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Multi-Family Groups

Self-esteem:
- Bio sketch
- Family Crest
- Self-Esteem Scenario/skits

Anxiety Management:
- Skills musical chairs
- Charades skills group
- Emotional regulation and vulnerability
- Pyramid game show

Interpersonal Effectiveness:
- Interview b/w parent and child
- Panel of experts
- Interview with the eating disorder
- Role reversal talk show
- Family Sculpt
- Family inside/outside boxes

Motivation:
- Past, present, future
- Mock debate

Social Influences/Media:
- magazine covers
- Inside/outside boxes- media
- Fish bowl about media influences
- Food and feelings
• If you could invent something or be known for an invention what would it be?
• What is your favorite snowy day activity?
• If you could have a special talent what would it be?
• If you had a million dollars what would you do with it?
• If you were an animal what animal would you be and why?
• What is your favorite book and why?
• If you were a superhero who would you be?
• If you could spend a day with someone dead or alive who would it be?
• What is the best movie you have seen in the last couple of months?
• Favorite cartoon character?
• Favorite childhood movie?
• Favorite spring time activity?
• Favorite holiday activity?
• Favorite holiday memory?
• Best advice you ever received?
• If you could change any rule in society what would it be?
• If you had a time machine that would work only once, what point in the future or in history would you visit?
• If you could go anywhere in the world, where would you go?
• If your house was burning down, what three objects would you try and save?
• If you HAD to give up one of your senses (hearing, seeing, feeling, smelling, tasting) which would it be and why?
• Name a gift you will never forget?
• Name one thing you really like about yourself.
• Does your name have a special meaning and or were you named after someone special?
• What was the best thing that happened to you this past week?
• If you could live in any period of history, when would it be?
• If you could have any question answered, what would it be?
• If you could do your dream job 10 years from now, what would it be?
• If you had one day to live over again, what day would you pick?
• If you could learn any skill, what would it be?
• If you were sent to live on a space station for three months and only allowed to bring three personal items with you, what would they be?
Multi-Family Group

Theme: Self-Esteem/Identity

Group Intention: Improve communication/understanding between parents and kids, help separate the illness from the child and improve empathy, and identify strengths.

Activity: Bio Sketch

I. Ice breaker, introductions

II. Brief description of the skill/activity (5 minutes)

III. Separate kids and parents to sides of the room and hand out prompts for them to work on individually – answer questions encourage minimal discussion (20-30 minutes)

IV. Combine parents and patients and have parents read description. Facilitate group discussion about what that feels like for other parents to hear as well as kids. Encourage kids to discuss any discrepancies between what they heard from their parents and what they wrote – encourage sharing what they wrote with each other. (30 minutes)

V. Group closure: Check out with a “word”

Materials Needed: prompts, pens, clipboards
Room set up: large circle
Multi-Family Group

Theme: Self-Esteem/Identity

Group Intention: Collaborative problem solving – using the activity as a spring board for working together, identifying barriers and strengths in doing so, and creating a family identity.

Activity: Family Crest/Shield

I. Ice breaker, introductions

II. Introduce Activity:
   a. Introduction: What is a Family Crest? An idea that originated in the medieval periods in late middle ages – originally a necessity for armor but even afterwards, these Coats of Arms, or Crests remained popular for visibly identifying a person in other ways. The images were displayed in various ways and used symbols to communicate important family values such as bravery, dignity or words or phrases.
   b. Pass around paper for families to make the crests
   c. Show examples of Scottish/German/English crests as visual aids to get ideas flowing
   d. Allow 10-15 minutes for families to make their crests

III. Ask for volunteers to share their family crest and explain symbols/words

IV. Possible questions/process comments:
   a. What was it like doing this exercise with your family member
   b. Was it easy/hard/fun/illuminating?
   c. Did you all agree on the things that should go in the crest?
   d. Had you ever thought about how you would identify your family or what it stands for?
   e. What did you do when you didn’t agree on something?
   f. When there are disputes in the family is there someone who generally makes decision or how do you negotiate family roles?

V. Gear discussion to include discussing some or all crucial elements of problem solving: identifying the problem, diffusing the situation, getting everyone invested in solving the problem (ask for all perspectives), finding a solution and taking action.

