Raising the Bar Project - Valley Nonprofit Resources

BACKGROUND ON THE MFG PROGRAM

What MFG Is The MultiFamily Group (MFG) is a treatment modality that integrates aspects of family psychoeducation, behavioral therapy and multiple-family approaches. MFG brings families of people with mental illnesses or other life problems together for learning and problem-solving, all oriented to the improved functioning both of the family member who's receiving services and the family unit as a whole. Developed by Maine Medical Center psychiatrist Dr. William McFarlane (2002), years of controlled research about MFG shows that this intervention can have the same level of impact as antipsychotic medications (e.g., in significantly reducing hospitalization rates).

Why It Works MFG incorporates the advantages of each of its sources, diminishes their negative features and leads to a number of synergistic effects that appear to enhance efficacy. Building on the psychoeducational family approach of Anderson, Hogarty and Reiss and the family behavioral management approach of Falloon and his colleagues, MFG reflects contemporary understanding of schizophrenia and other severe mental illnesses from biological, psychological and social perspectives. The assumption is that an effective treatment should address as many known aspects of the illness as possible, at all system levels.

Many practitioners have observed that specific characteristics of MFG have remarkable effects on a number of social and clinical management problems commonly encountered in schizophrenia and other severe mental illnesses. A critical goal of all family psychoeducational and behavioral models is to reduce family expressed emotion and thereby to reduce the risk of major problems like a psychotic relapse.

The MFG approach goes beyond this focus on expressed emotion to address social isolation, stress and stigma as experienced by families and consumers alike. That appears to be critical to better overall outcomes, because families attempting to cope with mental illness inevitably experience a variety of stresses which secondarily put them at risk of manifesting exasperation and discouragement, as natural reactions. In addition, MFGs reiterate and reinforce the information learned in educational and skills training workshops. Coupled with formal problem solving, the group experience serves to enhance the family's available coping skills for the many problems encountered in the course of the consumer's recovery.

Components of MFG The intervention begins with a minimum of three single-family engagement sessions, in which the patient's primary practitioner meets with the individual family, often without the patient present. These sessions are accompanied by separate meetings with the patient. The choice of including the patient is partly a matter of clinical stability and partly a matter of choice of patient and family members. When 5-8 families have completed the engagement process, the practitioners, usually including the patients' psychiatrist, conduct an extensive educational workshop, with patients present, if they wish. The biomedical aspects of the disorder are discussed,

after which the practitioners present and discuss guidelines for the family management of both clinical and everyday problems in managing the illness in the family context.

The first meeting of the ongoing psychoeducational multi-family group follows the workshop by one or two weeks; its format includes a bi-weekly meeting schedule, 1 1/2 hour session length, leadership by two practitioners and participation by 5-8 patients and their families. In most instances, the decision to have a given patient attend is based upon his or her mental status and susceptibility to the stimulation such a group may engender. If the patient wants to attend, that weights the decision in favor of inclusion.

The format of the sessions is closely controlled by the practitioner, following a standard paradigm. From this point forward, patients are strongly encouraged to attend and actively participate. The task of the practitioners, particularly at the beginning, is to adopt a business-like tone and approach that promotes a calm group climate, oriented towards learning new coping skills and engendering hope.

The MFG's primary working method is to help each family and patient to apply the family guidelines to their specific problems and circumstances. This work proceeds in phases whose timing is linked to the clinical condition of the patient. The actual procedure uses a multiple-family group-based problem-solving method adapted from the single-family version by Falloon and Liberman.

Families are taught to use this method in the MFG as a group function. It is the core of the MFG approach, one which is acceptable to families, remarkably effective and nicely tuned to the low-intensity and deliberate style that is essential to working with the specific sensitivities of people with schizophrenia and other disorders. The same principle applies to other mental illnesses that are sensitive to interpersonal and environmental stress, like major depression and bipolar disorder.

The MFG approach maintains stability by systematically applying the group problem-solving method, case-by-case, to difficulties in implementing the family guidelines and fostering recovery. The subsequent rehabilitation phase should be initiated by patients who have achieved clinical stability by successfully completing this phase. As stability increases, the MFG functions in a role unique among psychosocial rehabilitation models: it operates as an auxiliary to the in-vivo social and vocational rehabilitation effort being conducted by the clinical team. The emphasis during this phase is the involvement of both group and family member in helping each patient to begin a gradual, step-by-step resumption of responsibility and socializing.

Practitioners continue to use problem-solving and brain-storming in the MFG to identify and find jobs and social contacts with the patients, to find new ways to enrich their social lives. This process prepares the way for the patient to go on to work on recovery, which occupies much of the final phase of the MFG treatment.

Reference Cited

McFarlane, W.R. (2002). *Multifamily groups in the treatment of severe psychiatric disorders.* New York: Guilford Press.