

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 easily the family and consumer engage, length of time the family has been coping with the illness and the use of drugs/alcohol by the consumer family members.

The family should 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 is defined by the consumer and may include non-relatives.*

### **Family Alliance Goals of Joining:**

- Develop an alliance with the family and consumer
- Gain comprehensive understanding of the family's and consumer's experience with schizophrenia/mental illness
- Learn how family reacts/copos with stress
- Identify and highlight strengths
- Educate the 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 the family and consumer are comfortable, dedicated and allied with 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,
  - What are the precipitating factors?
  - What are the prodromal (warning) signs/symptoms specific to this family?

- Discuss what was/wasn't helpful in current situation or past (if in mid-treatment).
  - Coping Strategies
  - Family Member Support/ Criticism
  - Validate family member experience
    - Normal response to abnormal situation
    - Stigma, embarrassment, guilt
  - Identify precipitants to relapse.
- Last 15 mins briefly discuss Multi-family group method
  - Multiple families (preferably 5-8 but can be less)/ natural supports
  - Meet twice a month for at least one, usually two, hours
  - With a focus on problem solving
- End group with 5 minutes of small talk

### *Session Two*

- Begin with 15 minutes of small talk
- Discuss
  - Family members past experiences / feelings / reaction to the illness.
  - Discuss support network, social network (can draw genogram) and resources.
  - Identify social versus material supports
  - Identify past experiences with the mental health system
- End with 5 minutes of small talk

### *Session Three*

- Begin with 15 minutes small talk
- Finish gathering info while paying attention to work, school, and institutional connections (e.g. Religious groups)
- Discuss
  - any apprehensions/concerns regarding multifamily group.
  - Address feelings of guilt, shame, loss, and blame if these feelings have not been discussed.
  - Plan for near future
  - Short- and long-term goals and hopes
  - Participation in educational workshop
  - Participation in multi-family problem solving groups
    - Discuss confidentiality
    - Performance anxiety
    - Structure and process
- End with 5 minutes of small talk