into the smaller peer groups. I thought, "This is too difficult to talk about in the plenary group, we are not going to get anything out of it, we will just be sitting and pressing". When they went into the peer groups plenty of issues came up that needed to be worked with in the families. So, then we came back together and went into family groups, each with a team member. It is necessary to read the state of the group, and I think that a team, working together, can be very good at this.

Smaller groups are safer and more neutral, more like a therapy group where group members are not in the same family. They can breathe more freely and say more about what things are really like for them, without so many considerations. The other family members

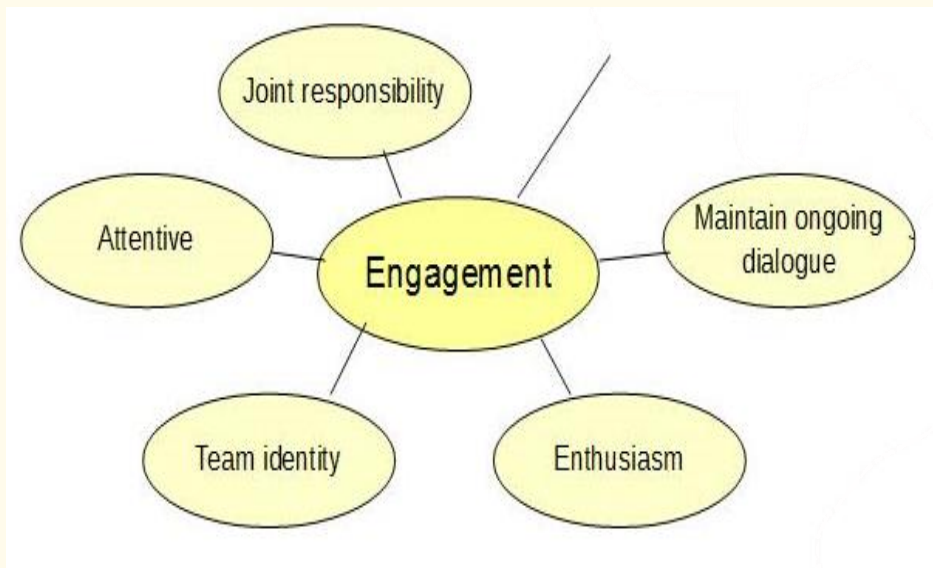
understand why they are speaking openly because they - with some few exceptions - are doing the same themselves -. Generally speaking, the group members with an eating disorder accept that their parents talk freely. I believe that they want them to, so that they can unburden themselves.

Working as a team



Engagement

It was seen as essential that team members are engaged and enthusiastic in order to run a multifamily group and must have a positive attitude to working together in a team. There is a collective expertise involved in the workings of a team, over and above that of the individual members. The way the team is seen to work together will have a profound effect on the group members. The aspects of team work that came out of the study were preparation, familiarity, interplay and support.



The combination of the team is definitive - their collective knowledge and skills, how well they know each other's style of working, their principles and what they tolerate from each other.

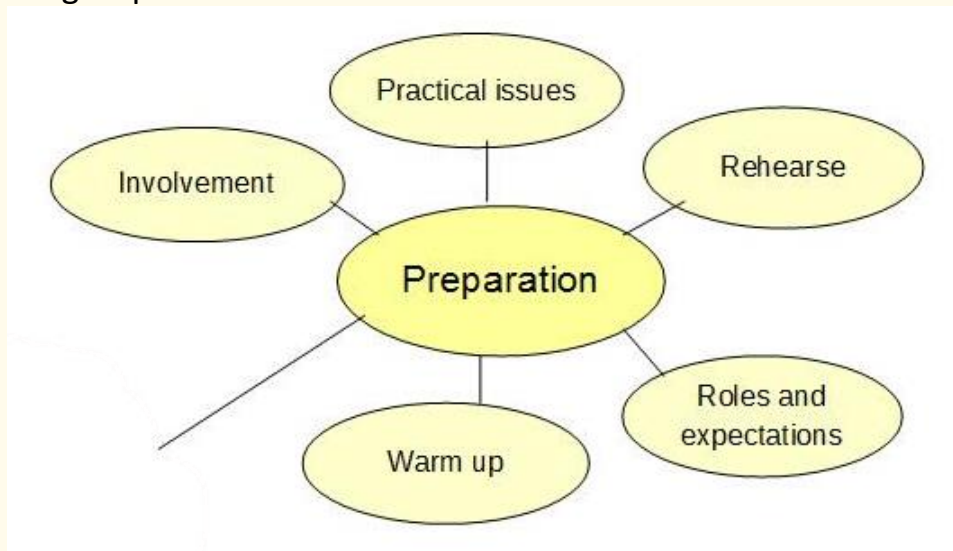
For this kind of group, it is very useful to have a mixture of backgrounds and experience. The combination of group therapy, psychodrama, family therapy with systemic understanding and creative expressive therapy has given us a very good foundation to build on.

