

Multi-family group therapy: An excellent tool on the road to recovery?

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- No conflict of interest

PSYCHIATRIC DISORDERS: eating disorders, depression, alcohol abuse

FAMILY GROUPS: patient, different generations

INPATIENT OR DAY CLINIC SETTING: family support

SYSTEMIC FAMILY THERAPY

FAMILY AND GROUP THERAPY

Multiple Family Therapy

by H. PETER LAQUEUR, M.D., HARRY A. LABURT, M.D.
AND EUGENE MORONG, M.D.*



MULTIPLE FAMILY THERAPY† as a new method of treating hospitalized schizophrenic patients and their families, emerged from the context of an already existing therapeutic community in which the patient's family had been integrated in the treatment plan.‡ Four to five hospitalized patients and their families, (parents of patients, and, in some instances, siblings and spouses) meet weekly for a 1¼ to 1½ hour group psychotherapy session with a therapist and an observer during the entire period of hospitalization of the patient. Our experience with the multiple family paradigm thus far is the result of work done over a period of 1½ years with about 80 families who met in weekly sessions between 12 and 70 times over a period of 6 to 8 months.

- . 1964: 'new method'
- . Schizophrenia
- . 4-5 patient and families
- . weekly sessions
- . therapist/observers
- . open-ended groups (6-8 months)
- . 'a sheltered workshop in family communication'



.....over the years....

- Different psychiatric and medical populations:
 - schizophrenia, alcohol- and substance abuse, eating disorders, mood disorders, OCD,
 - asthma, HIV, Ca, dementia, diabetes,.....)
- Different ages: child/ado/adult/old population
- Different settings: inpatients, day clinics, outpatient services, school settings,.....
- Different formats: closed, open-ended groups, with or without patients, short, long,....
- Different intensity: Stand-alone, in combination met outpatient/inpatient, in combination met SFT replacing SFT,...
- Different therapeutic models: supportive, psychoeducation, behavioral, systemic....

communication- and differentiation difficulties (Laqueur, 1964)



genetic vulnerability to stress (information, support, problem solving,...) (McFarlane, 2002)

**two or more
families**

**at least two
generations
in the family**

**problems
shared by all
families**

**patterns of
interfamilial
interaction**

**Individual
therapy**

**Family
therapy**

**Group
therapy**

**Inter family
therapy**

O'Shea & Phelps, 1986, Cook-Darzens, 2022

MFT reaches parts other therapies can not reach (Schmidt & Asen, 2005)

(unique features: individual/group/family/peer support/...)

Forever promising? (Jewell and Lemmens, 2018)

(hot spots/lack of research/lack of clear model)

Heineken refreshes the parts other beers cannot reach.



Relational recovery-based intervention (Price-Robertson et al. , 2017)

(non-pathologising stance, collaborative approach problem-solving and communication skills mutual self-help and peer support.

Globetrotter/ spreading across the world (Lemmens, 2023)

(survivor adapting to new challenges)

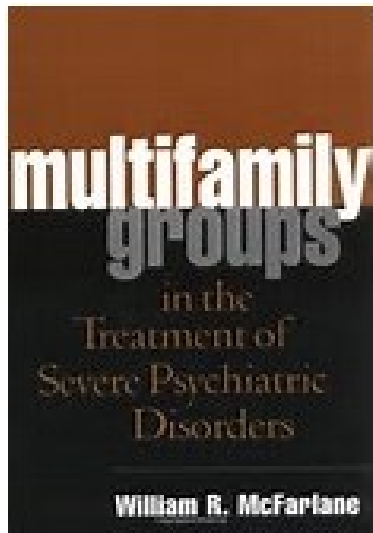


EDITORIAL | [Full Access](#)

Multifamily therapy – Spreading across the world

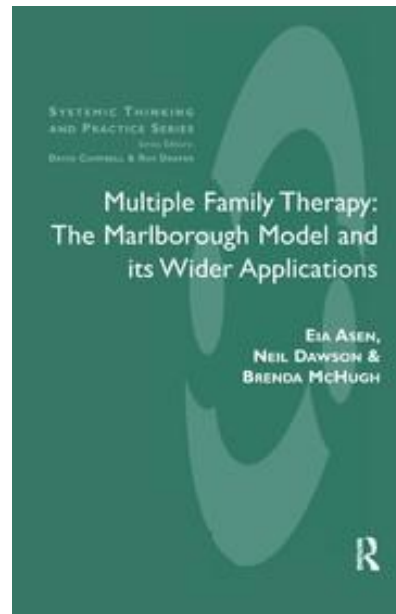
[Gilbert Lemmens](#) ✉

First published: 15 January 2023 | <https://doi.org/10.1111/1467-6427.12425>



Psychoeducational MFT: decrease family burden and stigma, enlarge social network, increase support, information and problem solving

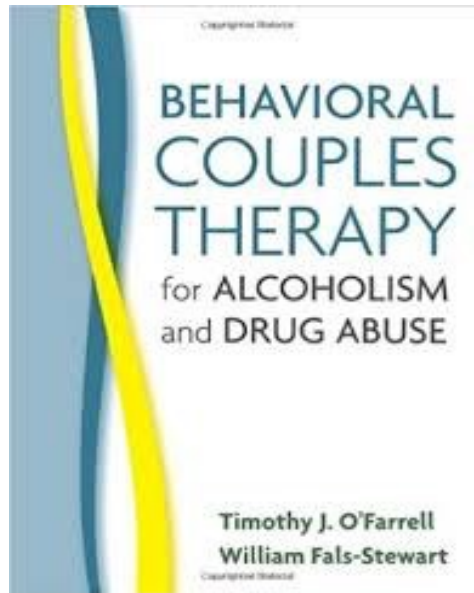
schizophrenia
bipolar



Multi-family day format

community of families- a new social context which they hoped could provide differences experiences and encourage new pathways of living for ('the bottom of the pile')

eating disorders
multi-problem families, ADHD



BCT: Problemsolving and communication skills, relationship enhancement, increasing caring behaviour, recovery contract, self-help support

alcohol
substance

© The Association for Family Therapy 2007. Published by Blackwell Publishing, 9600 Garsington Road, Oxford OX4 2DQ, UK and 350 Main Street, Malden, MA 02148, USA.
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Family discussion group therapy for major depression: a brief systemic multi-family group intervention for hospitalized patients and their family members

Gilbert M.D. Lemmens,^a Ivan Eisler,^b Lieven Migerode,^c Magda Heireman^d and Koen Demyttenaere^e

Promotion of an autonomy-supportive parental style in a multi-family group for eating-disordered adolescents

Lies Depestele,^a Laurence Claes^b and Gilbert M. D. Lemmens^c

THE JOURNAL OF FORENSIC PSYCHIATRY & PSYCHOLOGY
<https://doi.org/10.1080/14789949.2018.1508482>

 Routledge
Taylor & Francis Group

 Check for updates

Family Support Groups for family members of mentally ill offenders: a pilot study

Sara Rowaert^a, Stijn Vandevelde^a, Kurt Audenaert^b and Gilbert Lemmens^b

Systemic MFT to increase more ‘healthy’ family functioning and new narratives and to give a voice to the families

depression eating disorders mentally ill offenders

Family discussion group therapy for major depression: a brief systemic multi-family group intervention for hospitalized patients and their family members

Gilbert M.D. Lemmens,^a Ivan Eisler,^b
Lieven Migerode,^c Magda Heireman^d and
Koen Demyttenaere^e

Session 1/2: impact of the depression

Session 3: couple issues

Session 4/5: restoring normal family functioning

Session 6: relapse prevention


Session 7: follow-up

Depression as central organising principle

Voice for the families



A Family Support Group for Family Members of Offenders with a Mental Illness – Part 2: Treatment Protocol

Sara Rowaert , Femke Hanssens, Kurt Audenaert, Stijn Vandevelde, and Gilbert Lemmens
Ghent University, Ghent

Session 1: Impact of the mental illness and the judicial order on the lives of family members.

Session 2: Balance between caregiving and self-care.

Session 3: Strengths and resources of family members.

Session 4: Reflection on the previous sessions and future.

support family recovery

Multi-family therapy for adult outpatients with obsessive-compulsive disorder and their family members, targeting family accommodation

Hannelore L. N. Tandt¹ | Lemke Leyman¹ | Chris Baeken^{2,3} |
Christine Purdon⁴ | Gilbert M. D. Lemmens^{1,2}

TABLE 1 Framework of the 12 sessions of MFT.

