

Working with families to facilitate changes in eating behaviours of the young person with an eating disorder'

Ivan Eisler

Professor of Family Psychology and Family Therapy
Maudsley Centre for Child and Adolescent Eating
Disorders, London

**3rd Irish National Eating Disorders Conference
Dublin, February 23, 2018**

History of the use of the family meal

Psychosomatic family model

(individual vulnerability interacts with specific dysfunctional family transactions leading to ED)

Illness family model

(the family accommodates to an enduring, life-threatening illness)



ED an expression of interpersonal conflict

ED an illness of unknown but not family aetiology

ED an illness with underlying neurobiological vulnerability

Minuchin et al 1975; 1978; Rosman et al 1975

Dare 1983; Dare et al 1990; Dare et al 1994

Dare & Eisler 1997 Lock et al 2001

Eisler 2005; Eisler et al 2010

Eisler et al 2012 Lock & Le Grange 2013

1975

1985

1995

2005

2015

Challenge the notion of the “sick” child

Empower parents to manage child’s illness

Support parental sense of efficacy and caring

To make dysfunctional family patterns visible

To assess family strengths and weaknesses during eating

Developing a shared sense of opposing the illness

Increase distance between parents & child

Uniting the parents to oppose the illness

Joining the family in their “worst nightmare”