This work seems meaningful to me because these families really benefit from it. One does not see results from everything one does in psychiatry, but one does here. Families take something new home that can make a difference; some experiences, some learning. I think that it helps them to see that other families can change. It is a pleasure for me to be a part of this.

Preparation

There are several aspects to the preparation of the team. Some concern practical issues and the delegation of tasks and responsibilities so that the team members know what to expect of each other. This involves some team members being prepared to take most responsibility for the running of the group, others stepping back, and some being given room to gain experience.

Another is the preparation of exercises and presentations. It can be a good idea to try them out with each other before running them with the group.



When running these expressive exercises some may think that you just need to be able to give clear instructions, but the question is what is the exercise going to be used for? You should understand how you can use something like a role play in a constructive way. An exercise lacks life if you do not know what to do with it. It is the same with the presentations. If you use another person's PowerPoint slides it won't be alive if you have not adapted them to make it your own material.

The team could be said to be in a constant state of preparation and revision. We meet before the gatherings to delegate tasks and responsibilities. During the gatherings, we meet for an hour before the group members arrive, for fifteen minutes at lunch and for half an hour at the end of the day. We discuss the team's understanding of the group process and whether there is a need to digress from or adjust the programme. We talk about how well the team members are supporting each other and what support we want from each other, recognising what has been done well and understanding what has happened if something has seemed difficult.

When you feel that you are a bit stuck and not making enough progress, this can be very useful to look at. Why did it turn out like that for me? Do I need to discuss these things when we have our team meetings? I am not so fond of talking about the individual group members, though this can be necessary if someone is struggling. I prefer to focus on the group process, ourselves as leaders and how to move on in a constructive way.

We try to meet as a team the week after a gathering to evaluate our work with the group, and to meet together with an external supervisor. Review the process of the group and how the team has contributed to it. Keeping an ongoing dialogue is central to the quality of the group, and it is important that time is allowed for this.

We have the summary meetings during the group where we talk to each other and have the opportunity to say, "I was uncertain about that." And, "I did what I did then because..." Having an hour at the start, a quarter of an hour at lunch and a discussion at the end has been essential for the team, and we all learn from it. We all gain better insight in why we do what we do.

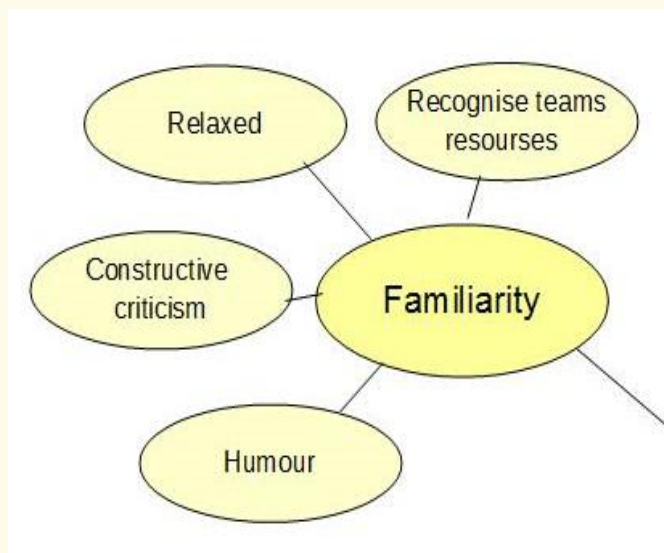
The team needs to be prepared to make changes in their plans on the spur of the moment if the process of the group calls for it. However, they need to come to an understanding of how to go about this; preparing for the unprepared.

If one of the team leaders has an idea or a strong feeling about the group process, it may not be suitable to wait and take it up with the team between the sessions. It should be dealt with then and there, and the programme should be reconsidered. It can be difficult to lead if things suddenly go in a different direction to the one planned and thought out. I want to come to an understanding in advance when I am going to lead the group. If another team member wants to come in and contribute an idea, I like to be asked. "I have had an idea, is it OK that I share it with the group?" Then I have the opportunity to say either "Be my guest" or "Wait for a while, there is something I am

working on just now,” so that it does not come as an intrusion when I am following a plan which could become difficult to carry through. I think that it has to be clear that the team member who is leading has an overriding responsibility and that if the baton is going to be passed on it should be done properly and that this is clearly understood in the team.