Session	Goals	Components	Homework
1	<ul style="list-style-type: none"> Building group cohesion and safety Increasing understanding of OCD Normalising patient's difficulties 	<ul style="list-style-type: none"> Psychoeducation on OCD Group discussion on OCD 	<ul style="list-style-type: none"> Monitoring obsessions & compulsions and triggers
2-3	<ul style="list-style-type: none"> Increasing understanding of ERP 	<ul style="list-style-type: none"> Psychoeducation on ERP Group discussion on ERP 	<ul style="list-style-type: none"> Reviewing/discussion on exposure hierarchy and potential exposure exercises
4-6	<ul style="list-style-type: none"> Supporting conjoint ERP 	<ul style="list-style-type: none"> Psychoeducation on ERP Conjoint ERP Group discussion on conjoint ERP 	<ul style="list-style-type: none"> Daily conjoint ERP
7-10	<ul style="list-style-type: none"> Increasing understanding of FA Supporting conjoint ERP Reducing FA 	<ul style="list-style-type: none"> Psychoeducation about FA Conjoint ERP Group discussion on FA 	<ul style="list-style-type: none"> Daily conjoint ERP Reducing FA
11-12	<ul style="list-style-type: none"> Increasing understanding of the burden of OCD and restoring healthy family routines Supporting conjoint ERP Reducing FA Restoring healthy family routines Thinking about relapse prevention 	<ul style="list-style-type: none"> Exercise on values Conjoint ERP Group discussion on healthy family functioning and relapse prevention 	<ul style="list-style-type: none"> Daily conjoint ERP Reducing FA Organising healthy family activity

MFT FOR OCD

3

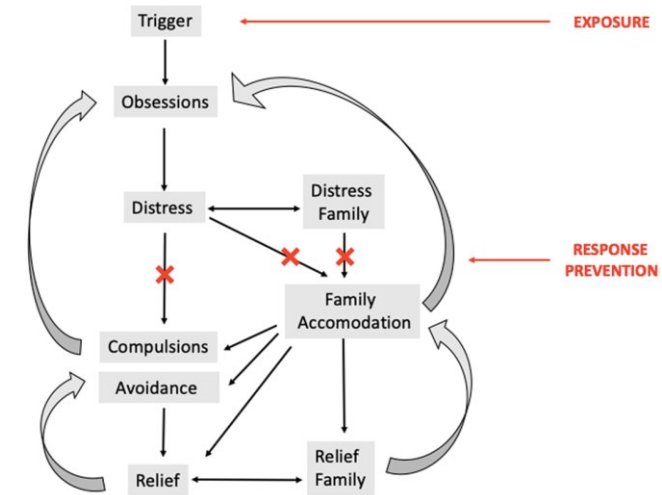


FIGURE 1 OCD model with FA and ERP.

More exposure, less response prevention, less FA

Promotion of an autonomy-supportive parental style in a multi-family group for eating-disordered adolescents

Lies Depestele,^a Laurence Claes^b and Gilbert M. D. Lemmens^c

TABLE 1 *Therapeutic exercises, goals and phases of the family and the parent group in multi-family therapy (MFT)*

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7
<i>Therapeutic exercise</i>	Introduction	Changing roles	Reconstituted families	Goldfish bowl: independence, separation, individuation	Family sculpting	Relapse prevention	Goldfish bowl: consolidation
<i>Goals</i>	Meeting each other; Dialogue; Group bonding	Group bonding; Improving perspective-taking and increasing problem-solving skills	Group bonding; improving perspective-taking and increasing problem-solving skills	Improving perspective-taking and reflecting on normal adolescent developmental tasks	Reflecting on family functioning	Preparing discharge	Follow up Consolidation of MFT experience
<i>Treatment phases</i>	Engagement	Symptom-focused	Symptom-focused	Relational-focused: issues of individual and family development	Relational-focused: issues of individual and family development	Future-oriented	Future-oriented

Lies Depestele et al.

Creating an autonomy supportive family context

Coping with infertility: a body–mind group intervention programme for infertile couples

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T.D’Hooghe² and K.Demyttenaere^{1,2,3}

¹Section of Family Therapy, Department of Psychiatry and ²Leuven University Fertility Centre, B-3000, University Hospital Leuven, Leuven and ³Interfaculty Institute for Family and Sexuality Studies, Catholic University Leuven, Leuven, Belgium

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Session 1: Introduction and selection of themes

Session 2: Emotions and infertility

Session 3: The impact on the relationship

Session 4: Reactions from others

Session 5: The place of the child wish

Session 6: The limits of the treatment

Coping with emotional and physical stress of fertility process
Couples determine the content and therapists the process
Nonverbal task-emotions/verbal discussion/nonverbal relaxation

ORIGINAL ARTICLE

Use of nature in a multi-family therapy for Chinese families of adolescents with attention deficit hyperactivity disorder: A photo-elicitation study

Hong Kong

Julia Wing Ka Lo ✉, Joyce Lai Chong Ma

First published: 30 March 2022 | <https://doi.org/10.1111/1467-6427.12398>



Athens multifamily group therapy project (A-MFGT) after a first psychotic episode Preliminary clinical results

Mirjana Selakovic*, Dimitris Galanis, Afrodite Feretzaki, Afrodite Zatralloudi, Eirini Ralli, Vasiliki Efstathiou, and Valeria Pomirani

The helpful aspects of the natural outdoors

A change in the group environment

Change from urban space to countryside space

Temporary escape from daily routine tasks

Living together with other families

Spaciousness

A large piece of grassland

A wide sea view

Darkness

Family solo walk

Feeling of being unsafe

Javier Sempere · Claudio Fuenzalida

TERAPIA INTERFAMILIAR

El poder de los grupos multifamiliares en contextos sociales, sanitarios y educativos



Does MFT work?

BUT, recovery: occurs at multiple levels, difficult to assess?



Multiple-Family Group Treatment for English- and Vietnamese-Speaking Families Living With Schizophrenia

Gail M. Bradley, M.Psych.
 Grace M. Couchman, D.Psych.
 Amaryll Perlesz, Ph.D.
 Anh Thu Nguyen, B.O.T.
 Bruce Singh, Ph.D.
 Colin Riess, B.Med.Sc.

Figure 1

Kaplan-Meier survival curves for time to relapse among participants in a multiple-family group intervention and in a control group

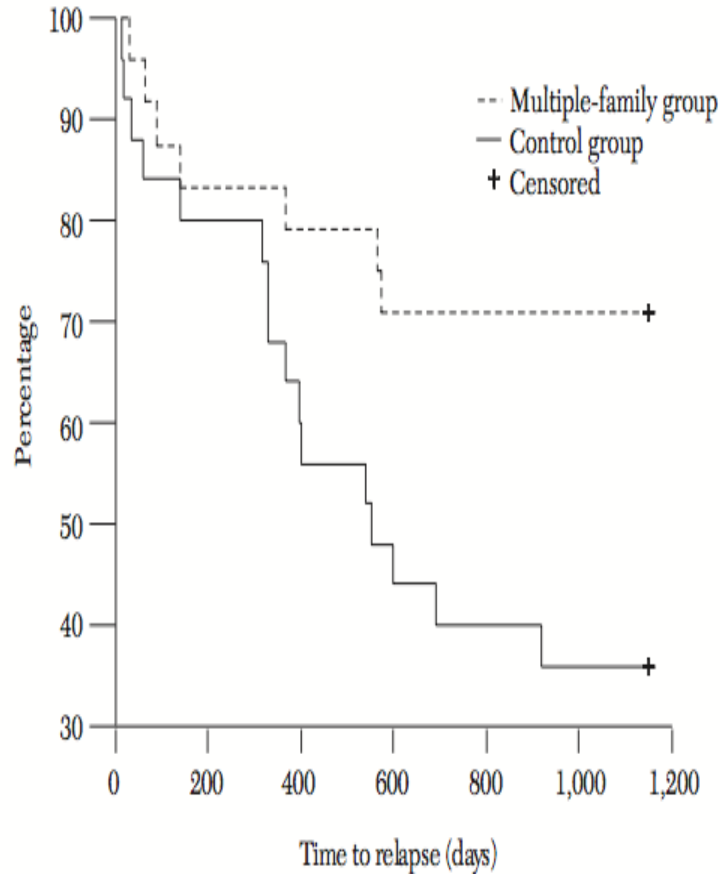


Table 2

Measures of relapse among participants in a multiple-family group intervention or a control group