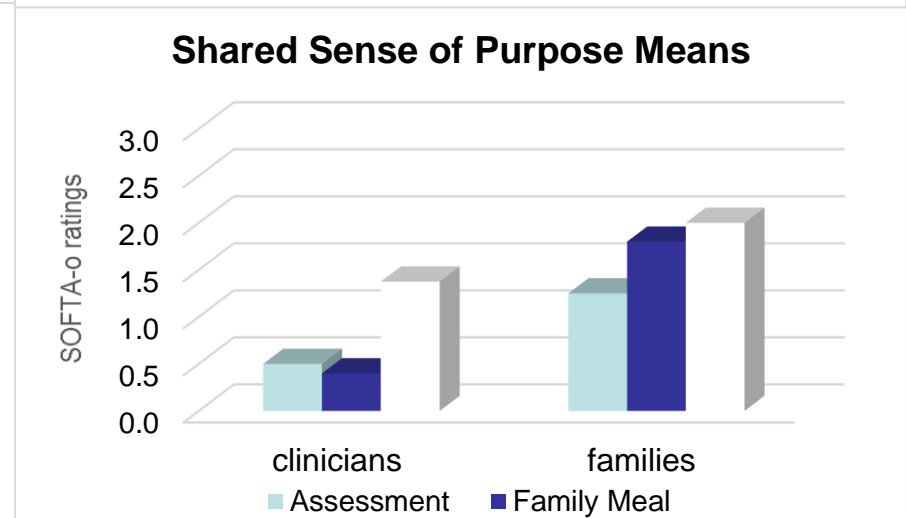
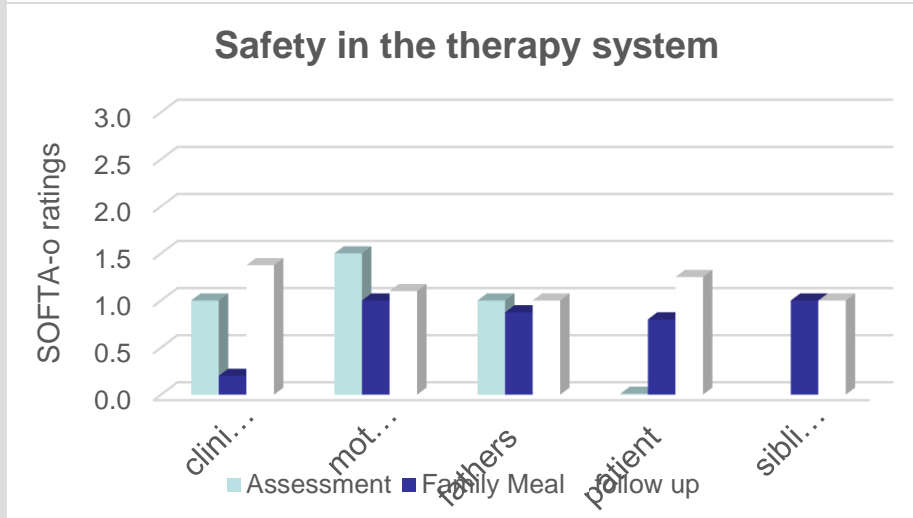
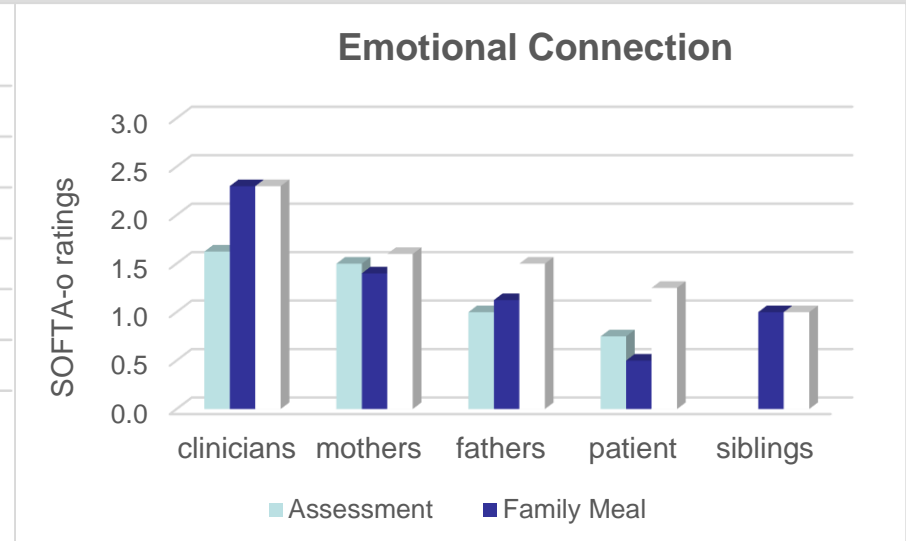
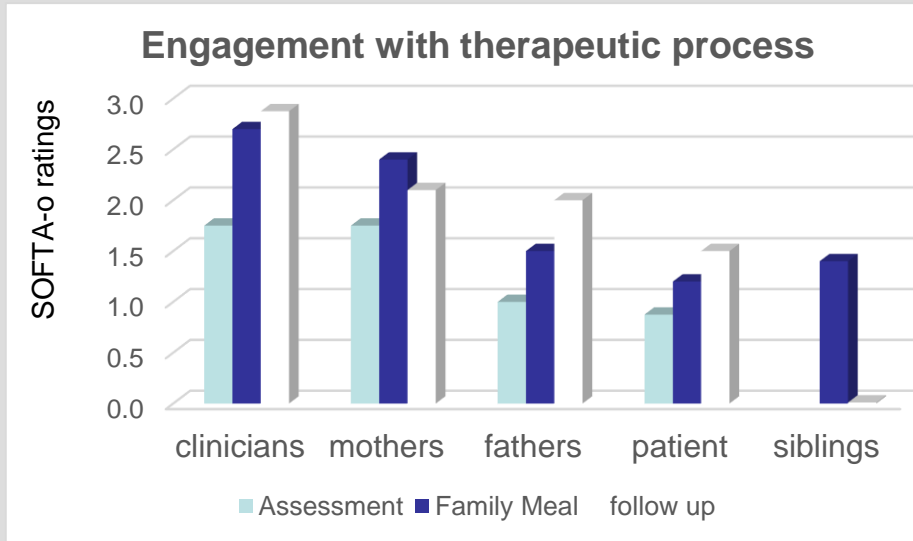
Block the role of ED as a mediator of family conflict

Block power of ED as mediator of relationships

Strengthening the therapeutic alliance

Pilot study of changes in alliance after family meal

Assis da Silva 2013



The “mini meal” as part of the initial
assessment

The family meal in FT-AN

- The purpose of the family meal session
- The preparing for the meal session
- Setting the scene for the meal
- Interventions during the meal
- Feedback and processing the experience of the meal session

