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Mar 3rd, 8:00 AM

Sibling Support Program: A Family-Centered Mental Health Initiative


Emily Rubin

University of Massachusetts Medical School

Et al.

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Repository Citation

Rubin E, Baigell L, Lauer E, Ostrowsky L, Janopaul-Naylor E, Barnett G, Mackenzie J, Patel N, Kotlar Y, Pressman A, Venter J. (2017). Sibling Support Program: A Family-Centered Mental Health Initiative. Community Engagement and Research Symposia. <https://doi.org/10.13028/6sq8-hk75>. Retrieved from https://escholarship.umassmed.edu/chr_symposium/2017/posters/7

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Background

This program explores the impact of mental illness on typically developing siblings, and aims to build resiliency and decrease trauma among families of children with psychiatric needs. The program was conceptualized in 2011 as the Sibling Support Demonstration Project, with the goal of recruiting 50 participants as an IRB-approved research study at Cambridge Health Alliance. Five years later, close to 1,200 participants have been enrolled in this innovative program -- that utilizes parent mentors and mental health trainees to deliver interventions -- across three inpatient psychiatry units in the Boston area. In addition to Cambridge Health Alliance, the program was piloted at Boston Children's Hospital as a Quality Improvement (QI) initiative in 2014. Since December 2015, the program has been underway at a third hospital, also as a QI initiative. The program serves as a training site for psychiatry residents at Cambridge Health Alliance and has served over 850 participants at CHA to date.

The Sibling Experience:

Siblings of children with mental health needs may experience a range of dysfunctional behaviors from the brother/sister, including rapidly shifting moods, explosiveness, and withdrawal. The sibling experience can include:

- Confusion
- Safety
- Shame
- Parentification
- Independence
- Overprotectiveness
- Competing for Attention
- Love/Hate Relationship
- Anger and Resentment



Why Support Siblings?

1. Siblings of children with mental illness are at risk of developing maladaptive behaviors themselves.
2. Repeated exposure to traumatic events can lead to anxiety and depression.
3. Siblings, particularly sisters, tend to become caregivers for brothers and sisters with disabilities in adulthood.

Key Components

- Utilize trained parent mentors
- Involve trainees
- Avoid "drop-off" sibling group model
- Offer the program free of charge to families
- Accommodate schedule for families
- Provide dinner

Program Goals

1. To increase resiliency and decrease trauma among siblings of youth admitted for psychiatric hospitalization.
2. To build skills, competency and confidence among parents/caregivers.
3. To help restore family stability post-discharge.
4. To reduce readmission rates.
5. To build capacity among providers who practice family-centered mental health care.

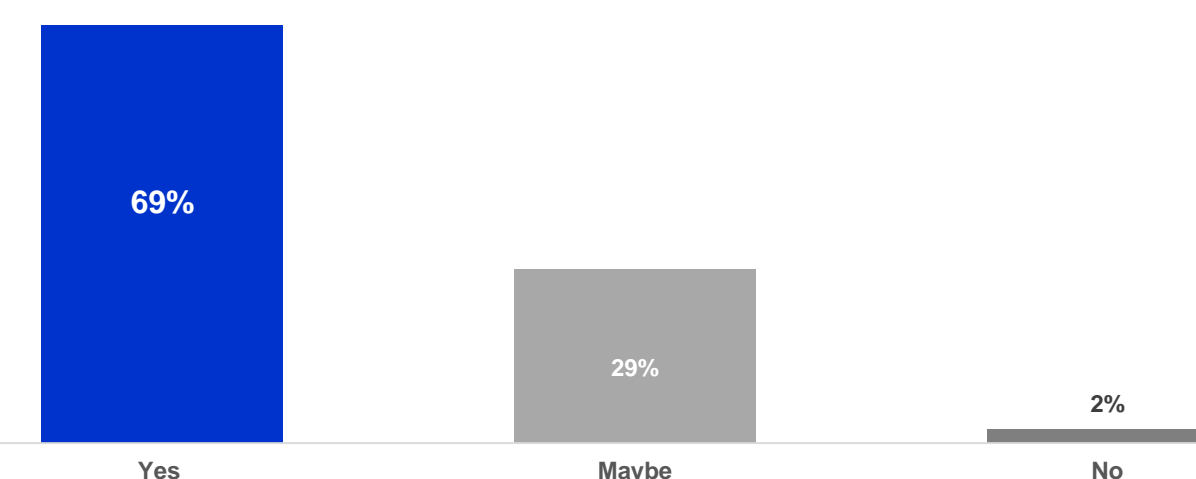
Data

Select Survey Data: Siblings(n=219, results in %)