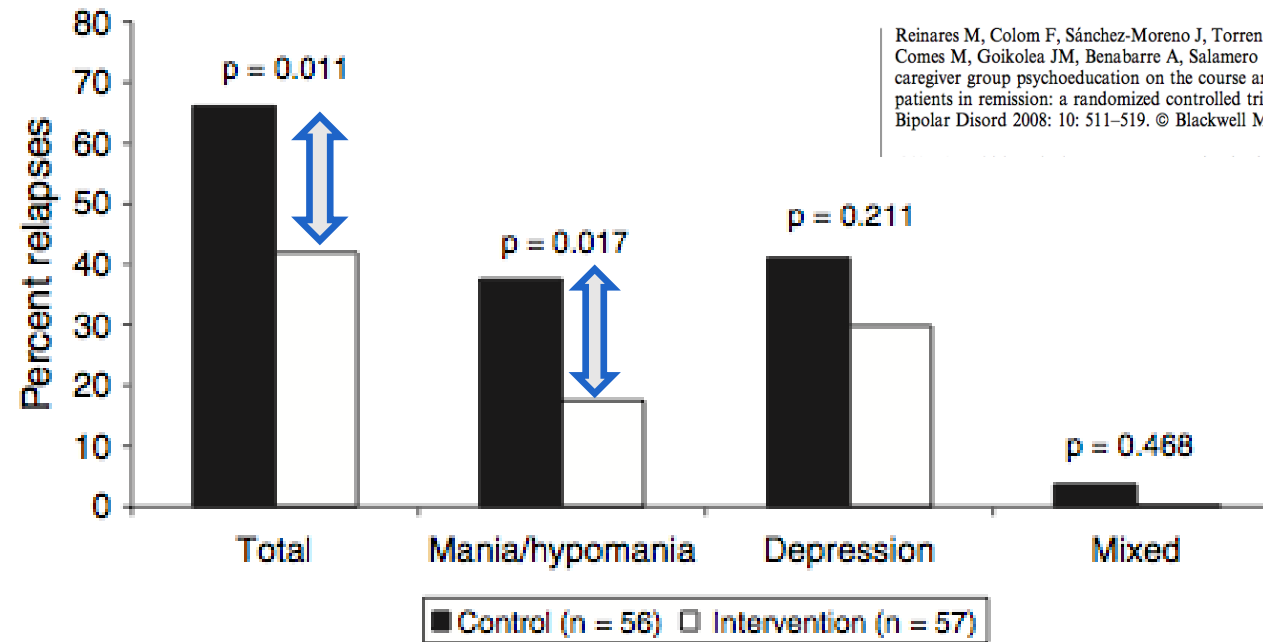
Measure (sample size)	Multiple-family group		Control group		χ^2	df	p
	N	%	N	%			
Persons relapsing							
End of treatment (N=25)	3	12	9	36	3.95	1	.048
18-month follow-up (N=24) ^a	6	25	15	63	6.86	1	.009
Episodes of relapse over the study period (N=25)	10		22		4.61	48	.032
Persons with multiple relapse episodes (N=25)					5.27	4	ns
Two	0	—	3	12			
Three	0	—	1	4			
Four	1	4	0	—			
Persons with any episode or early-warning signs							
End of treatment (N=25)	12	48	12	48	.20	1	ns
18-month follow-up (N=24) ^a	16	70	14	56	.94	1	ns

25% vs 63% relapse (18 months)

^a Between the start of the intervention and the 18-month follow-up

Original Article

Impact of caregiver group psychoeducation on the course and outcome of bipolar patients in remission: a randomized controlled trial



Reinares M, Colom F, Sánchez-Moreno J, Torrent C, Martínez-Arán A, Comes M, Goikolea JM, Benabarre A, Salamero M, Vieta E. Impact of caregiver group psychoeducation on the course and outcome of bipolar patients in remission: a randomized controlled trial. *Bipolar Disord* 2008; 10: 511-519. © Blackwell Munksgaard, 2008

María Reinares^a, Francesc Colom^a, José Sánchez-Moreno^a, Carla Torrent^a, Anabel Martínez-Arán^a, Mercè Comes^a, José M. Goikolea^a, Antoni Benabarre^a, Manel Salamero^b and Eduard Vieta^a

Less relapse at 15 months

Fig. 3. Patient recurrences at 15-month study.

Total: Control n = 37; Intervention n = 24.

Mania/hypomania: Control n = 21; Intervention n = 10.

Depression: Control n = 23; Intervention n = 17.

Mixed: Control n = 2; Intervention n = 0.

MFT>SFT

The Effects on Mood of Adjunctive Single-Family and Multi-Family Group Therapy in the Treatment of Hospitalized Patients with Major Depression

A 15-Month Follow-Up Study

Gilbert M.D Lemmens^a Ivan Eisler^c Ann Buysse^b Els Heene^b
Koen Demyttenaere^a

Effects of treatment on depressive symptoms, re-hospitalisation rates and medication use

	MFT (n=35)	TAU (n=23)	SFT (n=25)	p-value
BDI (mean: S.D.)				
1. baseline	26.6 (9.9)	27.3 (10.5)	26.2 (13.5)	ns
2. 3 months	18.7 (9.1)	21.8 (10.8)	19.3 (10.7)	ns
3. 15 months	15.8 (13.7)	22.2 (15.6)	12.5 (9.8)	ns
Treatment responders, n, %				
1. 3 months	8 (22.9)	3 (13.0)	5 (20.0)	ns
2. 15 months	17 (48.6)	2 (8.7)	6 (24.0)	.004 ^a
Treatment remission, n, %				
1. 3 months	7 (20.0)	3 (13.0)	4 (16.0)	ns
2. 15 months	13 (37.1)	4 (17.4)	7 (28.0)	ns
Re-hospitalization rates at 15 months n, %	8 (23.5)	7 (33.3)	3 (12.5)	ns
Suicide rates at 15 months n, %	0 (0)	1 (4.3)	1 (4.0)	ns
Not using antidepressant medication, n, %				
1. baseline	1 (2.9)	0 (0)	0 (0)	ns
2. 3 months	3 (8.6)	2 (8.7)	1 (4.0)	ns
3. 15 months	9 (25.7)	0 (0)	4 (16.0)	.031 ^b

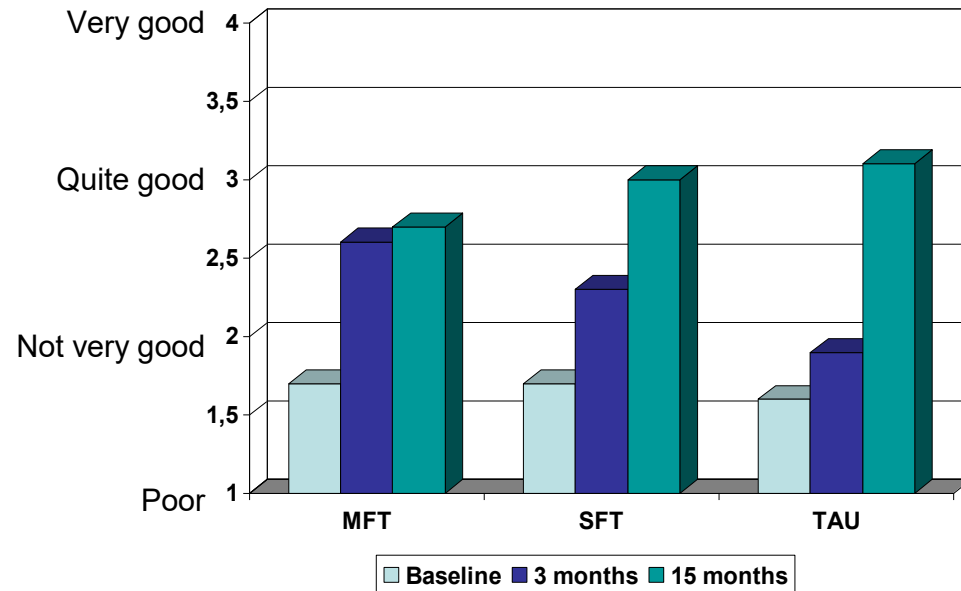
^a $\chi^2=11.12$, $df=2$, $p<0.005$; ^b $\chi^2=6.95$, $df=2$, $p<0.05$

The Effects on Mood of Adjunctive Single-Family and Multi-Family Group Therapy in the Treatment of Hospitalized Patients with Major Depression

A 15-Month Follow-Up Study

Gilbert M.D Lemmens^a Ivan Eisler^c Ann Buysse^b Els Heene^b
Koen Demyttenaere^a

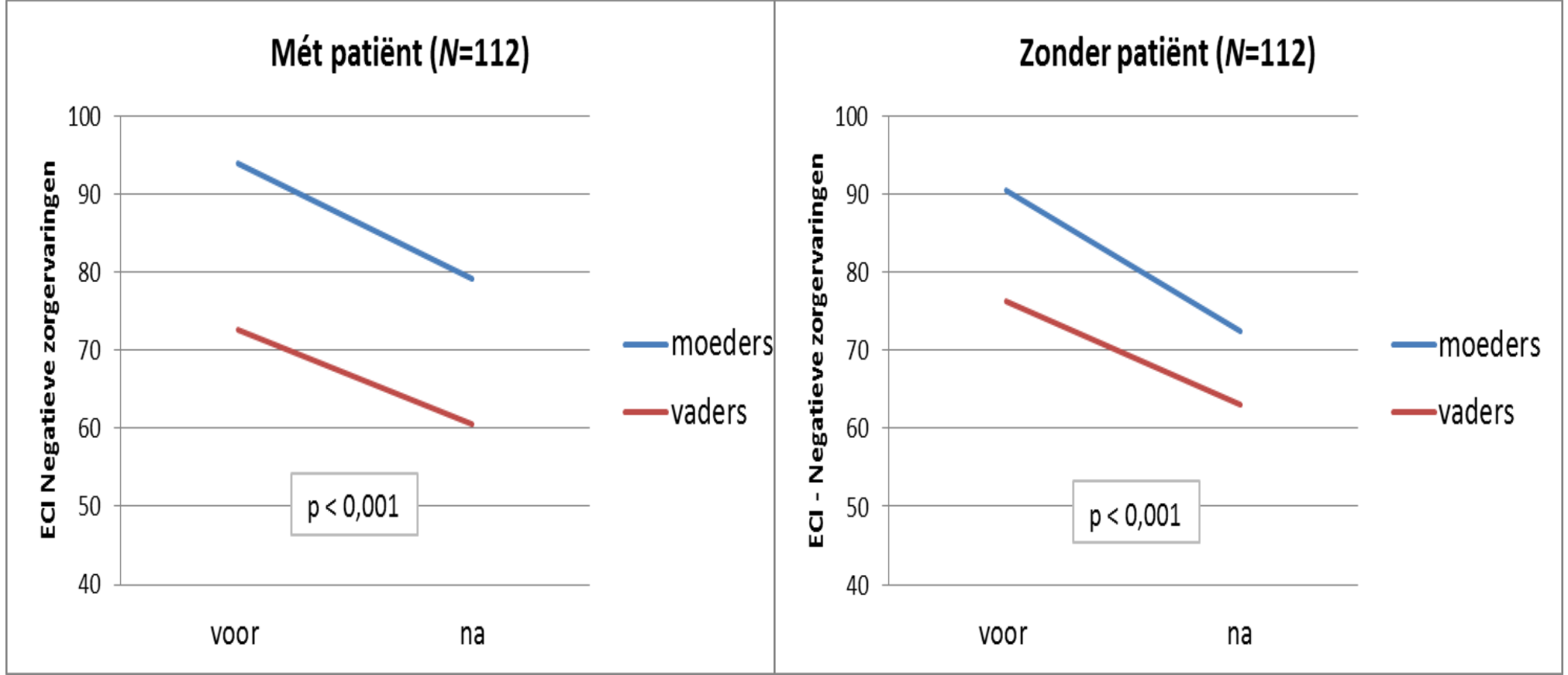
Figure 3
The subjective emotional health of patients
as perceived by partners