Materials Needed:
   o Art supplies: Large paper, markers/pens/colored pencils,
   o Examples of Family Crests

Room Set-Up:
   a. Large circle for check in and intro
   b. Art supplies on tables for families to work together on project
   c. Finish group by coming back together in large circle
Multi-Family Group

Theme: Self-Esteem/Identity

Group Intention: Improve parents and patients’ ability in identifying and using statements that support positive self-esteem and identity during difficult scenarios.

Activity: Self-Esteem Vignettes/Skits

I. Ice breaker, introductions

II. Brief description of the skill/activity: Indicate to the group that we will be splitting into small groups to create skits related to a specific “problem” faced. These skits will include an explanation of the “problem” and a demonstration of positive and negative self-talk (5 minutes).

III. Activity
   a) Have large group count off to make groups of three.
   b) Separate into groups of three.
   c) Facilitators demonstrate activity by role playing a specific problem (i.e. getting a bad grade on a test)- one facilitator role plays problem, another facilitator role plays negative/distorted thoughts, and third facilitator role plays positive/adaptive thoughts. First facilitator talks out loud about experience of hearing both thoughts.
   d) Provide each group with a “problem”- encourage creativity by indicating that it could get repetitive if they do not try to be creative
   e) Allow 10 minutes to practice role play
   f) Have each group perform role play

IV. Process/discussion

V. Group closure: Check out with a “word”

Materials Needed: Self-Esteem vignettes
Room set up: Large circle, group breaks up into smaller groups
**Power Animal Exercise**

Definition: a broadly animistic and shamanic concept that has entered the English language from anthropology, ethnography and sociology. Power animals represent a person’s connection to all life, their qualities of character, and their power. Power animals can empower and protect people from harm. They might also lend the wisdom or attributes of its kind to those under its protection.

You have chosen the ________________________________ as your power animal.

While this might have seemed like a random choice, most things in life aren’t as random as they seem. Before the next part of our activity please answer the following question to help you gain insight as to why you might have chosen this animal as your Power Animal.

1) What do you like about this animal?

2) What do you feel like when you see this animal?

3) What qualities of this animal stand out to you most (how it looks, acts, etc)?

4) What characteristics of this animal most reflect characteristics of you?

5) What, if any, characteristics of this animal do you feel like you wished you had? This can even include abilities (i.e., speed, flight, etc).

6) How do you think this animal interacts with other animals in the wild?
Multi-Family Group

Theme: Anxiety Management

Group Intention: Introduce and review skills.

Activity: Skills Musical Chairs

I. Ice breaker, introductions

II. Brief description of the skill/activity (5 minutes)
   a) Ask for 10 volunteers (5 patients & 5 parents)- two teams (patients & parents)
   b) Ask participants to move chairs into a ‘musical chairs’ formation—leaving one chair less than the number of people
   c) Participants walk around the chairs until the music stops
   d) The person left standing picks a “skills” notecard
   e) Describes/defines skill (1 point)*
   f) Describes how it could or has been used (1 point)*
   g) Opposite team has the opportunity to provide another example and/or add to definition
   h) Game ends when one person is left standing
   i) Winner= team with highest points

III. Process/discussion

IV. Group closure: Check out with a “word”

Materials Needed: “Skills” notecards, music
Room set up: Large circle and ‘musical chairs’ formation with 9 chairs

*Notes: if someone is unable to define a skill or provide an example he/she can ask for help from team members.
Multi-Family Group

Theme: Anxiety Management

Group Intention: Practice defining and using a variety of skills.

Activity: Charade Skills Group- Whose skill is it anyway?

I. Ice breaker, introductions

II. Brief description of the skill/activity: This group is used to examine how we apply different skills. We have all accrued skills over time, so adaptive, and some maladaptive. Through our life we have developed many skills in order to cope. This group examines some skills that we have learned through treatment. (5 minutes)

III. Activity
   a) Optional: handout list of skills to patient and families & briefly review skills on list/answer questions about skills listed
   b) Randomly number patients and families
   c) Inform groups that they will be choosing a skill to develop a skit based on. Then after they have come up with a skit they will portray that skill to the rest of the group.
   d) Split groups up to discuss skills and develop skit
   e) Either:
      a. Have groups perform planned skits and ask audience members to guess skill
         Or…
      b. After the groups have gathered back together, inform them that there is a twist to your scenario. Other people in the audience can yell out to the performing members other skills to display to the group in the scenario.