Sibling group demographics (n=219)		
Demographic Characteristics	N	%
Gender (n=219)		
Boy	107	49
Girl	113	51
Age (n=219)		
5-6 years	18	8
7-8 years	36	16
9-10 years	47	21
11-12 years	40	18
13-14 years	37	17
15-18 years	42	19

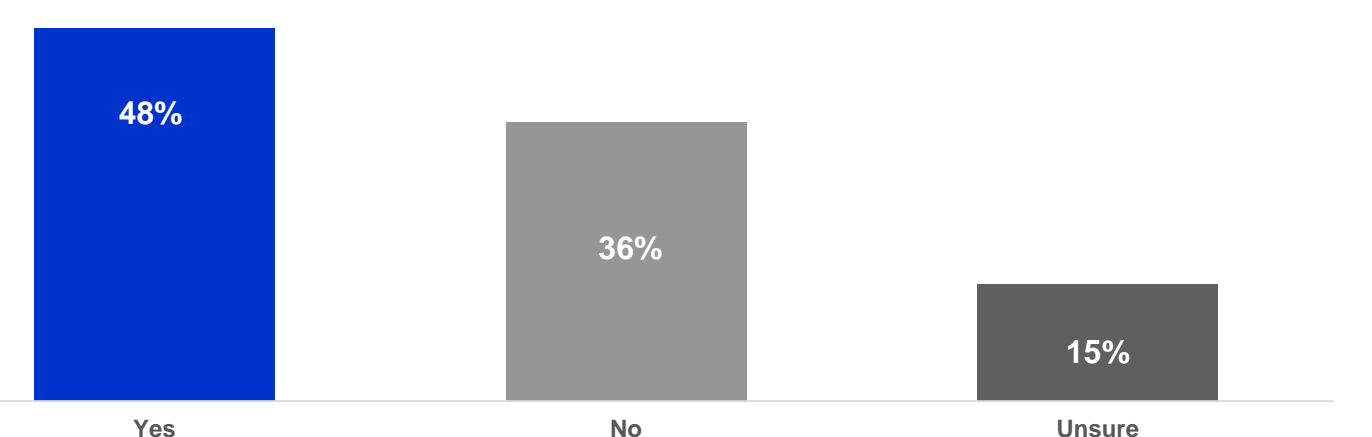
Sibling experience speaking with people in the support group (n=219)

69% of siblings reported it was **good to talk with people in the group** who understand how hard it is to have a brother or sister with problems.