The purpose of the family meal

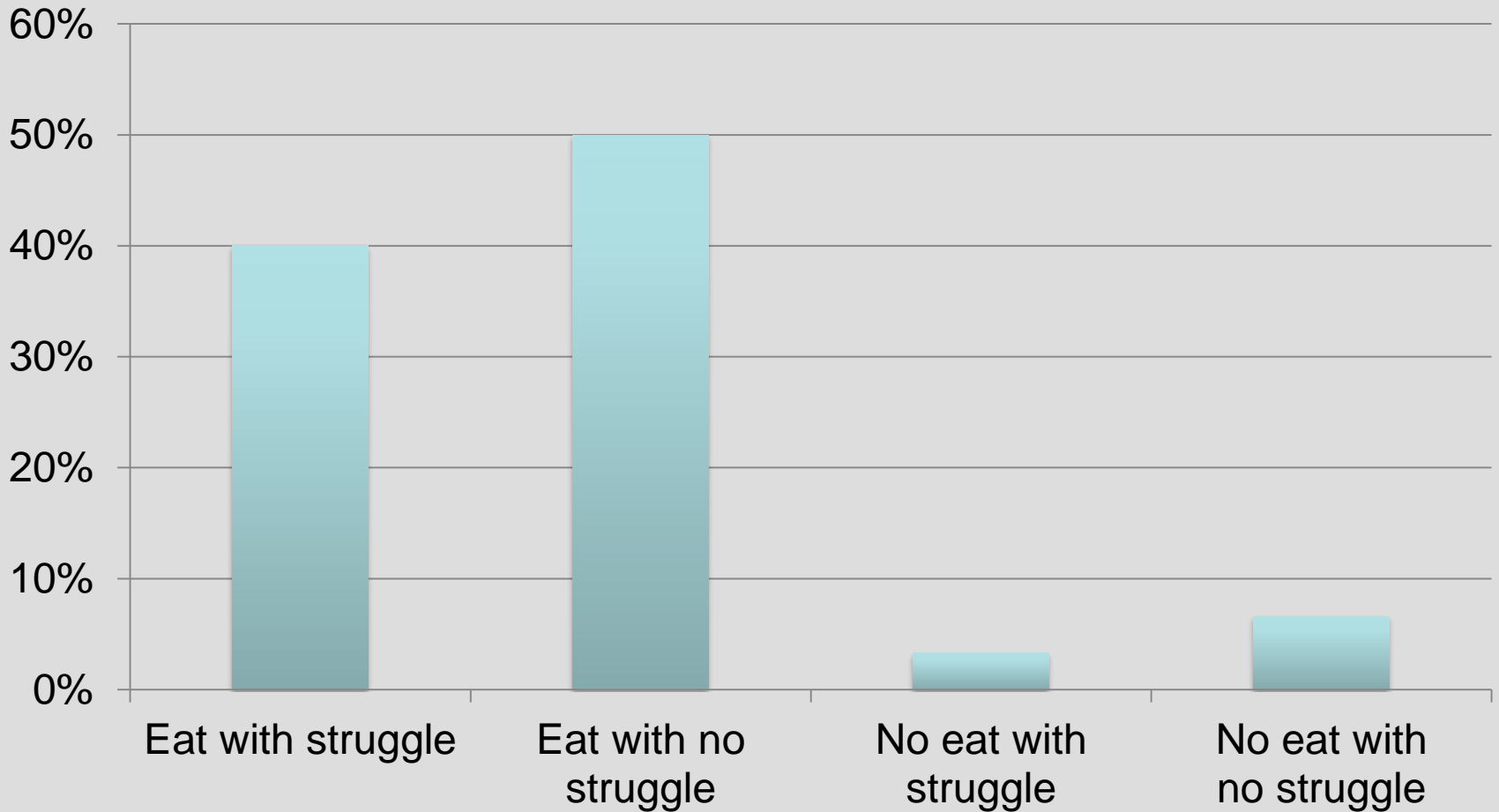
- Opportunity for the therapist to observe how the family functions around food noting in particular:
 - Patterns of interactions where families get stuck or may have maintenance function
 - Patterns of strengths and positive responses
- Opportunity for therapist to join with family in the situation that contains the most difficult experiences the family has to face
- Opening up possibilities for the family to try new approaches to dealing with food without being paralyzed by the fear that ‘doing something different could make things worse’
- Focussing on the **process** rather than the **outcome** of the meal
- The FM should be a useful learning experience regardless of the outcome (i.e. it is not about parents “winning the battle”)