IV. Process/discussion

V. Group closure: Check out with a “word”

Materials Needed: Skills cards, skills worksheets

Room set up:
   a) Large circle
   b) Smaller groups in different rooms/spaces
Multi-Family Group

Theme: Anxiety Management

Group Intention: To assist patients and families in gaining understanding of emotions, emotional vulnerability, and work to reduce emotional vulnerability through experiential process.

Activity: Emotion Regulation and Vulnerability

I. Ice breaker, introductions

II. Brief description of the skill/activity- Provide psychoeducation about emotions and emotional vulnerability while encouraging experiential process of both factors. (5 minutes)

III. Increase understanding of emotions experienced through the following psychoeducation with whole group:

   a) Identify (observe and describe) emotion and understand what emotions do for you
   b) Primary Emotions:
      Generally appropriate and adaptive
      Logical in the context of the situation
      Generally tolerable
   c) Secondary Emotions:
      Make stress intolerable, body sensations at high level, increase urgency, impulsivity, poor problem-solving, difficult or impossible to access primary emotions
   d) Most often about the self
   e) Do not lead to resolution
   f) Reduce Emotional Vulnerability
   g) Decrease negative vulnerability
   h) Increase positive emotions

IV. Provide example with cup that has marbles inside which represent events that cannot be changed/you have no control over and paper for events/reactions you can influence. Provide example using marble (friend cancelling lunch) and add layers of paper to reflect primary and secondary emotions. For example: primary emotion of disappointment because you were looking forward to lunch, secondary emotions of guilt, fear, rejection, shame related to thoughts of I must have done something wrong, she probably doesn’t like me anymore, we won’t be friends anymore, she is rejecting me, and I am worthless. Encouraged group participation of both primary and secondary emotions to add to cup. Demonstrate how that fills the cup and leaves no room for crisis (emotional vulnerability).

V. Have group members work individually to fill their cups with a marble and paper

IV. Talk with family about what is in their cup and then pick one family member to identify ways (both individually and with support) they could decrease (unpack cup) emotional vulnerability.

VII. Come together as a group and discuss experience.

VIII. Group closure: Check out with a “word”

Materials Needed: Marbles, colored paper, pens, cups
Room set up: circle
Primary and Secondary Emotions

Primary emotions are fairly simple to understand. They are your reactions to external events. Some precipitating event may cause you to experience emotion. Example: You may feel sad that someone hurt you or anxious about an upcoming test.

A secondary emotion is when you feel something about the feeling itself. Example: You may feel anger about being hurt or shame about your anxiety.

Secondary emotions turn emotions into complex reactions. They increase the intensity of your reactions. Differentiating between primary and secondary emotions provides powerful coping skills.

Types of Secondary Emotional Reactions

1. Discomfort with or judgment about your primary emotion. When you fail to validate your primary emotion as normal, reasonable, even helpful, you will create a secondary emotion. Example: When you are hurt by another, you will often turn this hurt into anger. Then you will be dealing with the anger and avoiding the primary emotion of hurt. It is wise and easiest to deal with the hurt.

2. Emotions evoked from your perceived identity. If you assume that an event or the behavior of another person says something about you, your worthiness, your goodness, your value, or your image, then the emotion evoked from the event will be intense. If you realize that the event only says something about the event or the other person/people involved, you decrease the intensity of your reaction.

3. Intense emotions from past events. Intense emotions are stored in memory. You can recall your emotional reactions to particular events—particularly intense emotions or traumatic events. Emotional memory can be triggered by present events that offer a similarity to past events. If you stop avoiding your emotions and experience them in present time, old emotions lose their power and lower in intensity.

4. Emotions from assumption you make about your world. We all make assumptions about our world. Some are accurate; some are inaccurate. Either way, these assumptions either increase or decrease the intensity of our emotional experience. If you think that everyone must approve of you then, every time you experience disapproval, you will experience intense emotions. If you have learned that some people will disapprove and that is okay with you, your emotional state in the face of disapproval will be lessened.

5. Emotions from your fear or anticipation of the future. Fear or anticipation about your future will intensify your emotional states. If you expect failure, evidence of problems will create intense emotions. If you expect success, this same evidence will create emotions that are less intense or immediate.