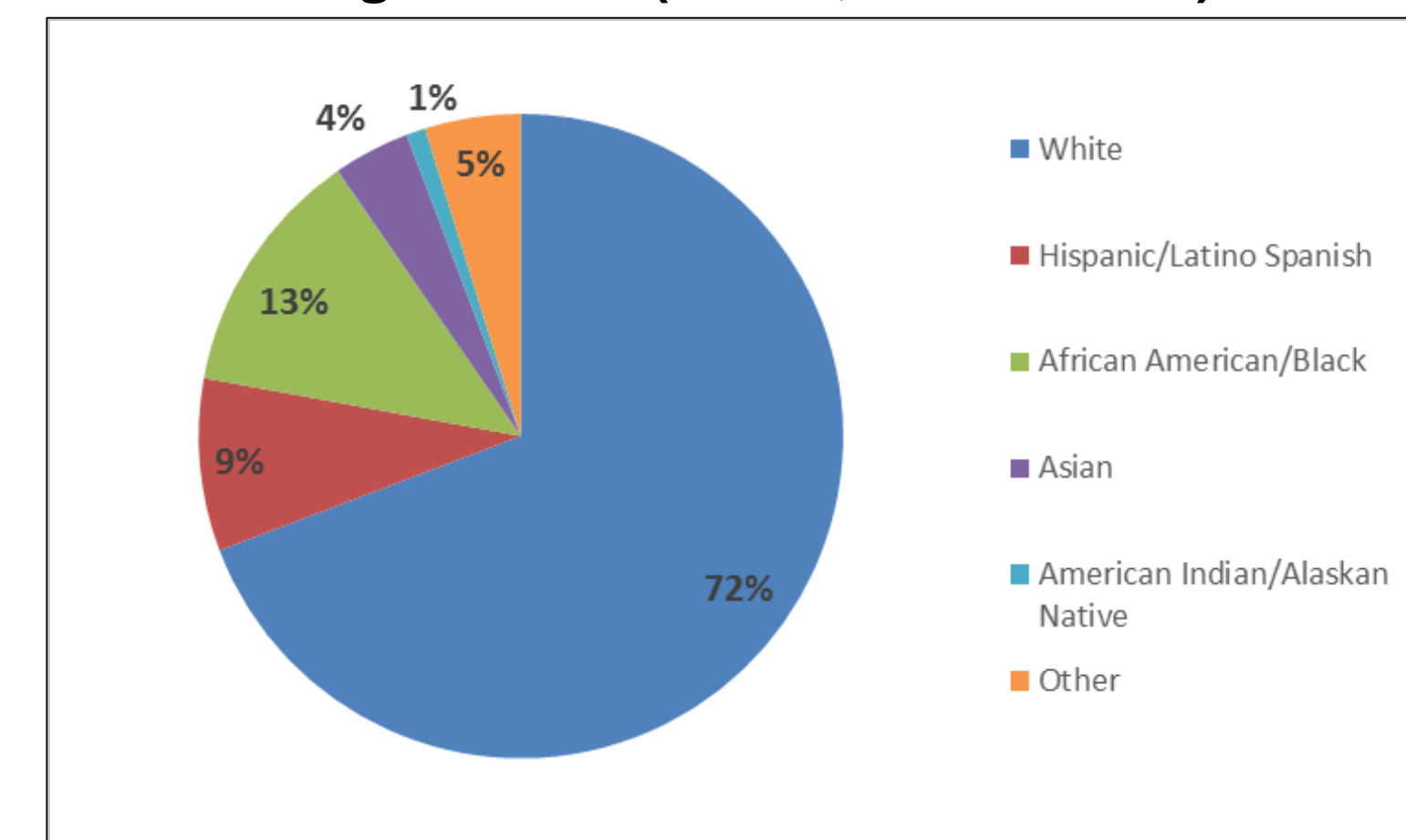


Previously talked to an adult about hospitalized brother/sister (n=219)

48% of the sibling participants reported that they had previously talked to an adult about their brother/sister with problems.



