Supporting Family Members of Youth in Mental Health Crisis

Joshua Feriante
University of Massachusetts Medical School

Let us know how access to this document benefits you.
Follow this and additional works at: https://escholarship.umassmed.edu/publications

Part of the Mental and Social Health Commons, Psychiatry Commons, and the Psychiatry and Psychology Commons

Repository Citation

Creative Commons License
This work is licensed under a Creative Commons Attribution 4.0 License.
This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in University of Massachusetts Medical School Publications by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu.
Supporting Family Members of Youth in Mental Health Crisis

Authors: Joshua Feriante DO, MBA; Maite Cintron MD; Ariella Shayani MD; Brian M. Denetolis PsyD; Emily Lauer MPH; David Cochran MD; Yael Dvir MD; and Emily Rubin MA, LCSW

BACKGROUND

The Sibling Support Program: A Family-Centered Mental Health Initiative, developed at the E.K. Shriver Center of UMass Medical School, addresses the impact of a youth’s mental health challenges on typically-developing siblings and caregivers.1

For siblings of children with psychiatric diagnoses, repeated exposure to traumatic events and maladaptive behaviors can lead to mental health issues such as depression and anxiety.1

Siblings of children with psychiatric diagnoses commonly experience feelings of confusion, shame, parentification, overprotectiveness, insecurity and guilt from being the “healthy child.”2

Challenging family dynamics may transpire in which the child with the mental illness receives a greater amount of parental attention, leaving the needs of siblings partially unmet.3

Many parents feel overwhelmed, ashamed, and deeply discouraged when a child’s behavioral problems require psychiatric treatment.

Many participating parents comment on their comfort level with receiving guidance from a skilled parent mentor who has “been in their shoes.”

Research shows improved outcomes among children whose families engage in parent membership.3

There is a widely recognized lack of services for siblings of children with mental health needs. Siblings and caregivers benefit from specific interventions that build resilience and decrease trauma. Those interventions constitute the framework of the Sibling Support Program: A Family-Centered Mental Health Initiative.

PROGRAM OVERVIEW

The Sibling Support Program: A Family-Centered Mental Health Initiative, an IRB-approved research study at Cambridge Health Alliance, was developed at the Eunice Kennedy Shriver Center of UMass Medical School in 2011.

The principles of the program have been implemented at three sites in Worcester that provide graduated levels of care, ranging from residential to community-based: 1. Continuing Care Units (CCU) at Worcester Recovery Center & Hospital (WRC) 2. Center for Autism and Neurodevelopmental Disorders (CANDO) at UMass Medical School 3. Community collaboration between the Massachusetts Child Psychiatry Access Program (MCAP), the Parent/Professional Advocacy League (PPAL), and the department of psychiatry at UMass Medical School.

The family interventions are divided into three groups:
1. Peer support group for siblings,
2. Psychoeducational group for parents and caregivers, and
3. Follow-up group to reinforce family stability.

Participants meet peers in similar circumstances, learn about the impact of mental illness on siblings, are introduced to a range of coping strategies, learn about mental health resources, and can access support during a time of stress.

PROGRAM GOALS

1. Increase sibling resiliency and mitigate the trauma commonly experienced by siblings of youth with mental health needs
2. Build skills, competency, and confidence among caregivers
3. Build capacity among medical practitioners to provide family-centered mental health care
4. Help restore family stability
5. Minimize rates of hospitalization

PARTICIPANT DEMOGRAPHICS

Gender of Parents Participating in Peer Support Groups

Ethnicity of Parents Participating in Peer Support Groups

Education Level of Parents Participating in Peer Support Groups

Gender of Siblings Participating in the Peer Support Groups

Age of Siblings Participating in the Peer Support Groups

PARTICIPANT IMPACT

Recruitment: Phone calls from parent mentors to caregivers.

Format: Concurrent sibling and caregiver meetings via Zoom.

Data collection: Participants complete surveys following the intervention to report on knowledge learned, satisfaction level, and behavioral change anticipated by the participant.

Providers/Facilitators:
1. Sibling Support Group: Led by mental health leaders. To prepare to facilitate, the group leaders undergo training that includes group observations and curriculum review with the Sibling Support Program Director.
2. Parent/Caregiver Psychoeducation Group: Led by parent mentors. There is a growing body of research about the efficacy of parent mentors, particularly concerning mental health initiatives and patient outcomes.
3. Follow-up Caregiver Group: Led by program director, a licensed social worker.

EVALUATION

Parent/Caregiver Survey Results

Sibling Survey Results

Quotes from parents/caregivers participating in the peer groups:

Quotes from siblings participating in the peer groups:

FBQ:

Recruitment: Phone calls from parent mentors to caregivers.

Format: Concurrent sibling and caregiver meetings via Zoom.

Data collection: Participants complete surveys following the intervention to report on knowledge learned, satisfaction level, and behavioral change anticipated by the participant.

Providers/Facilitators:
1. Sibling Support Group: Led by mental health leaders. To prepare to facilitate, the group leaders undergo training that includes group observations and curriculum review with the Sibling Support Program Director.
2. Parent/Caregiver Psychoeducation Group: Led by parent mentors. There is a growing body of research about the efficacy of parent mentors, particularly concerning mental health initiatives and patient outcomes.
3. Follow-up Caregiver Group: Led by program director, a licensed social worker.

EVALUATION

Parent/Caregiver Survey Results

Sibling Survey Results

Quotes from parents/caregivers participating in the peer groups:

Quotes from siblings participating in the peer groups:

IMPACT ON PARENTS/CAREGIVERS

Qualitative data show that parents/caregivers: Gained useful parenting strategies and techniques to support siblings in the family. Reported having learned about numerous resources they were previously unaware of and stated their intention to seek out these resources. Indicated that ongoing emotional and practical support provided by the support group was significant. Believed the combination of emotional support and resources provided motivation and hope at a time when many felt deeply demoralized.

IMPACT ON SIBLINGS

Participating siblings reported: Feeling happy, relieved, and/or less alone to have met other young people who understood their experience of growing up with a brother or sister with mental illness. Indications they were beginning to internalize the messages of the support group: they were not blaming for their brother or sister’s illness. Learning about their brother or sister’s situation and discussing coping strategies was important. The support group was a stark contrast to their everyday situations: a safe, calm place where they could relax and even have fun.

REFERENCES


ACKNOWLEDGEMENTS

We wish to thank the Fairlawn Foundation Fund at Greater Worcester Community Foundation, the FAR Fund, the Sidney K. Baer, Jr. Foundation, and the John Lepold & Geraldine Richard Well Memorial Charitable Foundation, Inc. for their support. We also wish to thank the many families that shared their stories and experiences with us.