Differentiating Between Primary and Secondary Emotions

1. Is this emotion a direct reaction to an external event? Primary
2. Is the emotion becoming more intense over time? Secondary
3. Do you experience the emotion more frequently than the events that prompted the emotion? Secondary
4. When the initiating event receded, did the emotions recede? Primary
5. Does the emotion continue long after the event, interfere with your abilities in the present, and affect new and different experiences? Secondary
6. Is the emotion complex, ambiguous, and difficult to understand? Secondary

Deborah Christensen, PhD., M.S.C.P. (2010)
Multi-Family Group

Theme: Interpersonal Effectiveness

Group Intention: Facilitate insight in family members and with patients’ perceptions of their eating disorder. Increase each member’s understanding of the disorder and how it impacts the patient.

Activity: Role Reversal Talk Show

I. Ice breaker, introductions

II. Brief description of the skill/activity: Group members will be separated, and parents will first role play their children, and be interviewed talk show style in front of an audience (which will be the patients, remaining family members, and staff). Patients will then role play their parents and be interviewed talk show style in front of an audience (which will be the parents, remaining patients, and staff). Remind participants they are allowed to “plead the fifth” if they are uncomfortable with participating (5 minutes)

III. Activity
   a) Divide groups—patients and family members (at least one staff member with each group)
   b) Ask each group to formulate which types of questions they would like to ask the interviewees, write down questions, assign interviewer
   c) Go through activities

IV. Process/discussion

V. Group closure: Check out with a “word”

Materials Needed: paper, pens, clipboards, pretend microphone (optional)
Room set up: Align a row of seats for the interviewees, and assemble the audience
Multi-Family Group

**Theme:** *Interpersonal Effectiveness*

**Group Intention:** Encourage understanding of family roles and boundaries and how the eating disorder contributes to the family dynamic

**Activity:** *Family Sculpt*

I. Ice breaker, introductions

II. Brief discussion about family dynamics – everyone has a role or a place in the family and sometimes the eating disorder changes those. Family sculpt activity is designed to illustrate those roles. (5 minutes)

III. a. Ask for a patient volunteer to “sculpt” their family.
b. The actual family members are to observe; so patient is to pick other members of the group to “stand in” as their family.
c. Patient is encouraged to sculpt their family as they saw it before the eating disorder was involved (once patient is done ask parents if they would change anything).
d. Next, ask patient to pick someone to be the “eating disorder” and insert them in the sculpt – with any role/placement changes to the family to accommodate the new member (parents given the opportunity to comment)
e. Finally, have patient remove the eating disorder and re-sculpt the family
f. Encourage group participation to comment on observations – what they noticed about the sculpt and pay close attention to what the members had to do to shift their role once eating disorder was out of the picture.
g. Aim for 3-5 volunteers

*notes: for the sculpt, encourage patients to demonstrate placement of family members as well as emotion (i.e. angry/fighting, sad, demonstrative, intimidated, scared, etc)*

IV. Bring everyone back to large circle and discuss the process. Gear discussion toward boundaries – that it is normal/appropriate for some to be most comfortable when they are closely connected while others find it comfortable to be connected at a distance, and how when there is a difference in opinion in the family it can be challenging. Usually the different sculpts will have demonstrated this (especially the final one where kids will typically place themselves somehow connected but with space while parents will often want everyone looking at each other and/or touching to feel connected).

V. Group closure: Check out with a “word”

**Materials Needed:** none

**Room set up:**

a. Large circle
b. Semi-circle with room on one end for a “stage” for the sculpts
Multi-Family Group

Theme: Interpersonal Effectiveness/Communication

Group Intention: Increase knowledge regarding common communication styles and why many of them are detrimental to effective communication; foster insight into personal communication styles and communication styles frequently observed within the family.

Activity: Communication Styles “Fishbowl” Role Play

I. Icebreaker/introduction

II. Brief description of the skill/activity

III. Have 4 participants (2 patients, 2 parents from mixed families) sit in a circle in the middle of the “fishbowl.” Hand each participant a strip of paper that explains the communication style they must use during the demonstration. The strip should not contain the name of the communication style. One strip should describe a passive person, another a passive-aggressive person, one an assertive person, and one an aggressive person. The group should role-play planning a family vacation while each participant communicates using their assigned communication style.

IV. Have the audience (not the participants in the fishbowl) discuss and process reactions to the role play.

V. Have the participants in the fishbowl continue to act out the scene, still using their assigned style.

VI. Have the audience provide reactions once more.

VII. Have the participants describe their reactions to communicating in their assigned style and to communicating with others who were assigned to use different styles.