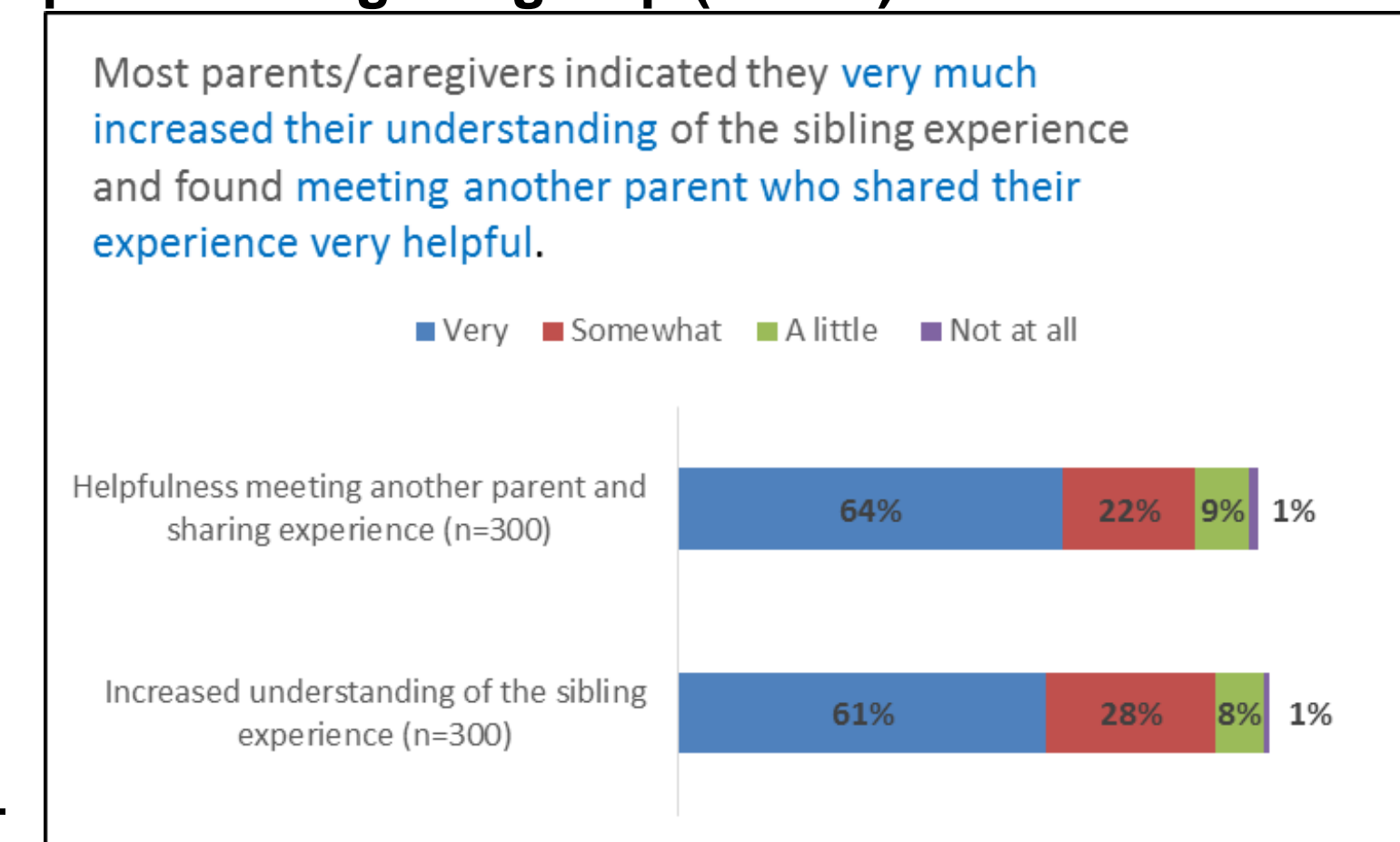
Parent/caregiver race (n=300, results in %)