Familiarity

Familiarity is about the team members knowing each other well enough, recognising each other’s strengths and weaknesses and feeling safe about giving each other feedback. Familiarity is developed by planning the group together, spending time on reviewing how the team members experience working together, and regular supervision. Speaking openly about attitudes and expectations and prejudices.



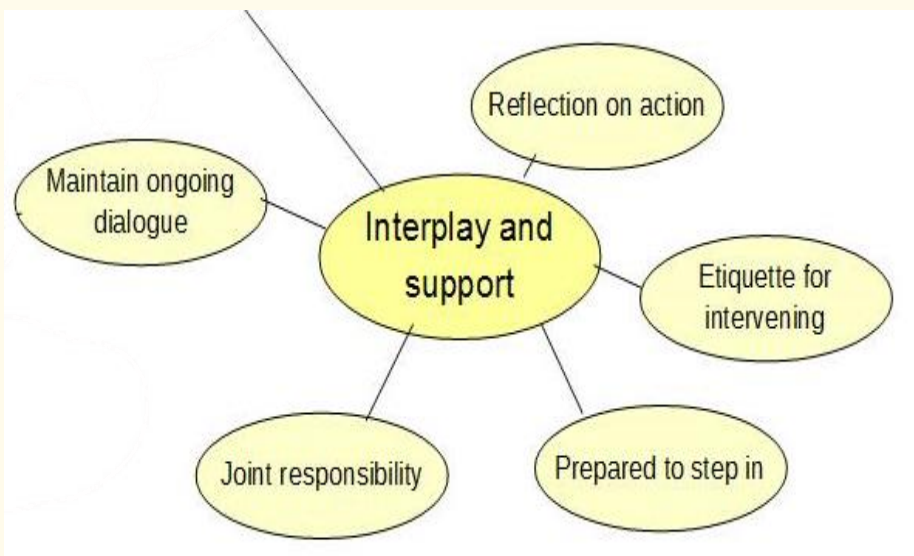
Because we feel secure in the team and can joke and mess around a bit, this contributes to a sense of safety in the group. We share a part of ourselves when we go into pair and small group exercises and talk about how things have been since the last gathering. They get to know about us, but we are careful how much we talk about ourselves. The better I know the other team members, the safer I feel about leading the group and the easier it is. I have the opportunity to play off the others when I know how they react spontaneously. I know

about the competencies of the other team members and what I can play on, their strengths and weaknesses.

The relationships within the team are safe and relaxed. We do not have to watch out for each other or be super-clever. Being relaxed with each other promotes being relaxed with the family members. When we can speak openly to each other and it is OK to say, "This time I think you went too far...", without this creating any difficulty between us and without me having to consider whether you will feel put out. Having a core of team members who are familiar and secure with each other allows us to bring what we are working with to life in a way that it is not formal but relaxed and at times quite fun.

Interplay and support

A good team can offer each other support and the flexibility for a degree of interplay. These concern the to-and-fro between team members. All the team should be prepared to be a back-up, or to come in with something or another that can lift things up, although it is good to agree on the form of cooperation in advance so that the team member feels helped and supported and not undermined. We play on each other's strengths, accept that some team members are inexperienced but give everyone the opportunity to test themselves.



In the last group I came in a position where I did not know which way to go and one of the other team members stepped in. She had been on the side lines and had thoughts and ideas on how to go forward. She took the group on from there. I think it was great team work. One must be allowed to run out of steam and let others take over. I also step in and do the same for others. When you stand on the floor you risk losing energy and then it is good to be part of a team. Play the ball over to the others and do not struggle on your own.

Knowing when and how to step in can be complicated when a colleague is struggling to do a task well. They should be given the opportunity to work through something or to take the initiative to play the ball over, but there are times when someone gets stuck and then it is important for the group that someone does something.

We had a good example when two fathers were telling the group about their daughters without first checking out with them that it was OK. I sat beside the team member who was leading the round for the first time, and I thought, "Oh no, how is this going to turn out?" But I waited, because I thought that I did not want to undermine her by taking over. I thought to myself, "When is she going to say something? But wait, she needs to test herself." I ask myself how quickly should I step in? She had to have the opportunity to sort it out herself. When you see that your colleague is passive and the process of the group is threatened, then you have to step in. We must try to give them a little nudge first rather than taking over.