VIII. Group closure: Check out with a “word”

Materials Needed: 4 chairs, 4 strips of papers with de-identified communication styles for prompts

Room Set Up: Large circle
Multi-Family Group

Theme: Interpersonal Effectiveness/Communication
Group Intention: Identify each of the four styles of communication (passive, aggressive, passive-aggressive, assertive); describe situations in which each of these styles may be used; discuss pros and cons of each style
Activity: Comic Strips

I. Ice breaker, introductions

II. Group discussion about communication
   a. Review four styles of communication, including examples of each
   b. Discuss how styles of communication can impact interpersonal interactions

III. Break down into groups (at least four groups; 1 for each style of communication)
   a. Can have more than 4 groups and have some groups do the same style (have smaller groups of 3-4 if possible so everyone has to help)

IV. Introduce activity:
   a. Assign each group a style of communication
   b. Give each group a large sheet of white paper
   c. Have each group create a comic strip that depicts a situation in which the main character is using the style of communication assigned to the group

V. Wrap-up discussion:
   a. Have each group hold up their comic strip and explain their comic to the group
   b. As a large group, discuss the process:
      a. what was easy, what was difficult
      b. did your assigned style of communication influence how your group interacted
      c. how do current interactions with family influence your style of communication
      d. how might you change your current communication styles with family

Materials Needed:
   -Large white paper
   -Colored pencils, crayons, and/or markers

Room Set-Up:
   -Large circle for check-in and intro
   -Art supplies on tables for groups to work together on project
   -Finish group by coming back together in a large circle
Multi-Family Group

Theme: Interpersonal Effectiveness

Group Intention: Education provided by patients about eating disorders as a foundation for problem identification and problem-solving as misconceptions are identified and parents and patients see other perspectives.

Activity: Panel of Experts

I. Ice breaker, introductions

II. Have kids sit in line (Panel) at the front of the room facing out

III. Explain that patients are the Panel of Experts on Eating Disorders and encourage audience to ask them questions. Any patient can answer any question and multiple patients can answer the same question. Facilitators can ask questions to keep the conversation moving (approx 30-40 minutes)

IV. Bring everyone back to large circle and discuss the process – ask for things they learned, things that were new information, information that confirmed what they already believed

V. Try to include in discussion that an element of effective communication and problem solving is obtaining perspective and acquiring information – it is important to have a accurate information about the problem in order to engage in effective problem-solving

VI. Group closure: Check out with a “word”

Materials Needed: none

Room set up:
  a. large circle to start
  b. Panel set up – chairs for patients facing outward to “audience” and rest of the chairs set up like a studio audience facing the Panel.
Multi-Family Group

Theme: Interpersonal Effectiveness

Group Intention: Perspective taking and communication around how to understand and work together.

Activity: Interview with the Eating Disorder

I. Ice breaker, introductions

II. Brief discussion about what common things get in the way of effective communication (5 minutes)

III. Explain the role-play – patients will role-play their eating disorder and parents will role-play the interviewer. Patients will NOT be paired up with their own parent.
   a. Ask for a patient volunteer and a parent volunteer
   b. Arrange a “fish bowl” where interview is to occur; audience is to observe (5 min)
   c. Open door to the fish bowl and allow all group members a chance to interview the eating disorder (5 min)
   d. Allow patient to comment on process (to encourage detaching from “role” of eating disorder and back to being the person)
   e. Try for 3-5 volunteers

IV. Bring everyone back to large circle and discuss the process. Relate observations back to initial discussion about what typically gets in the way of effective communication

V. Group closure: Check out with a “word”

Materials Needed: none

Room set up:
   a. Large circle
   b. Fish Bowl: large circle outside with 2 chairs for interview in the middle
Multi-Family Group

Theme: Interpersonal Effectiveness

Group Intention: Encourage understanding of family roles and boundaries and how the eating disorder contributes to the family dynamic. Also exploring differences among and between families with comfort to how much of the inside is represented on the outside.

Activity: Inside-Outside Boxes

I. Ice breaker, introductions

II. Explain project: each family will work together to create a box illustrating their family with the inside of the box symbolizing what it feels like to be in their family and the outside symbolizing what they think others perceive or what they want others to think about their family.

III. Allow families 30 minutes to work on project

IV. Bring everyone back to large circle and ask for families to volunteer to share their boxes and explain their process.