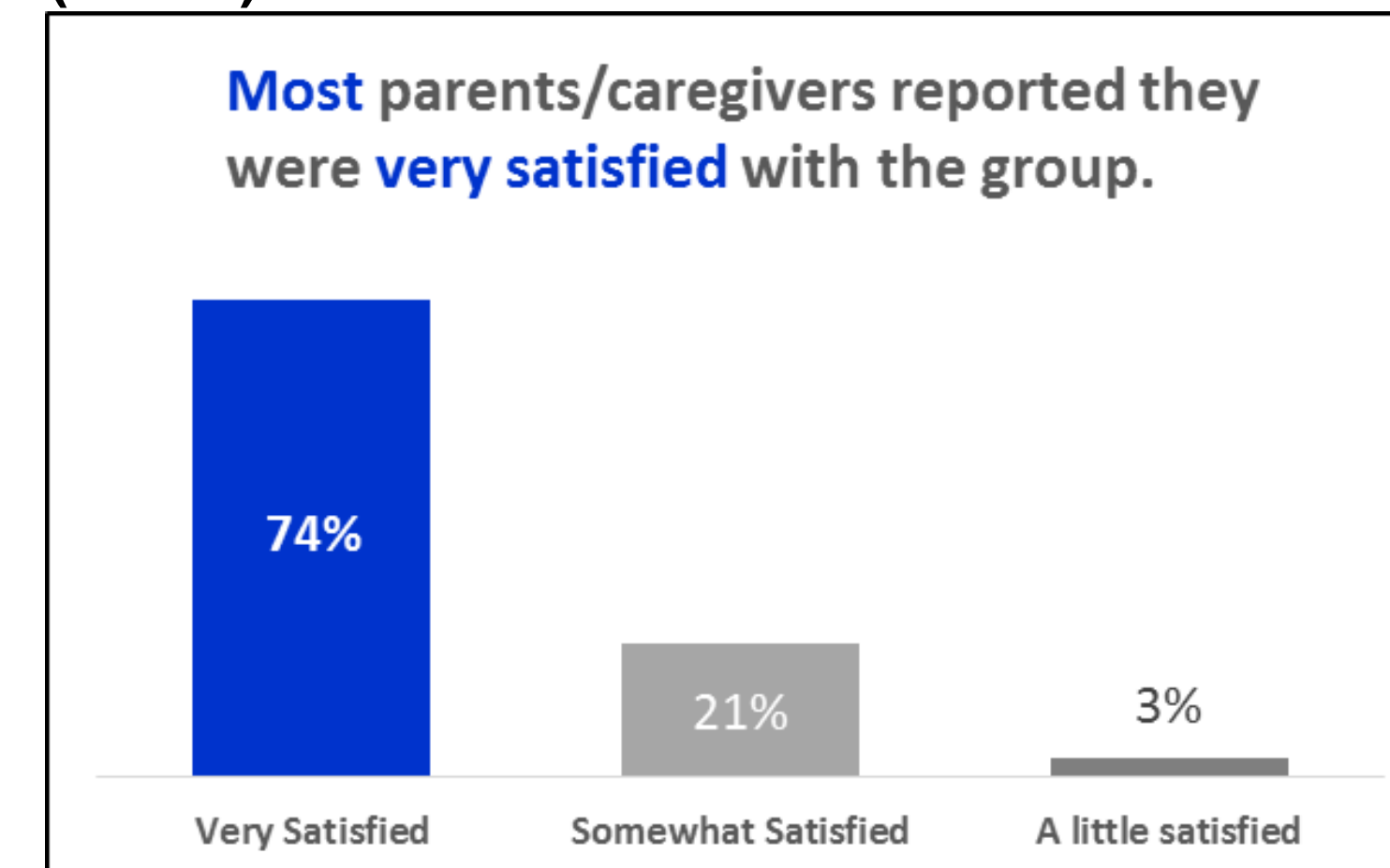
Parent/caregiver group demographics (n=300)

Gender (n=300)	N	%	Language most spoken at home (n=300)	N	%
Female	194	65	English	264	88
Male	103	34	Other (Haitian Creole, Portuguese, Spanish & Other)	34	11
Relation to Affected Sibling (n=300)			Highest Level of Education (n=300)		
Grandparent	18	6	Advanced Degree	65	22
Other	16	5	Bachelors Degree	90	30
Aunt/Uncle	3	1	Associate Degree/Some College or Training Program	72	24
Parent	263	88	High School/GED/Some High School	59	20
			Other	12	4

Level of understanding and helpfulness of parent/caregiver group (n=300)



Parent/caregiver satisfaction (n=300)