Interventions during the meal

- To engage the family
- To influence parent behaviours
- To reinforce perception of parents' behaviour as caring
- To facilitate behaviours that the young person finds useful (e.g. distraction)
- Stopping unhelpful interactions
- Discussing the experience of the meal session

Family response to meal intervention (N = 30)

Godfrey et al (2015)



Multi-Family Therapy Meals

Multi-Family Therapy:

- MFT-AN shares conceptual frame with FT-AN but utilizes interfamily support and creates an intensity that generates hope and expectation of change
- Up to 8 families meet for an introductory afternoon followed by 4 consecutive days of therapy and up to 6 whole days over the following 9 months to a year
- At the introductory afternoon a “Graduate Family” talks with the group
- 2 lead therapists facilitate the MFT assisted by up to 3 helpers
- Patients attending MFT also receive Maudsley Out-Patient treatment alongside the MFT or they may also attend the Intensive Treatment Programme

MFT meals

- Meals (lunch and 2 snacks) are part of the treatment throughout
- Families bring food for lunch and snacks and therapists take an active role in discussing with parents what food they should bring
- Families eat together (2-3 families at a table)
- During the early stages, therapists move between tables using similar interventions as in FT-AN but may also encourage families to interact and advise each other
- Once eating becomes more normalised therapists join families and meals take on a more social character
- Helpful and unhelpful aspects can be discussed after meals early in treatment in different formats
 - Whole MFT group
 - Separate parent and YP groups
 - By YP group while observed by parents (one-way screen or fishbowl)

Lunchtime

- Only lead therapists support families in the dining room
- Families are told how long they have for lunch
- Therapists use similar techniques to those used in FT-AN Family Meal moving between tables. Interventions tend to be brief as therapists move to another table
- Therapists continue to use the language of externalising in order to lessen the potential for parents to feel blamed and to reduce guilt for both parents and young people

“Foster-Family” Lunch

- On the second day, generally without warning, the therapists announce that lunch today will be different
- The therapists will have already prepared a list of who will eat with whom based on their experiences of the first day
- Young people eat the food provided and prepared by their parent but eat with a mother and father from different families
- This exercise causes initial anxieties for most of the MFT group but generally it results in young people eating their meals and parents potentially feeling a sense of achievement. It also illustrates to parents that doing something different can result in change. This encourages a sense of curiosity in parents about what else they might do differently in order to support recovery

Parents' Feedback

- *This was a good way to get to know the other parents and young people in our MFT group. Although it might have been really scary for the young people, it was reassuring to see someone else's child doing the same thing as your own. It helped endorse that this is a known illness/pattern of behaviour and that we were in the right place to work towards recovery*
- *This was an extremely powerful tool, to challenge the strict and bizarre food choices that the girls were adhering to....The success was probably achieved by the staff who lingered around asking useful questions....but it was enabled by the young girls not sitting with their parents away from their comfort zone...It also gave me a chance to get to know one of the other girls in an informal way*

Young People's feedback

- *Found it hard to eat with others but liked a less formal gathering*
- *It was good seeing how other parents cope with anorexia*
- *Good because there were new topics to discuss, better conversation as distraction, less intimidating, the parents fussed less about the way we ate, their only aim was to ensure we completed the meal*
- *Actually it was a lot better than expected and I enjoyed it therefore finding it easier to eat lunch*
- *Helpful step towards eating at school without parents, something completely different*

The Use of Family Meals within the Intensive Treatment Programme for AN

ITP Programme

- Group programme for up to 8 young people each day
- Content of the group therapeutic interventions are manualized and repeated approximately every 9 weeks
- Young people receive 10 hours of education in 5 days programme
- One individual therapy session per week for goal setting & motivational work
- 2 therapeutic family reviews per week to support the family
- Regular physical monitoring, including weights and physical observations
- Wednesday afternoon Parents skills & Multifamily Group including family meal

Treatment Aims of ITP

Young people

- Increase the young person's motivation for recovery
- Establish regular, more flexible eating pattern.
- For the young person to gain weight
- Treat maintaining factors of the disorder and equip the young person with skills to manage: anxiety, perfectionism, cognitive rigidity, emotional processing