Spouses involved in MFT/SFT notice patient's improvement earlier

An Adjunctive Multi-family Group Intervention with or without Patient Participation during an Inpatient Treatment for Adolescents with an Eating Disorder: A Pilot Study

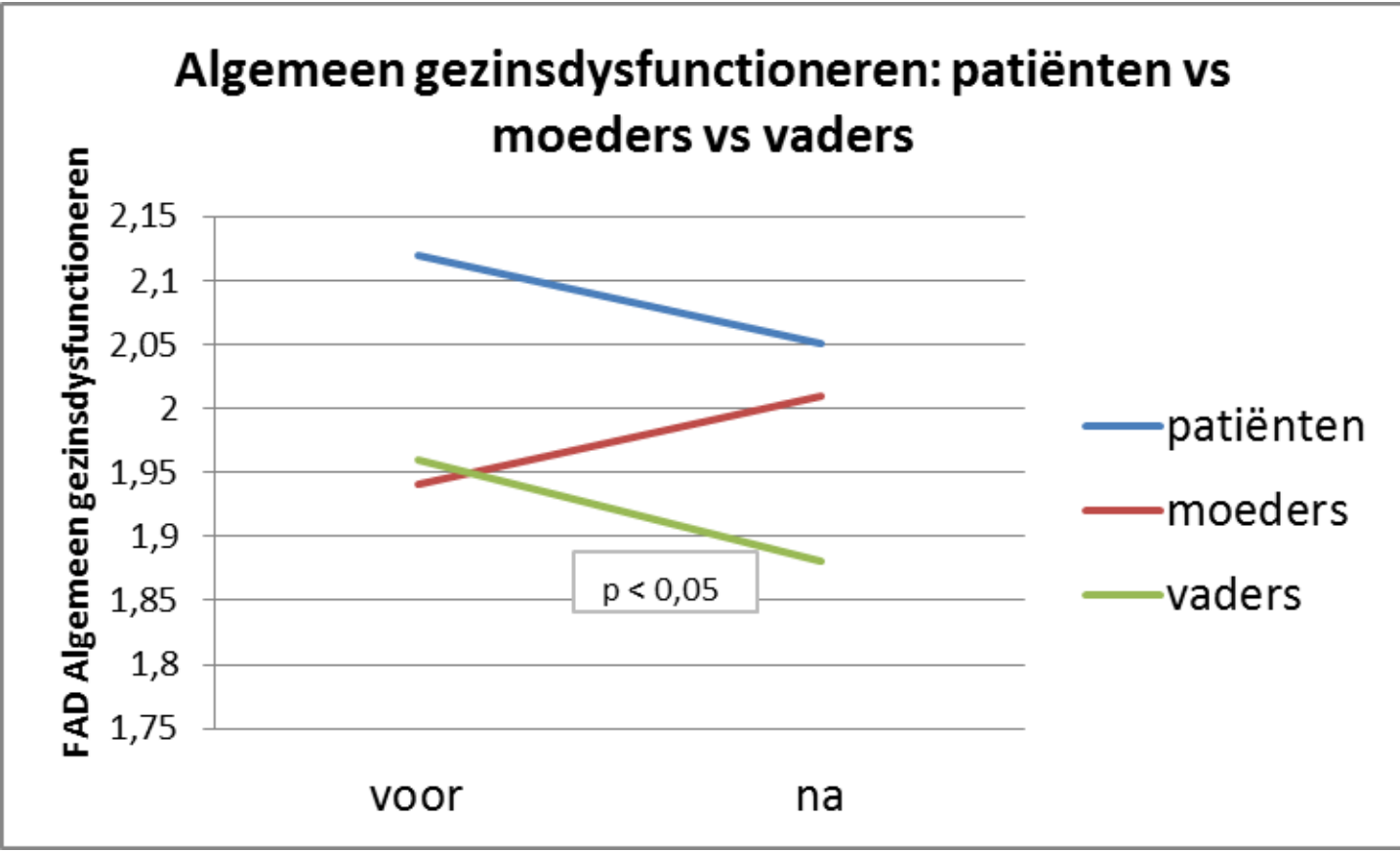
Lies Depestele^{1,2,3*}, Laurence Claes^{2,4}, Eva Dierckx^{1,5}, Roos Colman⁶, Katrien Schoevaerts¹ & Gilbert M.D. Lemmens³



Reduction of negative caregiving of fathers and mothers in family and parent group

An Adjunctive Multi-family Group Intervention with or without Patient Participation during an Inpatient Treatment for Adolescents with an Eating Disorder: A Pilot Study

Lies Depestele^{1,2,3*}, Laurence Claes^{2,4}, Eva Dierckx^{1,5}, Roos Colman⁶, Katrien Schoevaerts¹ & Gilbert M.D. Lemmens³



General family functioning improved for fathers and daughters and worsened for the mothers

RESEARCH ARTICLE

Open Access



A pragmatic randomised multi-centre trial of multifamily and single family therapy for adolescent anorexia nervosa

Ivan Eisler^{1,2*}, Mima Simic², John Hodson¹, Eia Asen^{3,4}, Mark Berelowitz⁵, Frances Connan⁶, Gladys Ellis², Pippa Hugo⁷, Ulrike Schmidt^{1,8}, Janet Treasure^{1,8}, Irene Yi⁹ and Sabine Landau¹