We had a parents' group with the mothers and fathers together, and they took up how let down they felt they were by the helping agencies and they almost started verbally attacking me. In their eyes I become a representative of all the helpers that they felt had neglected them. They were angry and frustrated and felt very alone with their problems. I felt a need to defend the work we were doing at our centre because the anger mostly concerned with other services but was being directed at us. They complained that we were not more active, that we were not making sure that people were being followed-

up properly. It began to feel that I was in stalemate position saying "yes, but, yes, but...", arguing to defend rather than giving them the opportunity to air their experiences. So, I decided to ask Bjørnar to take over from me as group leader so that I could take on the role of a representative of the helping agencies and then they could really criticize me. I could not lead the group at the same time. It was a massive group transference directed at one person and it was very challenging for me to deal with, but it turned out very well. Bjørnar took on the responsibility and led the group well. It says something about the necessity of there being several therapists in these groups.

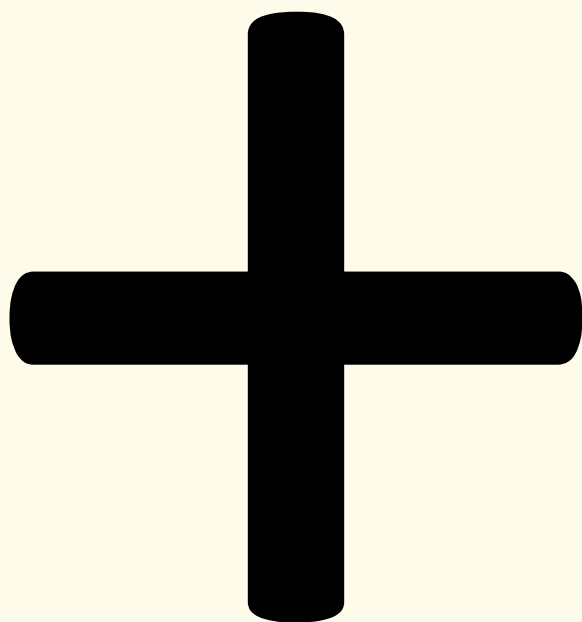
Lately we have decided to run almost all presentations and exercises as pairs, having an active dialogue with each other as we go along. I think it is much better doing it this way because we can make it more interesting, and you don't worry about getting stuck.

I think that you have to tolerate other people's pain, contain pain without giving comfort. You must be able to create a small crisis and stay in the crisis and let people suffer so that they can move on. Creating a crisis in the family means leading them to a place where they must search for something different from what they have done before. It is no longer viable to do it in this way, we must find something else. If you just comfort, then there is no change. If you have worked enough with yourself in therapy then you understand that you have to let people find their own way, be in their own process. The pain is a part of therapy and change. Just repeating coping strategies is no help to anyone.

We got to a point where it seemed to me that we ran out of energy. I thought to myself, "What did my previous supervisor, Janne, used to say? That when things come to a stop we tend to respond bodily, we lock our knees and breathe superficially. So, take a step back, plant your feet on the floor and feel that you are grounded loosen you knees, take a deep breath and get in contact with your creativity, then look at the situation from another angle." I did just that, and words came to me at once. I stepped in and began talking about the elephant in the

room. The discussion progressed well from there. It is a matter of having a strategy to fall back on. Remember what you have learnt and experienced that worked well. Change your perspective in the room and an idea will come.

There is no danger in a short pause. Trust yourself; you have closed yourself, and you only need to open up again. We do not need to carry everything.



Appendix

Evaluation

The evaluations of multifamily group programme given by participating families has been of invaluable help to our team and we strongly recommend carrying this out. Our initial programme was based on groups run for children and adolescents and for adults with psychosis, and was often ad hoc as we tried and tested ideas and methods taken from our experiences with groups and families or made up on the spot. The responses we received led us to supplement and trim the contents and also to adjust where in the programme to take up the various issues and how to do so.

Now a member of the team is given the task of writing up notes from each session, with what was done, how the group responded and what feedback was forthcoming. We decided not to ask families for a formal evaluation at the end of each gathering, but to ask them to fill out an evaluation form on the last day of the group containing assessment scales and room for comment.

