

# National Eating Disorder Information Centre

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## **The Best of Two Worlds: Integrating Emotion-Focused Family Therapy and the New Maudsley Model in the Treatment of Eating Disorders Across the Lifespan**

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The context of this Bulletin article rests in two important issues current in the field of eating disorders. One is the difficult truth that despite the committed efforts of the field, treatment options still fail to adequately support many of the afflicted individuals seeking recovery. Leaders in the field have said that this inadequacy of currently available approaches calls for new and promising treatments to be developed and researched (Wilson, Grilo, & Vitousek, 2007). The second issue has recently been expressed best by eating disorder experts, Dr. Michael Strober and Dr. Craig Johnson, who advocate that we include families as “critical partners in care” and that “broad attention must be given to sources of intra-familial strain and the need for other forms of therapeutic dialogue to reduce it.” This article is a follow up on two recent Bulletins that outlined Emotion-

Focused Family Therapy and the New Maudsley Model: two family approaches to the treatment of eating disorders across the lifespan. The description below of their integration represents an effort to address the above issues by offering sufferers, families, and clinicians the “best of two worlds.”

### **Underpinnings of Emotion-Focused Family Therapy and the New Maudsley Model**

A branch of “Emotion-Focused Therapy” (Greenberg, 2010), Emotion-Focused Family Therapy (EFFT) is a novel treatment model for parents and caregivers of individuals struggling with an eating disorder, regardless of the age of the sufferer. The essence of this new approach is to afford families a significant role in their loved one’s recovery from an eating disorder, and to empower parents and care-

givers with specific skills to be effective in this role. EFFT is based in a deep belief in the healing power of families. Throughout the therapy, EFFT clinicians educate and support parents and caregivers in mastering the skills, tasks, and feelings involved in three main domains: 1) recovery coaching, in the context of meal support and symptom interruption, and 2) emotion coaching, which involves processing emotional experiences, as well as relationship repair if applicable. Parents and caregivers are also supported to 3) identify, work through, and overcome any fears or obstacles that surface in this new and challenging journey.<sup>1</sup> These specific skills are meant to be effective regardless of the affected individual’s age or motivation for change (please refer to NEDIC Bulletin Volume 28 [3] for a more complete review of the EFFT model).

EFFT integrates principles and techniques from

- 1) behavioural family therapy for children and adolescents,
- 2) emotion-focused therapy for individuals and couples,
- 3) motivational enhancement therapy, and more recently
- 4) the New Maudsley Model.

The New Maudsley Model (NMM) is a therapeutic parenting intervention that uses communication, motivation, behaviour change skills, and social support to facilitate change (please refer to NEDIC Bulletin Volume 28 (5) for a more complete review of the NMM model and its applications).

### **Integrating the two models**

These two models share important beliefs, underpinnings, goals, and techniques while at the same time, each has unique components. Integrating these two models offers families a new, unique pathway to healing. As Dr. Janet Treasure, key developer of the New Maudsley Approach puts it, "if what you are doing works, carry on building on your success. If you feel stuck, try this model." We outline below the key shared principles and techniques of these models and the ways in which we have used them in combination to offer individuals, families, and clinicians new tools to fight eating disorders.

### **Family Focus**

There are two basic tenets around families that are shared by both EFFT and the NMM.

#### *Belief in the healing power of families*

Both EFFT and the NMM emphasize the positive and powerful role of the family in the healing process across the lifespan. Some families will have been empowered to have a role in refeeding their child in the past, and others, for example the parents of adult sufferers, may have struggled to find their place in their loved one's treatment. In contrast, EFFT and the NMM have a central goal to not only empower the families to take an active role in the recovery process, but to have a more central role than the therapist in their loved one's recovery at the psychological as well as the behavioural level. Families are considered highly suited to and capable of the tasks involved in recovery, emotion coaching, and enhancing motivation for change. Since both models emphatically view parents as part of the solution, as opposed to part of the problem, in the majority of cases, the therapist makes every effort to recruit parents and enlist them as active agents in their loved one's recovery, whether the individual is a child, adolescent, or an adult.

#### *Belief in the rights of families*

The family's role in these approaches is not restricted to

being formally involved in the loved one's recovery. The very premise of both approaches is that eating disorders have an impact on all family members and not only the individual with the eating disorder, and that it is necessary to work directly with the struggles and trials that the presence of the illness has brought to the lives of the entire family. Both approaches also allow and encourage family involvement regardless of whether their child is in treatment, or if they consent to having them participate. In other words, carers need and are entitled to treatment in their own right without fear of any breach of confidentiality, as these treatments can be separate if necessary.

### **Skills Based**

EFFT and NMM both emphasize the need for skills training. As mentioned, families are presumed to be capable of having a significant role in the recovery. If families flounder, either in supporting refeeding or managing emotions, this is not seen as them being incapable, but rather as an indication that the parent may lack the skills necessary to support the recovery. For example, when parents do or say something that may seem critical or hostile, this would be understood as a parent resorting to unhelpful behaviours out of lack of skills and/or lack of confidence in their skills. One mother lists the parade of experts her daughter had seen,

and states that “what my daughter needed was her mother,” and what she needed as the mother was “someone to show me how!” In these models, the professional helper spends little time addressing the individual with the eating disorder directly. Instead, they will spend most of their time and energy on training parents in skills necessary to carry out specific recovery tasks. Thus in EFFT, parents learn meal support and symptom interruption skills as though they are a new nurse on an inpatient unit for eating disorders, and emotion coaching skills as though they are a new therapist. In the NMM, parents are taught Motivational Interviewing principles and techniques, and are coached in how to employ them in meal support and in communicating with their loved one.