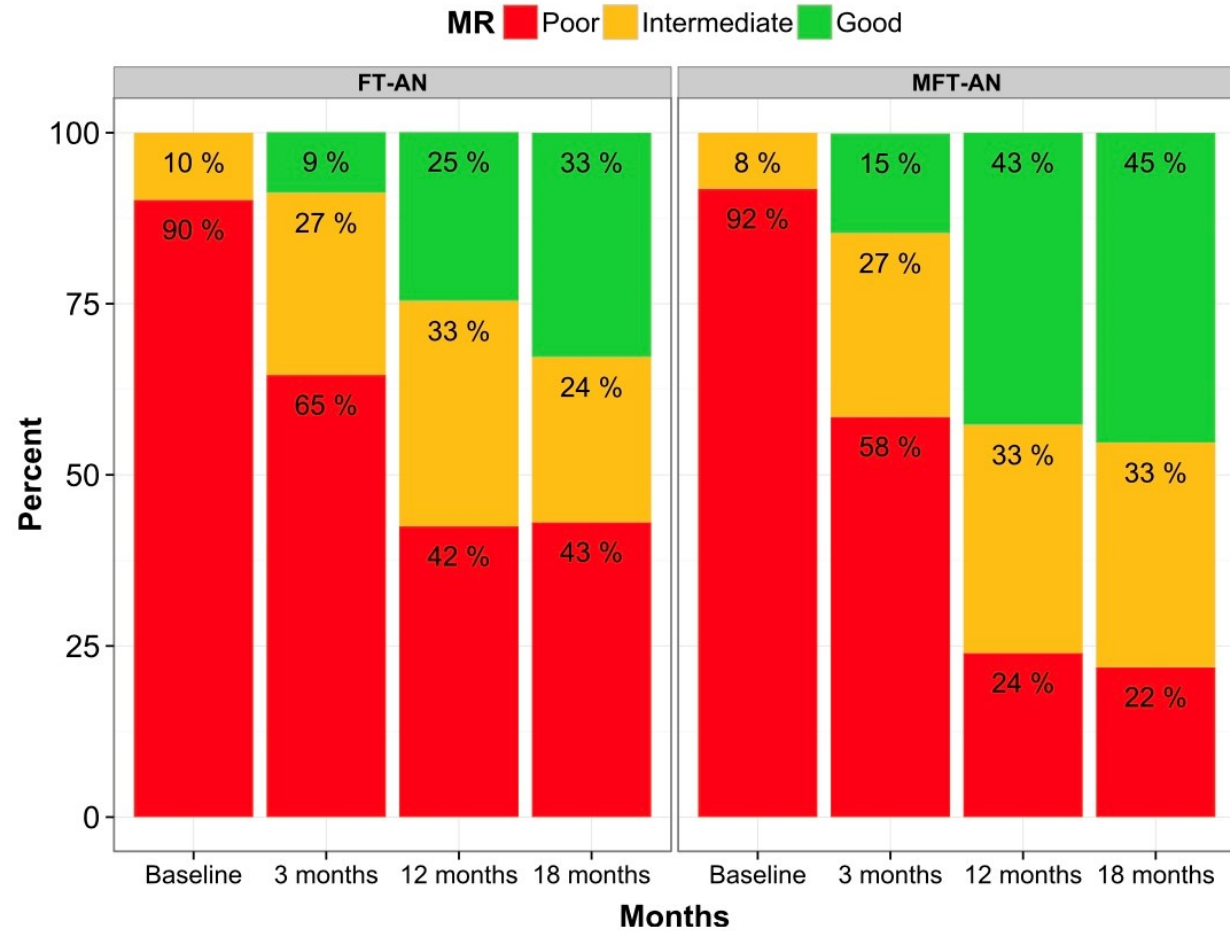


Fig. 2 Distribution of Morgan Russell categorisation by trial arm

RESEARCH ARTICLE

Open Access



A pragmatic randomised multi-centre trial of multifamily and single family therapy for adolescent anorexia nervosa

Ivan Eisler^{1,2*}, Mima Simic², John Hodson¹, Eia Asen^{3,4}, Mark Berelowitz⁵, Frances Connan⁶, Gladys Ellis², Pippa Hugo⁷, Ulrike Schmidt^{1,8}, Janet Treasure^{1,8}, Irene Yi⁹ and Sabine Landau¹

MFT>SFT

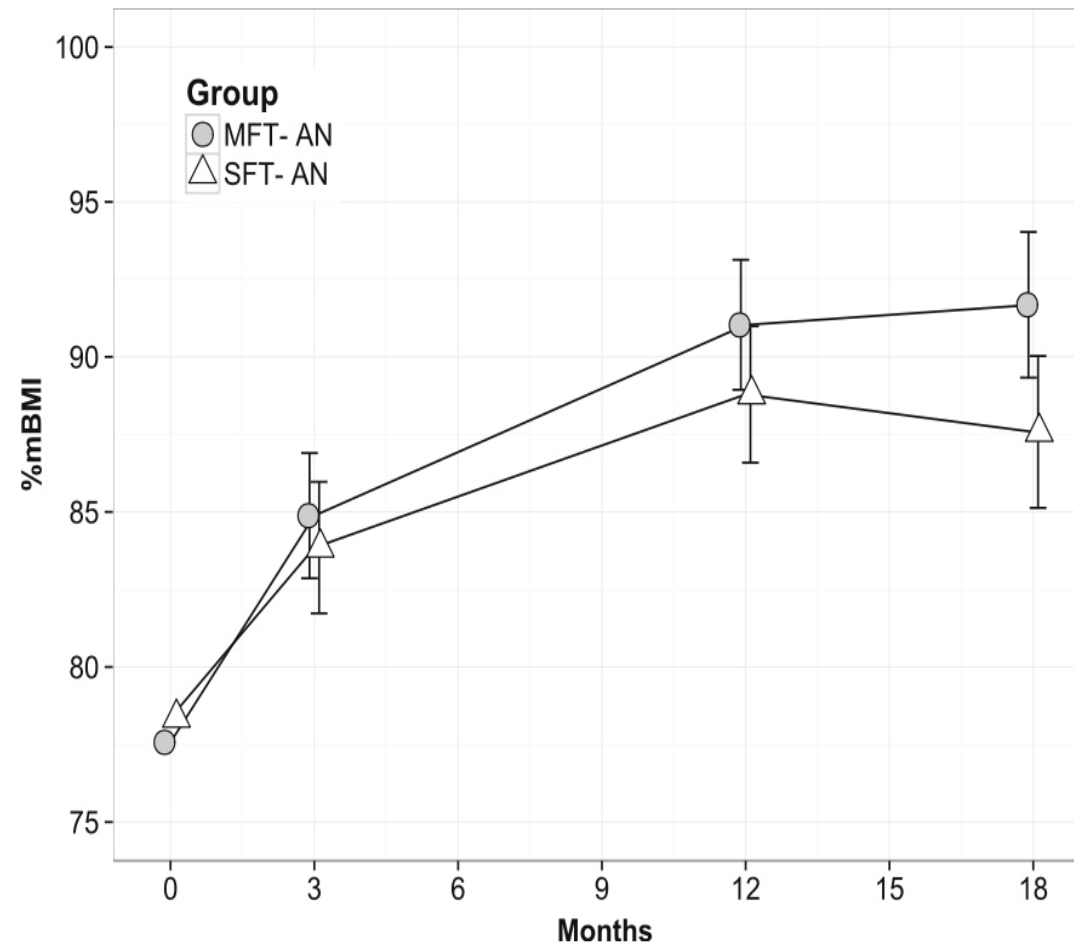


Fig. 3 Estimated weight gain over the course of treatment and follow-up. Symbols represent estimated means and error bars associated 95% confidence intervals. Estimated means represent patients with the baseline mean %mBMI, mean time of eating disorder in months, no previous treatment, no family history of eating disorder and eldest of birth order in family




The evidence base for Multiple Family Therapy in psychiatric disorders: a review (part 1)

Zoé Gelin ^a, Solange Cook-Darzens^b and Stéphan Hendrick^c

N=121

Outcome?

Evidence base for Multiple Family Therapy (MFT) in non-psychiatric conditions and problems: a review (part 2)

Solange Cook-Darzens,^a Zoé Gelin ^{b,c} and Stéphan Hendrick^b

N=62

- improvements of symptoms, 50% lower relapse and rehospitalization, improvements of social functioning
- improvements of family functioning and communication, less caregiver burden
- A better collaboration between patient, family members and mental health workers
- MFT = > SFT
- ‘Different outcome for different participants’

BUT?

ORIGINAL ARTICLE

The effect of multiple family therapy on mental health problems and family functioning: A systematic review and meta-analysis

Carlijn Maria van Es^{1,2,3} | Beatrice El Khoury^{3,4} | Eva A. M. van Dis³ | Hans te Brake^{2,5} | Elisa van Ee^{6,7} | Paul A. Boelen^{1,2,3} | Trudy Mooren^{1,2,3}

N=16

> schizophrenia

More methodologically rigorous research is warranted

Study	Risk of bias domains					Overall
	D1	D2	D3	D4	D5	
Bradley et al. (2006)	+	+	×	+	?	×
Chien et al. (2004)	-	+	+	+	?	-
Chien et al. (2018)	-	+	+	+	?	-
Dyck et al. (2000)	-	+	+	+	?	-
Fristad et al. (2003)	-	+	+	-	?	-
Fristad et al. (2009)	-	+	+	+	?	-
Kratohwill et al. (2009)	-	-	+	+	?	-
Jeppesen et al. (2005)	+	×	×	-	?	×
Lemmens et al. (2009)	+	+	+	+	?	+
Poole et al. (2017)	+	+	+	+	-	-
Valencia et al. (2010)	-	+	+	+	?	-

Domains:
D1: Bias arising from the randomization process.
D2: Bias due to deviations from intended intervention.
D3: Bias due to missing outcome data.
D4: Bias in measurement of the outcome.
D5: Bias in selection of the reported result.

Judgement
× High
- Some concerns
+ Low
? No information

Only one, Lemmens et al. (2009), of the 16 trials met the criteria for high quality

‘Possibly efficacious’ (Wittenborn et al., 2022)

How does MFT work?



Beneficial factors in family discussion groups of a psychiatric day clinic: perceptions by the therapeutic team and the families of the therapeutic process¹

Gilbert M. Lemmens,^a Saskia Wauters,^b Magda Heireman,^c Ivan Eisler,^d Germain Lietaer^e and Bernard Sabbe^f

TABLE 2 *The distribution of helpful factors in the perception of the therapeutic team and the families*

