

Overview of Joining

Joining sessions are the meetings clinicians have with the family and consumer prior to starting the group. During this time the clinician is building an alliance and gather information on the family's response to the illness and the consumer's stage of treatment or readiness to work toward recovery.

Length of time required for joining is contingent upon severity of the illness, how easy the family and consumer are to engage, length of time family has been coping with illness and the use of drugs/etoh by the consumer family members

Must have at least three joining sessions prior to survival skills/education workshop. Joining can go on for a year, if that's what it takes to get the family and or consumer to commit to problem solving in a group.

Family Alliance Goals of Joining:

- *Develop an alliance with the family and consumer
- *Gain comprehensive understanding of family and consumer experience with schizophrenia/mental illness
- *Learn how family reacts/copes with stress
- *Identify and highlight strengths
- *Educate family of the biological basis of schizophrenia/mental illness
- *Discuss guilt, anger, frustration, and/or sorrow the family might be feeling
- *Learn about existing and potential support network
- *Validate, validate, validate

Clinical Goals of Joining:

- *Identify prodromal/precursor signs and symptoms
 - *Identify precipitants to relapse
 - *Establish where the consumer is in their recovery
- Joining is complete when family and consumer are comfortable, dedicated and allied w/ clinicians enough to agree to contract for multi-family groups.

Stages of Joining

Stages are divided up into session one, two and three. Realize, however, that this is the least amount of time required for joining and that to cover the material in session one, for example, it may take two or three sessions. Joining moves at the family's pace.

Session One

- *1-15min at least of small talk finding out about the family members w/o focusing on mental illness.
- *Slowly begin discussing current crisis, while looking for prodromal signs/symptoms specific to this family.
- *Discuss what was/wasn't helpful in current situation or past (if in mid-treatment).
- *Identify precipitants to relapse.
- *Last 15 mins briefly discuss Multi-family group method.

Session Two

- *Discuss past experiences with the illness. Visit feelings related to these events.
- *Discuss support network, social network (can draw genogram) and resources.
- *Identify social versus material supports

Session Three

- *Finish gathering info while paying particular attention to work, school, and institutional connections (eg. Religious groups)
- *Discuss any apprehensions/concerns regarding multifamily group. Address feelings of guilt, shame, loss, and blame if these feelings have not been discussed.
- *Survey family's hopes, negotiate goals.
- *Prepare for workshop by reintroducing concept of skills workshop and the multi-family groups that will follow.