Participating family members are asked to fill out three questionnaires that measure change in family climate and family interactions, SCORE 15, EDSIS Eating Disorders and AES (Accommodating and Enabling Scale) at the start and end of the programme. The Food Fighter group usually participate in a research project run at the Regional Centre, where they complete a comprehensive battery of questionnaires.

Evaluations from the first groups showed high levels of satisfaction from participants, they reported that they were less afraid of the illness, and that they saw improvement in their overall family climate, their quality of communication, understanding of each other's perspectives, understanding of eating disorders and their ability to deal with everyday situation dominated by the eating disorder. When they understood the psychological meaning of the symptoms, better they avoided reacting to them with so much anxiety and anger, which

in turn leads to improved family interactions. Several wrote that they would have liked more follow-up between gatherings, both from the multifamily therapy team and Food Fighter's local therapist.

Some of the comments made a lasting impression on the team and encouraged us to continue with this work.

One of the siblings wrote:

"I am now better at living my own life. I can do more of my own things without having a bad conscience or thinking that I have to consider my sister. There is a better, more open climate in our family. My parents are more relaxed"

One of the mothers wrote:

"I have gained knowledge and become wiser. I have accepted that this takes time, but still I refuse to give up pushing. I can handle difficult situations better. I can allow myself to think of myself more, and I am more supportive to my daughter".

One of the fathers wrote:

"I have greater knowledge and more certainty in everyday life. I have become more aware of roles and the importance of using different roles. I have received advice about how to deal with situations where the "voice" of the eating disorder comes into play. I am less dependent of my wife being around. I have learnt where the responsibility lies in different situations. I have got to know many fine people."

One of the Food Fighter group wrote:

"At last there has been something for my whole family. A "burden" has been taken from my shoulders. Increased knowledge in the family has given greater understanding for what it is all about. My family now have greater acceptance for the time it takes to be better. There is also understanding and acceptance that an eating disorder is about much more than food. My family has become safer and they manage to live their own lives to a greater degree".

Many members of the Food Fighter group were unaware of how much the eating disorder had affected their brothers and sisters and were surprised how concerned they had been about their health and well-being.

The teams running these groups have consisted professionals with a variety of backgrounds. When we summarised our own experiences of the groups all the team members reported that they experienced multifamily therapy as positive and meaningful. Certain aspects were seen as particularly relevant.

- Observing how high degrees of concern and suffering decreased when family members connected with each other and used the group to deal with difficult issues.
- Seeing the importance of the family as a resource in following up patients.
- Understanding the importance of addressing the complexities of ambivalence and the motivation for change. Resistance to treatment was very hard for many family members to understand and was a major source for frustration, conflict and withdrawal.
- Seeing the importance of building and supporting professional competency at a local level. Many of the families told that they had received little help aimed at their improving their ability to give appropriate support.
- Seeing the importance of giving families an overview of how services are organised, fit together and who is responsible for what.
- Seeing how information about vulnerability, triggers and maintenance factors helped all family members with the issues of guilt and shame that were dominant at the start of the groups.

The limited evaluation of this multifamily therapy programme indicates a high level of user satisfaction. While high user satisfaction and positive clinical experience are promising indications for the value of multifamily therapy with adults, they are inadequate evidence for drawing generalized conclusions as to the value of this intervention.

The team running the multifamily therapy groups considered the method as very useful in loosening up the stuck patterns of interaction and in reducing the level of suffering in the families. In particular, it seemed to have helped improve the situation of Food Fighter's brothers and sisters who had often been overlooked by the helping services. In as much as better communication, increased safety and courage to live their own lives was emphasized by the group members, several of the aims of multi-family therapy would seem largely to have been achieved. In addition, families experienced that they could support Food Fighter in a more meaningful and age-appropriate way. Having followed up some of the families after the end of the group, our clinical impression is that these are lasting changes.

Recommended instruments of evaluation

AESED - Accommodation and Enabling Scale for Eating Disorders Sepulveda, Kyriacou & Treasure (2009)

EDSIS - Eating Disorders Symptom Impact Scale Sepulveda, Whitney, Hankins & Treasure (2007)

SCORE 15 - Systemic Clinical Outcomes in Routine Evaluation Bland, Stratton, Lask, Evans, Ward & Janes (2005)