### **Motivation Based**

Motivational Interviewing (MI) is an approach developed to facilitate change that involves taking a non-argumentative, non-coercive stance, and seeing maladaptive behaviours in the light of their psychological function. Both EFFT and NMM are heavily influenced by the concepts of MI, following such principles as avoiding argumentation, rolling with “resistance,” expressing empathy, and supporting self-efficacy. In the NMM, the parents are specifically taught the techniques of MI, while in

EFFT the principles of MI are embedded within the steps of emotion coaching. The goal of both models is to enhance the intrinsic motivation of carers and their loved one to engage in the recovery tasks.

### **Emotion Focus**

Strongly related to the motivational interviewing foundation, the NMM and EFFT models emphasize and grapple with the role of emotions and emotion avoidance both within the affected individual and the family. For example, within the individual, the eating disorder can be found to serve the function of drowning out, muting, numbing, or in some other way managing unwanted negative emotion. In terms of patterns of managing emotion within the family, Janet Treasure and her colleagues have developed animal metaphors to help parents and caregivers to identify the ways in which certain coping styles can emerge and interfere with recovery when faced with the presence of the eating disorder. This is further discussed below. Similarly, in EFFT, we talk about “emotion blocks” in the parents or caregivers that can lead to problematic patterns of relating. Both models allow families to recognize how they may be accommodating and enabling ED symptoms in order to change these behaviours and help families to support the recovery process as effectively as possible.

*Contribution of NMM to EFFT.* EFFT has benefited from the neuroscience presented in the NMM that validates our experience of the individual with an eating disorder as a “super-feeler” and helps communicate this to parents to help them understand and empathize with the difficulties their loved one experiences in the domain of emotions. EFFT also integrated the wonderful animal models of the NMM, and added to them by making explicit the link between specific emotions such as fear, shame, resentment and hopelessness and the development and/or exacerbation of problematic caregiving styles. For example, an “Ostrich” parent avoids strong emotions due to a fear that they will somehow make the situation worse and hence they put their “head in the sand”. Using this framework, the therapist can target the underlying fear in order to help free the parent from his or her shackles. Alternatively, the parent who identifies as a “Rhino” may be struggling with a despair rooted in their sense of helplessness to save their child. They attempt to cope by charging forward and trying to take control. In this case, the therapist can be empathically attuned to the parent’s deeper despair in order to loosen its grip and provide him or her with opportunities to feel more effective. Finally, EFFT has adopted the increased emphasis that the NMM places on motivational

interviewing as a tool for parents.

*Contribution of EFFT to NMM.* The NMM has always underlined the importance of emotion in the onset and maintenance of an eating disorder: however EFFT has offered three new areas of emphasis. One is to teach parents to be emotion coaches by teaching them the specific skills to help their child process emotional experiences. The second is to support parents in strengthening the bond between parent and child. This is accomplished by engaging in specific tasks to facilitate relationship repair when the strain of the eating disorder has interfered with normal family functioning. A third way in which the NMM has incorporated EFFT is in processing emotional blocks in the parents. As stated above, the NMM's Animal Models have been very effective in having parents increase their awareness of patterns that emerge in their behaviour in the face of the eating disorder. EFFT added to these Animal Models an understanding of the underlying emotions and emotion processing styles that are thought to contribute to accommodating and enabling behaviours. This has proved to be a new tool to move from identifying and recognizing these emotional styles to having specific tools for working through and resolving them.

## Research Support

EFFT is in its infancy in terms of research. However, results from a multi-site pilot study suggest that this model shows promise and is worthy of future study. The preliminary results show a significant increase in parental self-efficacy. Specifically, there was a positive shift in parents' attitudes regarding their role as emotion coach, a reduction in the fears associated with parental involvement in treatment, and a reduction in self-blame (Lafrance Robinson, Dolhanty, Stillar, Henderson & Mayman, submitted for publication).

## Looking Forward: ECHO and ARC

The NMM affords families a significant role in more than just the treatment of their child. Expert Carers Helping Others (ECHO) is a carer based organization through which families connect with one another, are trained in the NMM model of family involvement, and then go on to train and support other families. Our effort to create such a network of empowered parents, trained in the skills of EFFT and experts in offering the training to other carers, has resulted in the founding of the Association for Recovery Coaching (ARC). Founded jointly by clinicians, carers, and community organizers, the goal of ARC will be to mirror the activities of ECHO, with an added emphasis on

training carers to be recovery and emotion coaches, and to be able to train other parents to be the same.

### Endnote:

1. For example, some parents are afraid that engaging their child in the tasks of recovery and coping will lead them to feel depressed or suicidal, leaving the parents paralyzed with fear and thus stuck in an impossible bind.

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***The Best of Two Worlds: Integrating Emotion-Focused Family Therapy and the New Maudsley Approach in the Treatment of Eating Disorders across the Lifespan is also a FREE webinar, presented by NEDIC on Thursday June 5 at 5:30-6:30pm EDT.***

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