

Multi-family group is

Working with a collection of families
in a group setting

“I’m hoping that we all get a great understanding in this and work not only here but also at home and stick together as one.”

“I’m attending group because I usually don’t spend time with my family.”

“I liked the food.”

Multi-Family Group Intervention for Homeless Families:

An innovative approach to improve family
functioning and increase social connectedness



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Homeless Families

- Homeless families suffer from social isolation which has direct implications on parenting skills and family functioning
- “Typical” homeless family is a single mother in her late 20s with two children
 - CCH demographics for Family Support Services
 - Average age of parents 35.4
 - Average household size 2.3 children

Isolation

- Lack of social support a primary element to homelessness
- Lowest level of support occurs on entry to shelters or transitional programs
- Perception of social support may be as important as reality
- Stigma about homelessness increases social isolation for families

Isolation

- Worcester Family Research Project
 - 220 Homeless female headed households, 216 housed female-headed households
 - Smaller social networks
 - More conflict-ridden social networks
- Homelessness alone is a huge predictor to family separation

Impact of homelessness on parenting skills

Increased trauma within family system

- Lack of efficacy
- Inconsistent or inappropriate discipline
- Lack of hierarchical structure
- Reduced trust in family system
- Communication barriers
- Breakdown of family rituals

Why we chose Multi-Family Group Therapy (MFGT)

- The power of the group process with systems focus of family therapy
- Influenced by the strategic and structural schools of family therapy
- Elements of solution focused, resource focused and problem solving approaches are integral

Literature review of MFGT structures shows:

- About 4 to 7 families per group
- Generally meet weekly for 1 and ½ to 2 hours
- Located in a common community area
- Both open and closed groups
- Families have similar issues
- Food often part of the group itself

Context

- Dr. Peter Laqueur considered the founder of MFGT
- Family therapy schools and theory were surging in the 1950's, 60's and 70's, schools were developing in New York, Philadelphia, Milan and Palo Alto.
- Treating a client within a family was a radical change from the psychodynamic individualized focus.
- Group practice also growing in the mid-twentieth century

Sunday Visiting

- Dr. Peter Laqueur worked in a psychiatric hospital in New York from the 1950's to the 1970's.
- Dr. Laqueur would visit with families as they came in on Sundays. Over time this evolved into having the patients themselves participate and then ultimately meeting with multiple families together.
- Primary treatment focus was to:
 - Support, educate and instill hope

Theoretical orientation for MFGT

- Systemic epistemology
 - Old ways of thinking imply that the system creates the problem. New theory implies that the problem creates the system. The identified problem is the original distress, and whatever else has managed to stick to it over time.
- Strength based and resource focused
- Structural and strategic influences

Theoretical orientation for MFGT

- Importance of experiential learning
- Interactional dynamic
- Stages of group

Advantages of group dynamic with MFGT:

- Therapeutic community, family milieu
- Group grants each family equal power status
- Shared experiences
- Provision of role models through sub groupings
- Abundant scope for indirect learning

An effective MFGT practitioner:

- A Delphi study done in 2001 researched the core competency needed to perform MFGT
 - Therapist qualities
 - Therapist abilities
 - Therapist knowledge

Colorado Coalition for the Homeless Multi-Family Group

- 8-10 homeless/formerly homeless families
- 8 weeks, 2 hours in the evening
- 3-4 group facilitators
- Dinner
- Family-centered, experiential activities
- Social connection

Group development/preparation

- Group composition
- Recruitment
- Assessment process

Content: Group Agendas

- When building agendas, think about group composition:
 - Age of children
 - Size of families
 - Cognitive ability of group members
 - Relational dynamics of family and group members
 - Remember stages of group development

Typical group session

- Dinner with question bowl
- High/Low check in
- Physically engaging activity
- Brief topic group discussion
- Small group activities
- Debrief and closing

Group Activity

Always, Sometimes, I can do it more...

Cons of multi-family group therapy

- Limited empirical literature and research
 - Theoretical gaps
- Absence of guidelines
- Size, Intimidating (for the therapist and client)
- Points for consideration: domestic violence, trauma, drugs/ETOH, severe mental illness, same sex couples

Pros of multi-family group therapy

- More curative power
- Groups are set up as “non-pathological”
- Client satisfaction
- Cost efficient
- Increased access to care for those who might not normally participate
- FUN!!!

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