Sibling Support Program: A Family-Centered Mental Health Initiative

Emily Rubin
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/chr_symposium

Part of the Civic and Community Engagement Commons, Community-Based Research Commons, Community Health Commons, Community Health and Preventive Medicine Commons, Psychiatric and Mental Health Commons, Psychiatry and Psychology Commons, and the Translational Medical Research Commons

Repository Citation

Creative Commons License
This work is licensed under a Creative Commons Attribution-Noncommercial-Share Alike 3.0 License. This material is brought to you by eScholarship@UMassChan. It has been accepted for inclusion in Community Engagement and Research Symposia by an authorized administrator of eScholarship@UMassChan. For more information, please contact Lisa.Palmer@umassmed.edu.
**Sibling Support Program: A Family-Centered Mental Health Initiative**

**University of Massachusetts Medical School: Emily Rubin MA, Leah Baigell MS, Emily Lauer MPH**

**Cambridge Health Alliance: Louis Ostrowsky MD, Elizabeth Janopaul-Naylor MD, Greg Barnett MD, James McKenzie DO, Nikhil Patel MD, Yana Kotlar MEd MSW, Adele Pressman MD, Jacob Venter MD**

For information, contact Emily Rubin at emily.rubin@umassmed.edu.

---

**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 %)**

<table>
<thead>
<tr>
<th>Sibling group demographics (n=219)</th>
<th>N %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Boy</td>
<td>107 49</td>
</tr>
<tr>
<td>Girl</td>
<td>113 51</td>
</tr>
<tr>
<td>Age (n=219)</td>
<td></td>
</tr>
<tr>
<td>5-6 years</td>
<td>18 8</td>
</tr>
<tr>
<td>7-8 years</td>
<td>36 16</td>
</tr>
<tr>
<td>9-10 years</td>
<td>47 21</td>
</tr>
<tr>
<td>11-12 years</td>
<td>40 18</td>
</tr>
<tr>
<td>13-14 years</td>
<td>37 17</td>
</tr>
<tr>
<td>15-18 years</td>
<td>42 19</td>
</tr>
</tbody>
</table>

**Sibling experience speaking with people in the support group (n=219) 68% 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.**

**Word Clouds**

Siblings: Before

- Sad
- Help
- Alone

Siblings: After

- Better
- Help
- Alone

Parents: Before

- Confused
- Overwhelmed
- Unsure

Parents: After

- Good
- Happy
- Face

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

- Peer supported 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 (CCDERR) for a successful collaboration. Lastly, many thanks to all of the families who contributed by sharing their experiences.