

# Family therapy

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## What is family therapy?

Family therapy involves family members working together to overcome difficulties. Regular sessions bring together the young person with an eating disorder, the significant people in their life and a family therapist. The significant people are usually parents and siblings, but might also include step-parents, grandparents and long term partner.

Feelings, experiences and issues are explored together, taking into account the different perspectives of everyone involved. Although families often want to understand why an eating disorder has developed, family therapy is not about finding a 'cause' or apportioning blame. It is a positive, forward thinking approach seeking to find solutions and strategies.

Family therapy is a well established, clinically proven treatment, used to help with many different problems faced by families, including bereavement, post-traumatic stress and a range of child and adolescent behaviour problems.<sup>1</sup>

The National Institute for Clinical Excellence (NICE) recommends family therapy as the treatment of choice for young people with anorexia.<sup>2</sup>

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## What is a family therapist?

Training to become a family therapist is based on the assumption that students have already gained professional standing in another relevant profession, such as psychology, social work, or other forms of therapy. Then to qualify as a family therapist, it is necessary to undertake a further four years of supervised training towards a postgraduate diploma in family therapy.

Family therapy (also called systemic psychotherapy) is one of the methods of psychotherapy treatments recognised by the United Kingdom Council for Psychotherapy (UKCP).

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## What will happen at the first meeting?

First of all, family therapists Nigel Glaze or Andrea Ehgartner will meet the young person with an eating disorder. This initial meeting will enable the family therapist to identify the significant people in the young person's family who need to be involved in the therapy programme.

The young person and their family will see the family therapist regularly, usually for sessions lasting an hour to an hour-and-a-half, depending upon factors such as age of siblings and availability of family members. Sessions usually take place every two weeks initially and may become less frequent once the programme has progressed. In addition to this, the young person may also see the family therapist individually.

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## Are the whole family always seen together?

If parents have divorced, it may be difficult for the whole family to meet and talk together. It may be necessary to hold separate sessions for different members of the family, if separated parents and perhaps step-parents are unable to meet together. The family therapist will work with and respect the dynamics within each family in order to gain perspectives and harness all family resources.

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## Why do siblings need to attend?

An eating disorder has an enormous impact upon the whole family. Siblings of a young person with an eating disorder often feel unable to share their own emotions and worries with their parents, for fear of further adding to their burden. They want to help their sibling and are frightened about what is happening to them, but are unsure about how to support them.

Siblings are a great resource to support the young person with an eating disorder and family therapy helps to access this support.

Family therapy enables siblings to ask questions they may feel unable to raise at home. They can listen to the emotional perspective of their parents, which may not be easily available at home.

For siblings, family therapy is protective of their own mental health. An eating disorder in the family is such a destructive force that they are at risk of experiencing mental health problems themselves, such as stress and anxiety, as a result of the impact the eating disorder has on the family. Participating in family therapy addresses and reduces that risk.

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## What should we expect over time?

During the course of a young person's treatment for eating disorders, they are likely to undergo some very significant psychological changes. Family therapy offers an outlet for amplifying and understanding these changes.

As the family prepare for the young person to return home, in a gradual process beginning with short home visits, family therapy is an important resource, helping the family to cope with difficult situations such as anxiety around meal times and conflict.

The family therapy programme takes place in different phases, from an initial phase of engagement and preparing for recovery, which acknowledges the task of weight restoration, to a final phase of relapse prevention. The pattern of sessions may change over time, with meetings becoming less frequent over time, but maintaining a regular pattern.

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## How long does it take to get better?

The length of time needed for a young person to get better from anorexia varies. The family therapist will try to help things improve as fast as possible, however it is often helpful to expect several months of sessions and it is important to maintain a regular pattern of meetings.

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## Why is family therapy useful in the treatment of eating disorders?

A young person is dependent upon their family for emotional, psychological and financial support. Family therapy offers a systematic approach for finding the best way of bringing the resources of the family group together to overcome the eating disorder.

When a young person is admitted to an eating disorders unit for treatment, family therapy helps all those affected to explore and manage that difficult experience.

The young person may feel a lot of anger towards his or her parents for their admission. It is possible that this is their first time away from home, facing the loss of their circle of friends and college or school life. [continues over >>](#)

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Why is family therapy useful in the treatment of eating disorders? *continued*

Parents often feel relief that their child is having treatment for their illness but may also feel guilt and confusion about how the eating disorder became so severe. They are likely to experience anxiety about having less day-to-day contact with their child.

Family therapy offers a space to explore these changes and to amplify positive relationships with each other.

## Testimonies from families

*“Thank you very much for the kindness and support you have given my mum and me, our relationship has really changed for the better. We appreciate all the advice you have given us and we will take what we have learnt with us into the future. Thank you again for being there for us to talk to.” F.R.*

*“When we began family therapy, I was challenging. I didn’t know what to expect and was nervous about talking, but when we sat and chatted together, I began to appreciate how important talking together is” B.S.*

*“Looking back on the work we have done in family therapy, I remember the sessions when we did things together like the one when we brought in our family photo album and talked about memories together.” P. B.*

*“Before we started family therapy, we felt we were the cause of our child’s problems. We would analyse everything we did and life was very stressful. At one point, I remember feeling it was like we had lost our child and that she was replaced by someone else. Looking back our life as a family got ‘put on hold’ and we didn’t know what sort of future to expect, I wondered ‘would she ever get well?’ whenever the phone rang I would fear that it would be bad news. Obviously the stress affected me and Mike’s relationship but we never wanted to think about this. Having family therapy there helped us know we could talk about things- it really helped. Looking back now as parents I would definitely advocate committing to working together in family therapy”  
Mrs B mother to PB*

## References and background information

1. Professor Peter Stratton in his review of the evidence base for family therapy indicates the range and depth of effectiveness for family therapy states:  
“Systemic Family Therapy provides effective help for people with an extraordinarily wide range of difficulties. The range covers childhood conditions such as conduct and mood disorders, eating disorders, and drug misuse; and in adults, couple difficulties and severe psychiatric conditions such as schizophrenia. Throughout the life span, it is shown to be effective in treatment and management of depression and chronic physical illness, and the problems that can arise as families change their constitution or their way of life.” (2004)
2. Specifically in the field of eating disorders;  
The National Institute for Clinical Excellence (NICE) recommends Family Therapy as the treatment of choice for young people with anorexia. “family interventions that directly address the eating disorder should be offered to children and adolescents with anorexia nervosa” NICE 2004(a)