48

Main categories/subcategories	T/O			P/F		
	Ind (%)	Fam (%)	Group (%)	Ind (%)	Fam (%)	Group (%)
A. Relational climate and structural aspects of the group	35.4	23.7	53.1	36.5	27.8	24.4
1 dedication, commitment and involvement	19.2	5.3	17.0	19.7	1.8	2.6
• within the group	11	4.4	17.0	2.5	1.8	2.6
• within the family	1.2	0.9	0	1.2	0	0
2 space and freedom	1.2	3.5	8.2	1.2	5.5	3.8
3 empathy and feeling understood	0	0	0.7	6.2	5.5	1.3
4 confirmation, appreciation, and support	15.8	5.3	1.4	7.4	5.5	2.6
• from the group	11	2.6	1.4	4.9	1.8	2.6
• from the therapists	1.2	1.7	0	0	0	0
• from the family	3.7	0.9	0	2.5	3.7	0
5 authenticity and transparency	1.2	0.9	0	2.5	3.7	2.6
• within the group	1.2	0.9	0	1.2	1.8	2.6
• within the family	0	0	0	1.2	1.8	0
6 group cohesion and feeling good	0	0.9	12.2	1.2	5.5	9
7 informal, beneficial contact outside the sessions	0	0	1.4	0	0	0
8 structural aspects and facilitating group composition	4.0	7.0	12.2	1.9	0	2.6
B. Specific interventions by group members or therapist	21.9	15.8	12.2	3.7	1.8	1.3
9 offering therapeutic techniques	2.1	2.5	1.1	1.2	1.8	0
10 stimulating, clarifying and interpretative interventions	9.8	7.0	4.8	2.5	0	1.3
11 reaction and feedback	8.5	4.4	0	0	0	0
12 interrupting a disturbing process	1.2	0.9	0.4	0	0	0
C. Process aspects in the group member	42.7	60.5	34.7	72.8	70.4	74.4
13 self-revelation	8.5	1.1	4.8	6.2	3.7	1.3
14 self-exploration and interpersonal exploration	8.5	7.9	0.7	4.9	0	0
• self-exploration	0	0.9	0	0	0	0
• discussing mutual relationship with family members	6.1	4.4	0	2.5	0	0
• expressing feelings towards family members	2.4	1.7	0	2.5	0	0
• interpersonal exploration with other group members	0	0.9	0.7	0	0	0
15 discussing different topics	6.1	14.9	7.5	9.9	9.3	1.3
• existential and family-related	3.7	6.1	2.0	3.7	5.5	0

Gilbert M. Lemmens et al.

Beneficial factors in family discussion groups of a psychiatric day clinic: perceptions by the therapeutic team and the families of the therapeutic process¹

Gilbert M. Lemmens,^a Saskia Wauters,^b Magda Heireman,^c Ivan Eisler,^d Germain Lietaer^e and Bernard Sabbe^f

TABLE 2 *Continued*

Main categories/subcategories	T/O			P/F		
	Ind (%)	Fam (%)	Group (%)	Ind (%)	Fam (%)	Group (%)
• illness-related	2.4	4.4	2.0	2.5	1.8	1.3
• other	0	4.4	3.4	3.7	1.8	0
16 experiencing of communality	9.8	14.9	12.9	17.3	27.8	28.2
• with other group members	7.3	9.6	10.9	14.8	25.9	24.4
• with other families	2.4	5.3	2.0	2.5	1.8	3.8
17 learning by observation	1.2	5.3	2.0	3.7	1.8	6.4
18 becoming conscious of/having insight into:	4.9	11.4	1.4	21	14.8	16.7
• oneself	0	0	0	3.7	1.8	5.1
• family	1.2	3.5	0	11.1	13	2.6
• illness	2.4	6.1	0.7	4.9	0	2.6
• other	1.2	1.7	0.7	1.2	0	6.4
19 experiencing the helpful potential of the group/ experimenting with new behaviour/capacity to help others	0	0.9	3.4	7.4	9.3	14.1
20 experiencing hope and progress	2.4	0.9	0	2.57	1.8	1.3
21 experiencing relief, relaxation and humour	0	0	2.0	0	1.8	3.8
TOTAL ABC	100	100	100	100	100	100
Frequency of response segments of ABC	82	114	147	81	54	78
D. Remaining categories (per cent of total responses)	5	8	6	26	50	37
22 blank responses	0	0	0	0	5	8
23 no helpful events reported	5	6	6	25	40	29
24 yes, but unclassifiable or unclear answers	0	0	0	1	5	0
25 yes with no explanation	0	2	0	0	0	0
Frequency of total responses	66	66	66	77	77	77
% of total yes responses	95	94	94	75	55	64

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Beneficial factors in family discussion groups

Notes: T/O = therapists and observers, P/F = patients and family members, Ind = individual level, Fam = family level, group = group level, % = percentage of response segments of ABC. (If a response contained different meaningful response segments of the same main category, this response is scored only once in that main category; if a response contained different meaningful response segments of different main categories, this response is scored in every one of those main categories; the frequency of the total response-segments of main categories ABC is higher than the frequency of all yes responses with meaningful comments, because each response can contain different response-segments.)

- Experiencing communality, learning by observation, having insights, experiencing hope and support from the group (Lemmens, 2003a; 2003b; 2005)

- **Therapeutic team**

- >the relational climate of the group (including group involvement and support from the group)
- > specific therapeutic interventions
- > differences between self, family, group

- **Families**

- > process aspects in the group members (including experiencing communality and gaining insight)
- < differences between self and family

Therapeutic factors differ between mental healthcare workers and families

**Therapeutic factors in a systemic multi-family group
treatment for major depression: patients' and
partners' perspectives**

Gilbert M. D. Lemmens,^a Ivan Eisler,^b Paul Dierick,^c
Germain Lietaer^d and Koen Demyttenaere^e

Helpful therapeutic factors

- Cohesion of the group (acceptance, cohesive group, support)
- Having confidence in the therapists
- Observational processes
 - the universality of problems
 - similarity of experiences with others
- Guidance from the therapists
- Family therapeutic factors
 - presence of other partners
 - similarity with other couples
 - feeling empathy from the partner
 - expressing positive feelings towards the partner

Similar therapeutic factors are helpful in different MFT

Therapeutic factors in a systemic multi-family group treatment for major depression: patients' and partners' perspectives

Gilbert M. D. Lemmens,^a Ivan Eisler,^b Paul Dierick,^c Germain Lietaer^d and Koen Demyttenaere^e

Patients' symptoms improved when...

- **Patients:** behavioral interventions or activation
 - Trying out new behaviors
 - Learning by observation
 - Guidance from therapist
 - Modeling
- **Partners:** relational aspects of the group
 - Feeling accepted and supported
 - Confidence in helping others
 - Insight in connection between behavior and childhood experiences
 - expressing positive feelings towards the partner

Specific therapeutic factors lead to specific outcome

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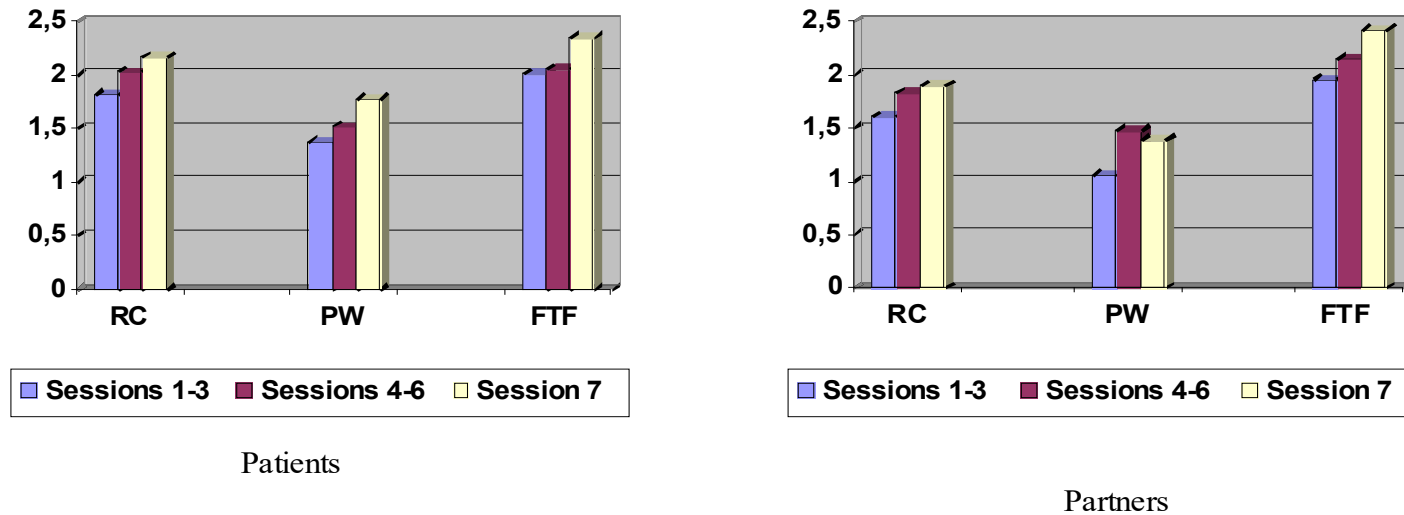


FIGURE 1
Differences in mean applicability of therapeutic factors over the course of treatment
RC - relational climate of the group ; PW - psychological work ; FTF - family therapeutic factors

Therapeutic factors increase over time

Research report

Therapeutic processes in multi-family groups for major depression:
Results of an interpretative phenomenological study