Word Clouds

Siblings: Before



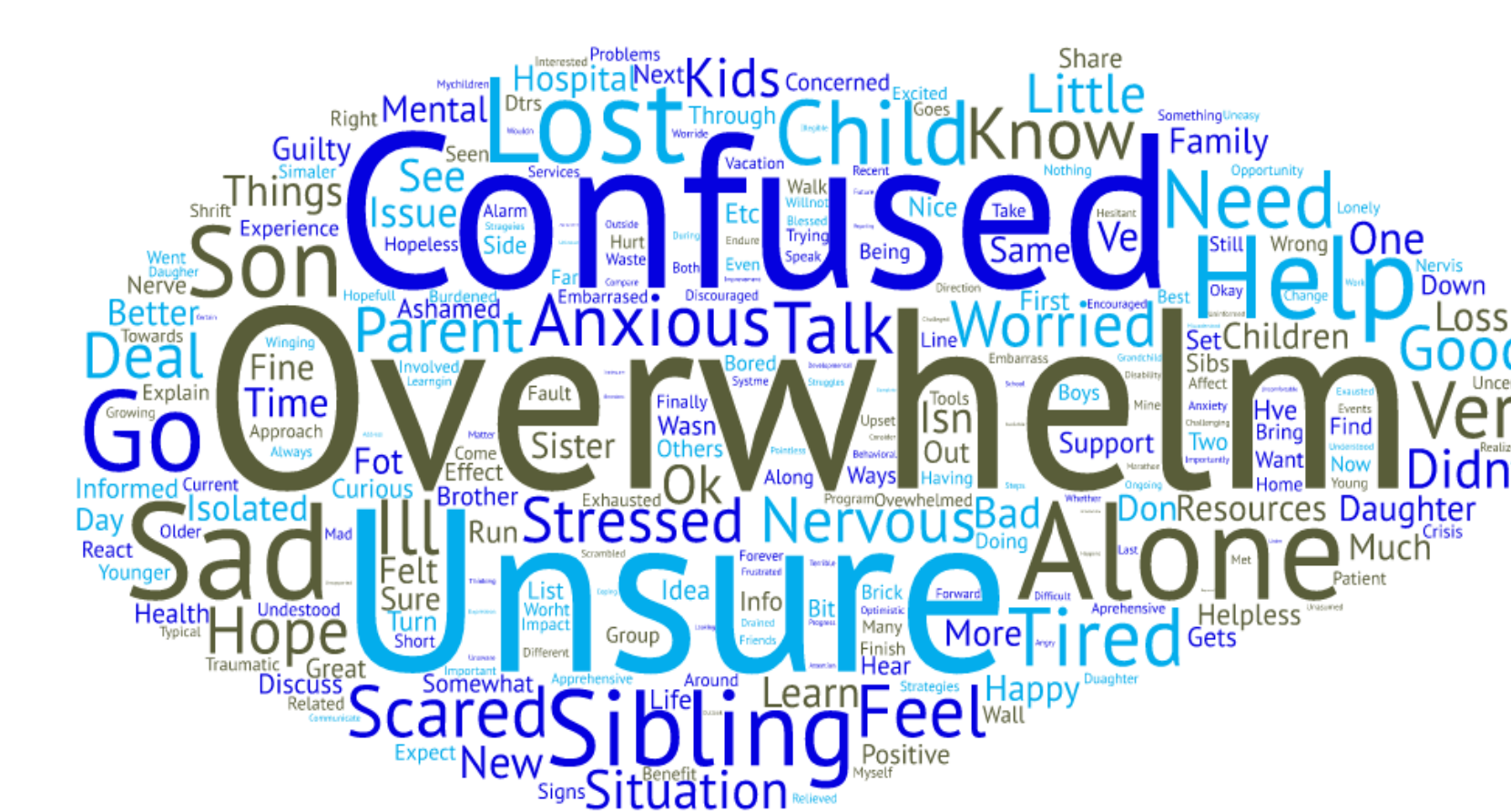
Siblings' descriptions of their feelings before participating in the group

Siblings' descriptions of their feelings when the group ended



Siblings: After

Parents: Before



Parents' descriptions about how they felt before participation in the Sibling Support Program

Parents' descriptions about how they felt after participation



Parents: After

Interventions conducted at the Child Assessment Unit and Adolescent Assessment Unit at CHA:

- Peer support/education groups for siblings aged 5-18, offered 1x/week for 90 minutes, using the Sibshop model adapted for mental illness and led by mental health trainees and staff
- Parent/caregiver psycho-educational groups offered 1x/week for 90 minutes, focusing on the sibling experience, strategies to support siblings and resources for siblings, led by parent mentors who share the experience of a child's psychiatric hospitalization
- Post-hospitalization interventions to help restore family stability and potentially reduce readmissions are under development

Acknowledgements

We thank our funders: Sidney R. Baer, Jr. Foundation, John Leopold Weil and Geraldine Rickard Weil Memorial Charitable Foundation, and an anonymous foundation. Thanks to Cambridge Health Alliance, the Eunice Kennedy Shriver Center of UMass Medical School, and the Center for Developmental Disability Evaluation and Research (CDDER) for a successful collaboration. Lastly, many thanks to all of the families who contributed by sharing their experiences.