Treatment Aims of ITP

Parents

- Help parents regain confidence in their parenting skills
- Address unresolved attachment issues that may be interfering with the parenting process
- Ensure that parents remain active partners in the treatment process
- Maintain links with the outpatient treatment programme and prepare families for rejoining outpatient treatment
- Teach parents specific skills in how to manage their child's eating

Aims of the Parents' Group

- ▶ Bring together people who are at different stages of recovery to share their experience, reflect on their expertise and strengths.
- ▶ Gives the opportunity for families to be hopeful that positive changes can occur, and that the difficult stage they are experiencing at the beginning of treatment doesn't last forever.

Aims of Parents' Group

- ▶ It enables the families who are more advanced in the recovery process to widen the lens and reflect / appreciate how far they have come.
- ▶ Provides an opportunity for the parents to discuss and support each other with how they set up meal challenges. (role model the importance of long and short term goals to achieve recovery)
- ▶ Allows the parents a chance to have conversations about family scripts and narratives around coping, illness, parenting etc that sometimes impact on the family beliefs about treatment

Aims of the Parents' Group

- ▶ Think about attachment styles and to help parents think about their experience of parenting and being parented. By helping them to identify their own attachment styles, we to help them to identify their strengths and recognise where they may become stuck.
- ▶ It is also important to try and help alleviate some of the guilt, blame and shame the parents feel about having a child that suffers with anorexia, as it can be quite an isolating illness for the whole family and not just the child.
- ▶ Encourage the parents to find ways in which they can look after themselves and enlist help from their wider network
- ▶ Help the parents to differentiate between adolescent and anorexic behaviour.

Aims of Parents' Group

- ▶ To give parents the opportunity to acknowledge the difficulties associated with having a child with anorexia
- ▶ To provide a space to think about dilemmas and worries anorexia brings and the impact on siblings.
- ▶ Is to work with the parents about handing back responsibility to their child when they are further in recovery in a safe way.
- ▶ Staff ask the group what support they would like from us during the meal.

Aim of the meal

- ▶ to provide a forum for parents to address some of the ruts they may get into at meal times in a safe supportive space, and to introduce more variety in their meal plans and flexibility to experiment to move process of recovery forwards.
- ▶ For staff to role model and coach families in the importance of consistency and clear messages and expectations in the early phases of treatment.
- ▶ To provide an opportunity for effective strategies to be practiced during the meal; through conversations not related to food and post-meal distraction such as games etc.
- ▶ A space where other members of the supportive network can join the group with the family meal.

Before the meal...

- ▶ Meal planning – parents are asked to bring food from home to feed the family. The particular challenge will have been planned in the mini team meeting and in the group.
- ▶ Parents and staff are in the kitchen preparing the meal.
- ▶ This is to ensure that the meal provided is consistent with the meal plan. This is done behind the scene so the parents have the confidence and the autonomy at the meal table

Before the Meal

- ▶ Timings – parents are encouraged to keep the evening meal and dessert to 30 minutes.
- ▶ Food prepared and laid out by parents while young people are supervised separately (yoga).
- ▶ Young people join the table , which has been set before hand and the young people are asked to eat the food placed at the table.

Interventions

- Work with parents on teaching them skills that can help them to supervise meals with their children
- We collectively work with families to identify the areas where they are getting stuck with meal times.
- Parents negotiate with staff about the support that they will find most helpful at the table to ensure that the challenge is most likely to work.

Interventions

- Parents hold the autonomy for implementing the changes they feel need to happen at the dinner table in front of their child.
- Families get support from other families at the table and it gives the opportunity to experiment on eating with others e.g. eating out at restaurants.
- This is reviewed with the parents after the meal. This is also reviewed with other parents in the family group.

During the meal....

- ▶ Music
- ▶ Distracting conversation
- ▶ Incentive to finish first
- ▶ Discussions about life outside



Summary

- The concept of the family meal has evolved over time with important continuities as well as discontinuities
- The key shift has been from the original focus on family dysfunction, through helping parents to take charge of eating to strengthening the therapeutic alliance with the whole family
- The contexts of outpatient FT-AN, MFT-AN or ITP shape the way in which family interventions around meals can be used