S. Hellemans ^{a,*}, J. De Mol ^a, A. Buysse ^a, I. Eisler ^b, K. Demyttenaere ^c, G.M.D. Lemmens ^{d,**}

8 therapeutic factors

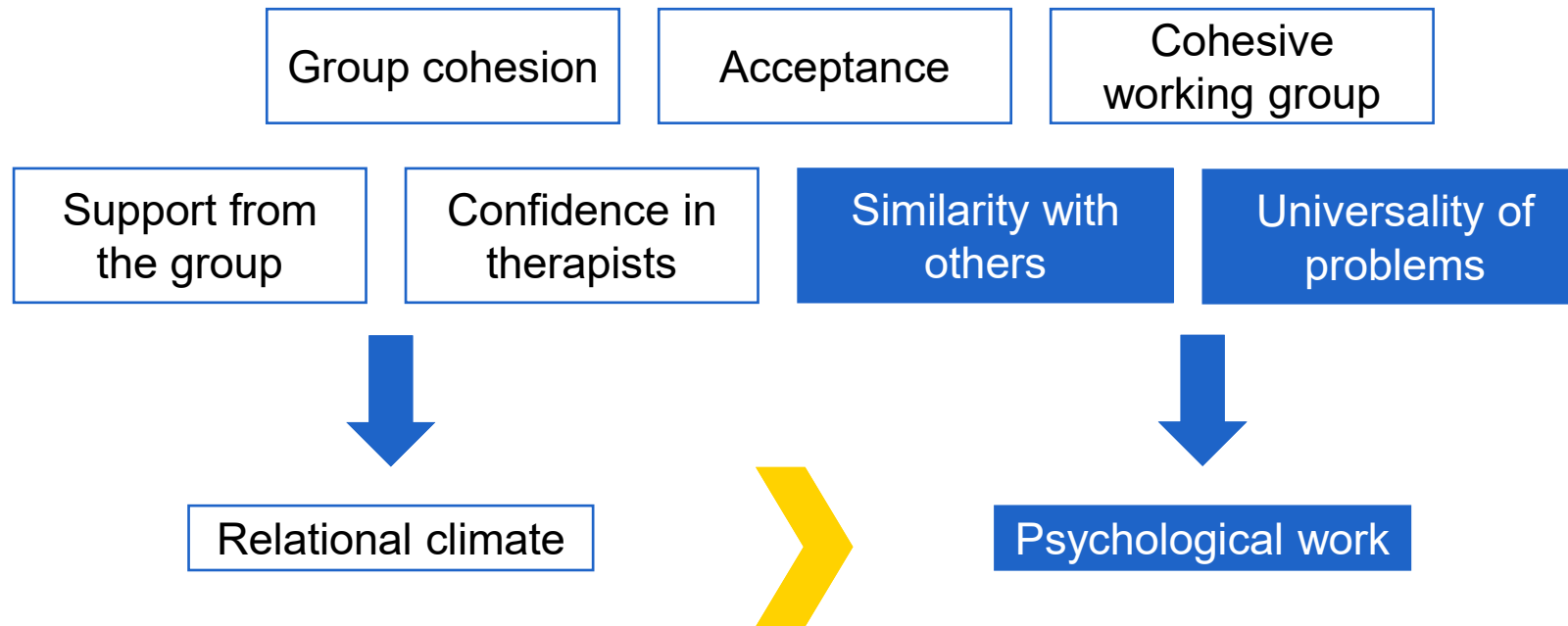
- *Presence of others (family, others, children)*
- Cohesion and understanding (group, **partner**)
- Openness (group, **family**)
- Self-disclosure (themselves, children)
- Discussion (family members with others)
- Insights (one-self, depression, relationships)
- Observational experiences (learning by observation, universality, experiencing similarities and differences)
- Guidance from the therapist (information, presence of therapist for children)

Therapeutic factors: patients > family focused, partners > group focused

Family Support Groups for family members of mentally ill offenders: a pilot study

Sara Rowaert, Stijn Vandeveld, Kurt Audenaert & Gilbert Lemmens

To cite this article: Sara Rowaert, Stijn Vandeveld, Kurt Audenaert & Gilbert Lemmens (2018): Family Support Groups for family members of mentally ill offenders: a pilot study, *The Journal of Forensic Psychiatry & Psychology*, DOI: [10.1080/14789949.2018.1508482](https://doi.org/10.1080/14789949.2018.1508482)



Similar therapeutic factors are more or less helpful in different MFT



Family Support Groups for Family Members of Mentally Ill Offenders: Therapeutic Factors

Sara Rowaert, Stijn Vandeveld, Kurt Audenaert and Gilbert Lemmens
Ghent University, Ghent

Less self-blame ($p < .05$)

- ‘learning by observation’ ($p < .05$)
- ‘insight into patient’s problem’ ($p < .05$)
- ‘modelling’ ($p < .01$).

Less burden ($p < .05$)

- ‘support from the group’ ($p < .05$)
- ‘similarity with others’ ($p < .05$)
- ‘universality of problems’ ($p < .05$).

Different therapeutic factors lead to different outcome

Multi-family therapy for eating disorders: A systematic scoping review of the quantitative and qualitative findings

Julian Baudinet^{1,2} | Ivan Eisler^{1,2} | Lisa Dawson³ | Mima Simic¹ |
Ulrike Schmidt^{1,4}

The challenging aspects of MFT

- individual family needs could not always be addressed
- disparities regarding the different rates of recovery for each person in the group
- group may set recovery backwards or that the patients may share unhelpful eating disorder “tricks”
- Intensity of the group was also mentioned as both helpful and exhausting

Conclusion

- Helpful experiences differ between patient/families and the mental healthcare workers
- Patients/families differentiate little between individual, family, group levels
- Therapeutic factors may vary in different groups
- Different therapeutic factors lead to different outcomes

Some reflections: format

Number?: 4-8 families (max. 13)

Who?

patients

family members: partners/parents/....

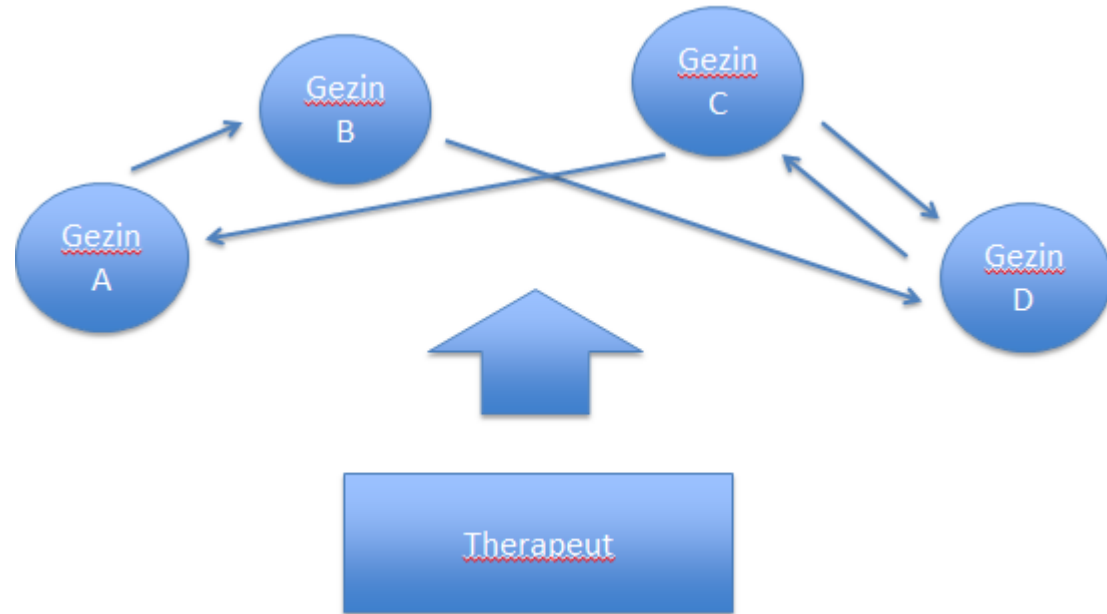
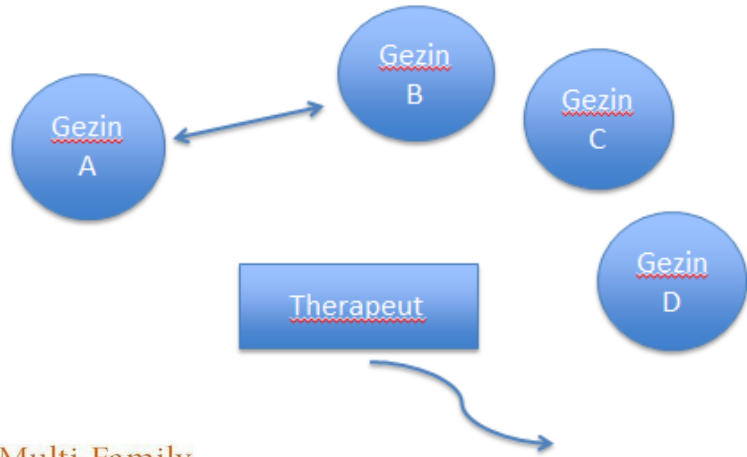
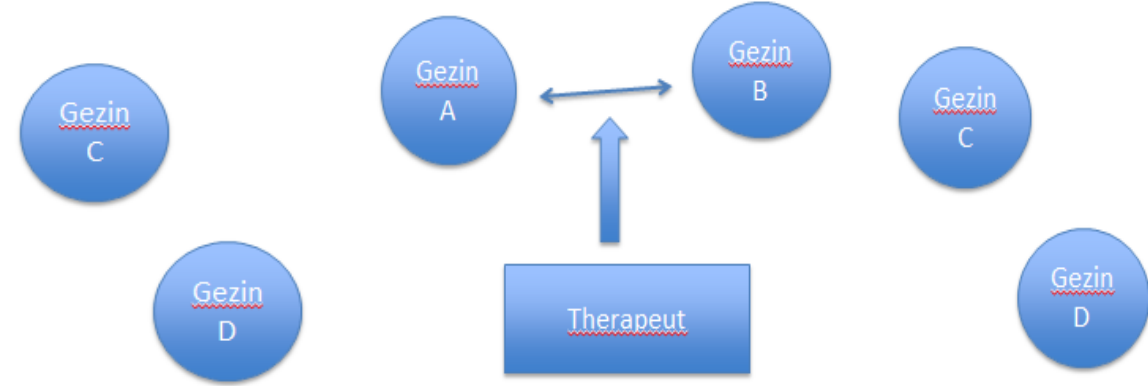
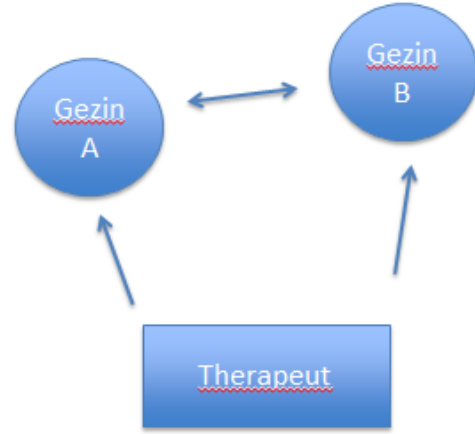
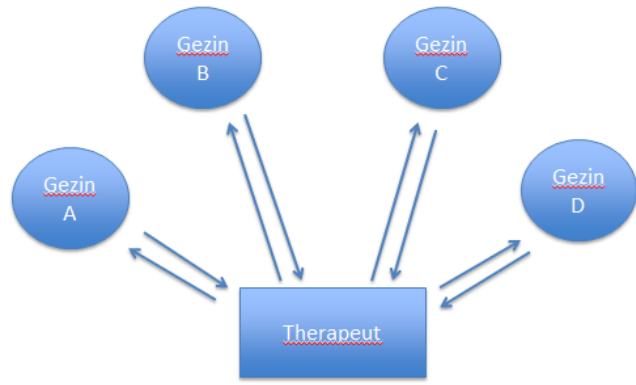
children/siblings: motivation/age