Evaluation questionnaire

Exercises and presentations: What benefit did you had from the following?	1 Very little	2 Little	3 Some	4 Much	5 Very much	0 Not relevant
The information meeting						
An uninvited guest						
Understanding eating disorders						
The 2 voices of an eating disorder						
The consequences of malnutrition						
Motivation for change						
Mentalizing						
Tree of aims						
The animal model of caring						
Caring, support and belonging						
Genogram (Family map)						
The Plan A B & C model						
Tower of guilt						
"Brainstorming" problems						
The supporting organisations						
Family sculpting with figures						
Mind the gap						
Improvement and recovery						
Helping-hand plan						
A new DVD						
Comments						

Forms of the group What benefit did you have from:	1 Very little	2 Little	3 Some	4 Much	5 Very much
Discussions in the plenary group					
Discussions in your peer group					
Discussions in your family group					
Creative exercises					
Role-plays					
Participation of local therapist					
Organizing of the gatherings					
Comments					

The leader team How satisfied were you with:	1 Very little	2 Little	3 Mixed / Middle	4 Good	5 Very good
Your contact with the team					
The team's knowledge base					
The leadership of the group					
Contact with group members					
Follow-up between gatherings					
Comments					

What have you appreciated the most about the groups?	
What have you appreciated the least about the groups?	
Is there anything you think was lacking or should have been different?	
Do you have any other comments?	

Planning list for a multifamily group

When	What	Who	Deadline	Done
	Recruit representatives from the previous group (when relevant)			
	Decide on dates for gatherings			
	Set up team			
	Prepare pamphlets			
	Print and send out			
	Ring to potential referrers / leaders of clinics			
	Prepare written information on rights, travel etc			
When	What	Who	Deadline	Done
	1st team planning meeting			
	Plan visits to referrers			
	Book rooms			
	Team building supervision			
When	What	Who	Deadline	Done
	2nd planning meeting			
	Invite referrers to 5 th gathering			
	Book medical consequences talk 1 st gathering			
	Prepare formal invitations			
	Order travel expenses forms			
	Call in to team meeting for all gatherings			
	Book team supervision			
When	What	Who	Deadline	Done
	Visit location.			
	Check arrangement. Lunch, rooms, equipment			
	Buy ring perm files for participants			
	Ring to referrers			
	Call in to info meeting and 1st gathering			
	Equipment			
	Contact support organisations, invite to fifth gathering			

When	What	Who	Deadline	Done
	Team meeting – present participants			
	Planning meeting - info meeting & 1 st gathering			
	Prepare presentations and exercises			
	Information meeting			
	Plan first gathering			
When	What	Who	Deadline	Done
	Planning meeting			
	1st gathering			
	Team meeting. Evaluate gathering			
	Attestations for participants			
	Send out invitations			
When	What	Who	Deadline	Done
	Planning meeting			
	2nd gathering			
	Send invitations to 3rd gathering			
	Attestations for participants			
	Team supervision			
When	What	Who	Deadline	Done
	Plan gathering			
	3rd gathering			
	Send out invitations to 4th gathering			
	Attestations for participants			
	Supervision			
When	What	Who	Deadline	Done
	Planning meeting			
	4th gathering			
	Send out invitations to 5 th gathering			
	Send reminder to referrers 5 th gathering			
	Attestations for participants			
	Team evaluation meeting			

When	What	Who	Deadline	Done
	Planning meeting			
	5th gathering			
	Send out invitations to 6 th gathering			
	Confirmations for participants			
	Prepare evaluation forms			
	Supervision			
When	What	Who	Deadline	Done
	Planning meeting			
	Produce evaluation forms			
	6th gathering			
	Summarize evaluations from group			
	Post-group supervision			
	Celebrate!			

<u>Equipment list</u>		Ringpermer folders	
Laptop PC & mouse		Cover and dividers	
All necessary software (tested)		Program for information meeting	
Projector/ very large screen		Communication guidelines	
SD card / USB flash drive		Presentation handouts	
Leads and cables		Relevant brochures	
Sound equipment		Plastic pockets	
Paper plain & lined			
Pens, pencils, crayons etc.			
Glue sticks, scissors			
Punch stapler tape			
Flip over paper			
Red yellow green sheets			
Magazines for collages			
Figure sets			

Planning a gathering

	Day 1		Day 2	
	Team meeting		Team meeting	
Early	Content Equipment	Leaders	Content Equipment	Leaders
Morning	Content Equipment	Leaders	Content Equipment	Leaders
Lunch Team meeting				
Afternoon	Content Equipment	Leaders	Content Equipment	Leaders
Late	Content Equipment	Leaders	Content Equipment	Leaders
	Team meeting		Team meeting	

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