


What Siblings Think:


Siblings' Experience of Multi Family Group Therapy



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Background

- 2009 Provincial Specialized Eating Disorder Program moved towards a Family Based Approach to treatment and Multi-Family Group Therapy (MFGT) was implemented in our program
- We had long assumed that siblings were key in supporting their brother or sister through the recovery process
- We began a survey of participants (parents, patients and siblings) to see if they would benefit from MFGT
- We also wanted to know the efficacy of this method

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Learning Objectives

Participants will:

- Better understand which elements of MFGT are most meaningful to siblings
- Gain a better understand of the needs of siblings and siblings' satisfaction with the modality
- Learn how program evaluation supports measuring sibling satisfaction and continuous quality improvement
- Gain an understanding of the steps involved in implementing MFGT as a treatment modality in Eating Disorders


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Methodology

- Survey is administered after all MFGT sessions
- 39.6% of surveys were completed by brothers, 43.4 were completed by sisters
- Includes the AESED as well as an array of standard program evaluation questions for the purpose of continuous quality improvement
- Participants identifying as siblings (n=53) were pulled from the larger sample of evaluations
- Basic descriptive statistics run in SPSS
- Qualitative data from open-ended questions also analyzed for key themes


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Comparison of Sibling and Family Scores across measures

Measure	Siblings			Family Mean
	Min	Max	Mean	
Appropriate to Family Needs	1	4	3.02	3.87
Effectively Deal with Problems	2	4	2.84	3.40
Your Confidence	2	4	2.99	3.53
Quality of sessions	2	4	3.11	3.53
Satisfaction with sessions	2	4	3.06	3.47
Recommend to someone	2	4	3.40	3.80
Attend future similar sessions	1	4	2.81	3.40

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Accommodation and Enabling Scale for Eating Disorders: Is there a difference in scores?

- The AESED (Accommodation and Enabling Scale for Eating Disorders) was developed by Sepulveda, Kyriacou and Treasure (2009) and its purpose is to "...measure family accommodation in the context of having a relative with an eating disorder." The maximum score is 132.

Group	Average AESED score
Parents	45
Siblings	41

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Results	
The Good News	Opportunities for Improvement
<ul style="list-style-type: none"> Patients identify hearing from siblings as an important part of the MFGT experience Siblings enjoy the multi-family experience, engaging with other siblings and their family: role playing Parents and siblings have similar levels of overall satisfaction with MFGT 	<ul style="list-style-type: none"> Facilitate opportunities for parents and siblings to join in breakout groups More opportunities to talk and share More focus on entire family Find a way to increase completion rate of AESED section of survey

Does MFGT meet sibling's needs

- School factors: Attending school versus attending Multifamily group therapy
- Age: Are the activities youth and sibling friendly, do they accommodate wide range of ages that participate
- Would more break out groups be effective: are siblings views being heard?
- Challenge of developing strategies to cope with the eating disorder at home


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Conclusions

- Limitations of research:
 - small sample size
 - cannot isolate factor with greatest impact on satisfaction (i.e. degree of satisfaction might be influenced by unique circumstances of family member's illness and family dynamics)
 - Potentially difficult to generalize findings to other treatment centres using MFGT
 - AESED not validated for adolescent and youth populations

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Next Steps

- Hope to implement some changes to MFGT content based on feedback from siblings
- Next steps of evaluation: in order to further understand impact of siblings, we hope to design a second study which will involve telephone based open ended interviews (minimum of 1 year post MFGT)
- Ethics applications in process to support this work

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