V. Discuss the process in general about making these boxes. Include in discussion description of boundaries – that it is normal/appropriate for there to be differences in opinions about what is comfortable to share with the outside and there will be differences within family members regarding comfort levels. Include brief discussion of flexibility with boundaries – goal to not be too rigid or too “mushy” but strive for a balance

V. Group closure: Check out with a “word”

Materials Needed: boxes, art supplies: scrapbooking paper, scissors, magazines, glue, markers

Room set up:
  a. Large circle
  b. Art supplies set up on tables
  c. Families to work in small groups at tables
  d. Rejoin to large circle for end process
Multi-Family Group

Theme: Motivation

Group Intention: Improve collaboration and address motivation and ACT concepts.

Activity: Scavenger Hunt

I. Ice breaker, introductions

II. Brief description of the skill/activity (5 minutes)

III. Activity
   a) Divide the group into two teams.
   b) Provide each team with the list of clues.
   c) Provide a brief explanation of task (scavenger hunt) and a few examples of ways they could approach it (i.e. decode all the clues at the beginning or one-by-one).
   d) Have a therapist, MHC, or nurse stationed at each location to provide the team with their task.
   e) One the team has completed the task they receive a piece of the “balloon boy.”
   f) Once they complete all of the tasks they must solve the “balloon boy” puzzle to finish the scavenger hunt.

IV. Process/discussion

V. Group closure: Check out with a “word”

Materials Needed:
1) Access to the Delta room, classroom, Telluride room, cafeteria, and nurse’s station.
2) List of clues
3) Balloon boy pieces
4) 5 activity sheets
5) Art supplies
6) 2 FAB scoring sheets
Multi-Family Group

**Theme:** Motivation

**Group Intention:** Experience of stages of change and motivation enhancement

**Activity: Past, Present & Future**

I. Ice breaker, introductions

II. Brief description activity (5 minutes)

III. Activity
   - a) Ask for a patient volunteer
   - b) Have the patient sit in the middle chair
   - c) Explain that they are to answer questions in “present tense” about their life - encourage group to ask questions to “get to know” the patient. Facilitator to model questions designed at helping patient subtly explore the pros and cons of recovery based on their current situation
   - d) Have patient move to another chair symbolizing the “past” Have pt visualize where they are in the past and encourage questions to get to know them as their “past” self
   - e) Ask patient to move to the 3rd chair representing their “future” self. Invite them to pick a time/place in the future with or without the eating disorder and facilitate question/answer period
   - f) Have patient join the group and spend a few moments processing with entire group - things they noticed; similarities/differences between patient in each of the spots
   - g) Ask for another volunteer - parents are encouraged to volunteer as well.
   - h) Repeat entire process – each volunteer should take about 10-15 minutes; there will usually be enough time for about 3-4 participants

IV. Process/discussion

V. Group closure: Check out with a “word”

**Materials Needed:** none

**Room set up:** Large circle with 3 empty chairs at the front of the room
Multi-Family Group

Theme: Motivation

Group Intention: Experience of stages of change and motivation enhancement through perspective taking and examination of pros and cons of an eating disorder.

Activity: Mock Debate

I. Ice breaker, introductions

II. Brief description of the skill/activity: Brief discussion about motivation and stages of change. Explanation of purpose of activity to increase parents’ ability to take patient’s perspective on the eating disorder, provide support/challenge relative to patient’s stage of change, and encourage patient to identify the cons associated with the eating disorder (5 minutes).

III. Activity
   a) Split parents and patients into two groups
   b) Inform parents that they will be “arguing” the pro eating disorder stance
   c) Inform patients that they will be “arguing” the pro recovery stance
   d) Indicate that group facilitators will be the judges and will vote based on the “arguments” presented by each side
   e) Parents and patients work in separate groups to develop their opening arguments and general points (10-15 minutes).
   f) Encourage patients to not only identify the problems with having an eating disorder, but also what is gained by committing to recovery
   g) Join as a large group and begin debate.
   h) Facilitators should help summarize points made, ask clarifying questions, and talk through their decision making process
   i) Allow group members to counter arguments made by the opposing side.
   j) Allow 1-2 minutes for each group to develop a closing argument and then each side presents.
   k) Facilitators make a ruling of the winner providing rationale for why.

IV. Process/discussion

V. Group closure: Check out with a “word”

Materials Needed: paper, pens, clipboards
Room set up: Large circle which will then be split into two smaller circles.
Multi-Family Group

Theme: Social Influences/Media

Group Intention: Encourage understanding of social and media influences and how they impact the eating disorder. Also exploring differences between how the eating disorder looks from the outside and how it looks from the inside.