Format?

- Closed group vs ended group
- Duration and intensity
- Start during admission ('crisis') and post-discharge ('integration at home')
- 2 (co-)therapists (M+F), with observation team
- Milanese: before- 60 min - break – end- after

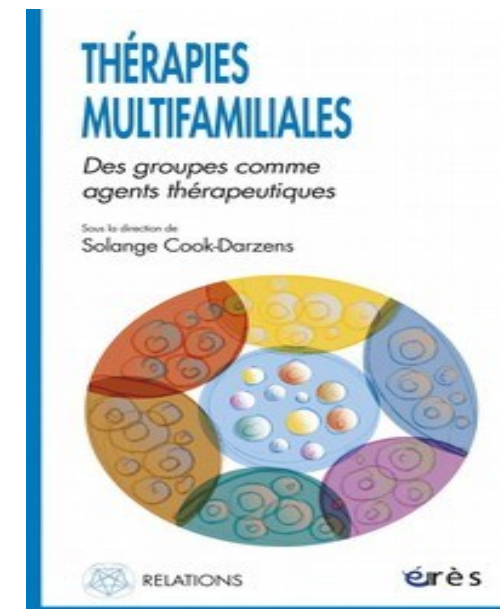
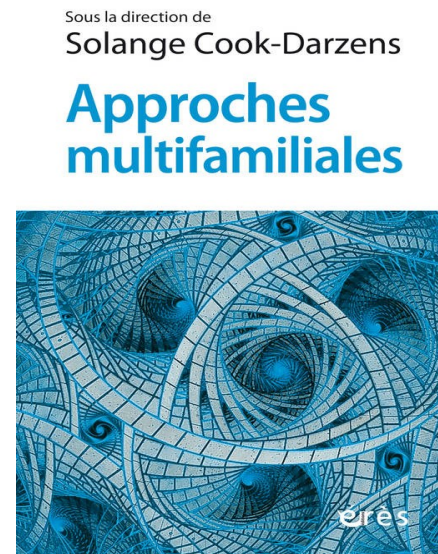
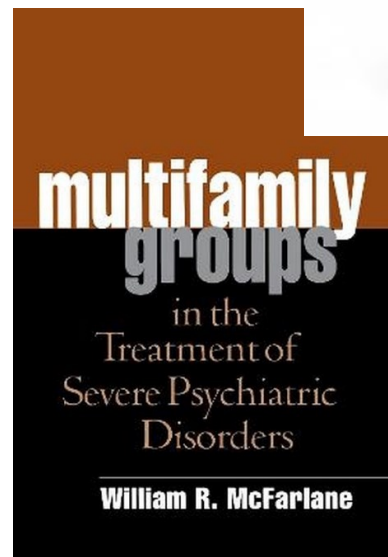
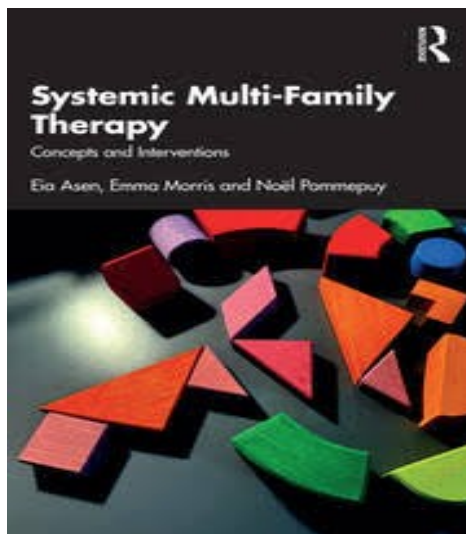
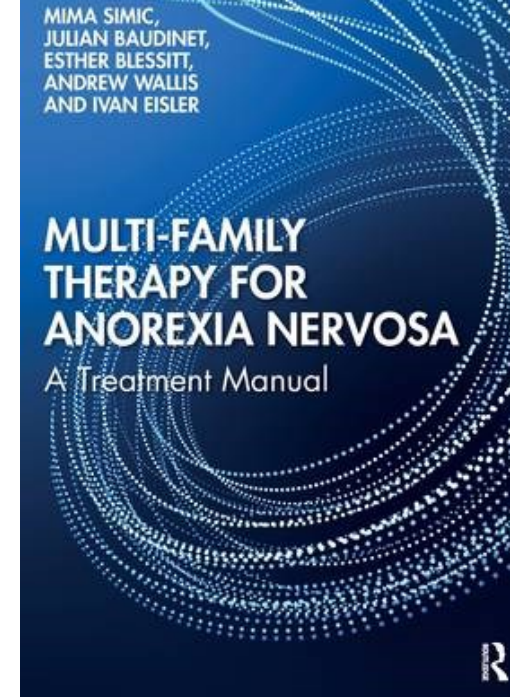
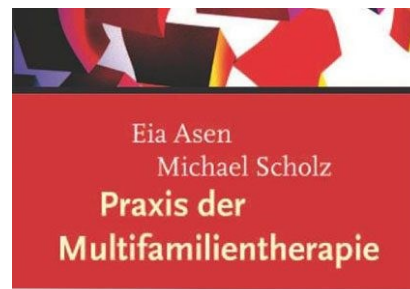
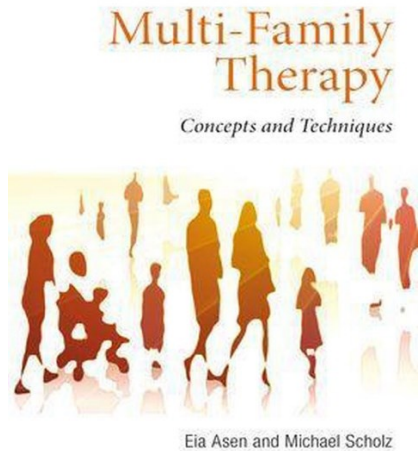
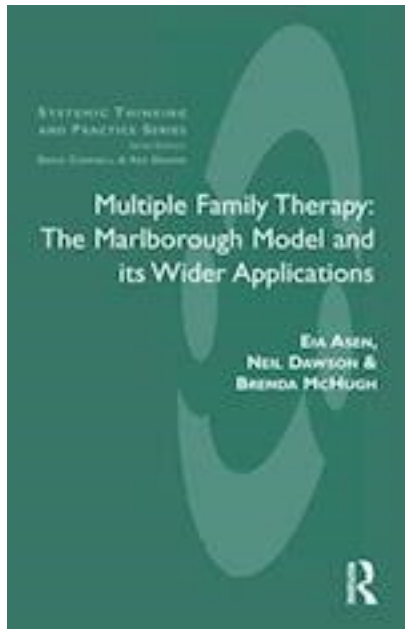
Some reflections: therapist

- not central in treatment/therapy between families
- treatment at the surface
- guidance of content vs process ((non-)verbal)
- information circulation about similarities and differences (support vs insight)
- touching and let go
- psychoeducation in exchanges of experiences
- rules: right to listen, confidentiality



Multi-Family
Therapy
Concepts and Techniques





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Volg ons op