Activity: Inside-Outside Boxes (Media)

I. Ice breaker, introductions

II. Explain project: Larger group will be divided into two groups (patients and families) to work together to create a box illustrating their perception of how the eating disorder looks from the outside and how it looks from the inside. Family members are encouraged to represent how they feel the outside world views them as parents of someone with an eating disorder and on the inside what it is really like. (5 minutes)

III. Allow families 30 minutes to work on project

IV. Bring everyone back to large circle and ask for families to volunteer to share their boxes and explain their process.

V. Discuss the process in general about making these boxes. Include in discussion ideas about media and social influences. Highlight differences demonstrated inside and outside of boxes. Encouraged parents to comment on patients’ boxes and vice versa.

V. Group closure: Check out with a “word”

Materials Needed: boxes, art supplies: scrapbooking paper, scissors, magazines, glue, markers

Room set up:
  a. Large circle
  b. Art supplies set up on tables
  c. parents and patients to work in two small groups at tables
  d. Rejoin to large circle for end process
Multi-Family Group

Theme: Social Influences/Media

Group Intention: Encourage understanding of social and media influences and how they impact the eating disorder. Also exploring differences in views of media influence between parents and patients. Help parents and patients gain perspective by listening to the other group’s point of view.

Activity: Fishbowl

I. Ice breaker, introductions

II. Brief description of the skill/activity: Parents and patients will each have a turn to be in the center of the fishbowl (inner circle) where they will have an open discussion about media influence and impact while the other group listens without participating (5 minutes).

III. Activity
   a) Split into two groups: patients and family members
   b) Have patients form an inner circle with family members forming an outer circle around them
   c) Instruct patients and parents that those in the inner circle are going to have an informal discussion about media type, influence, and impact as it relates to life, eating disorder, body image, friendships, etc.
   d) Inform group that the outer circle will listen without participating
   e) Start with patients in the inner circle
   f) After 10 minutes the groups will switch and parents will participate in the inner circle. Parents are encouraged to not only respond to comments made by patients, but to also offer their own options/thoughts about the original prompt
   g) After 10 minutes switch again and allow patients time to respond and/or offer new information

IV. Process/discussion

V. Group closure: Check out with a “word”

Materials Needed: none

Room set up: Large circle, then broken down into an inner and outer circle
Multi-Family Group

**Theme:** Social Influences/Media

**Group Intention:** Identify triggers that contribute to automatic feelings that typically lead to behaviors. Understanding triggers and managing them will contribute to successful management of symptoms.

**Activity: Food and Feelings**

I. Ice breaker, introductions

II. Hand out pads of paper/pens

III. Instruct group members to write their first reaction to each of the food items on the table

IV. Ask people to share their lists

V. Possible discussion topics: similarities and differences in reactions to foods (between parents and kids or otherwise); triggers and choices we make to believe our thoughts about food; how marketing and media contribute to food myths and black and white thinking regarding “good foods” and “bad foods,” giving power to food and choices about what we want to give our power to.

VI. Group closure: Check out with a “word”

**Materials Needed:** containers of a variety of foods such as ice cream, cookies, apples, peanut butter, yogurt, skim milk, rice cakes, wheat thins, organic ..., chips, donuts

**Room set up:**

a. Large circle

b. Table in the middle with food items laid out

*you can decide if you want the food laid out at the beginning of group to create ambiguity/anxiety or if you want to just have the tables set up and put the food out after/while you explain the group*
Multi-Family Group

Theme: Media Influences

Group Intention: Increase critical eye for images in media; create dissonance regarding comparing self to images in media

Activity: Video (Dove Evolution) and Discussion

I. Ice breaker, introductions
II. Brief description of the skill/activity and media influences (5 minutes)
III. Activity
   a. Show Evolution video to the whole group
   b. Divide group for discussion (can divide into two groups: patients and parents, or into smaller groups with a mix of patients and parents)
   c. Provide handout with discussion questions
   d. Help facilitate discussions in smaller groups
   e. Bring back patients and parents for processing/discussion/sharing with the larger group
IV. Group closure: check out with a “word”

Materials Needed:

1) Laptop
2) Projector
3) Discussion question handouts
4) Pens if people want to take notes