What About the Siblings?

By Elaine Gottlieb

While the struggles of children with mental health or behavioral health conditions are well known, the stress on their well siblings is often overlooked.

“In most families I’ve worked with, the child with mental health issues gets most of the attention. Parents try their hardest to pay attention to siblings but they are overwhelmed,” says Emily Rubin, director of Sibling Support, Eunice Kennedy Shriver Center and Lecturer, Department of Psychiatry, University of Massachusetts Medical School.

Continued on page 2
While each family situation is unique, well siblings can experience the following difficulties:

**Confusion** – the sometimes unpredictable and unusual behavior of children with mental health conditions, such as bipolar disorder, and behavioral health conditions, such as autism, can be very confusing to children.

**Safety Concerns** – well siblings may be the object of physical and verbal aggression by their brother or sister, who may also threaten to harm him or herself.

**Shame** – well siblings may be embarrassed by the behavior of their brother or sister and be concerned about fitting in with other children. They may be uncomfortable about having friends over or being seen with their sibling and withdraw from them.

**Anger and Resentment** – well siblings may resent the time and attention their brother or sister receives. They may feel that the sibling receives preferential treatment and isn’t punished for behaviors that would have consequences for them. They may also resent having to take care of their brother or sister. This can lead to a feeling that they are missing out on their childhoods which persists into adulthood.

**Unhealthy Family Roles** – family dysfunction may force well siblings to assume adult responsibilities before they are ready. Taking on a parental role can also be a coping mechanism.

Some well siblings assume the “good child” role, suppressing their needs so they don’t add to the burdens of their stressed parents. Others respond by acting out.

**Conflicting Feelings** – well siblings love their brother or sister and may feel guilty about having negative feelings such as resentment and embarrassment. These conflicting feelings are hard for a child to handle.

**Fear of Getting the Disorder** – well siblings may fear they will develop a mental illness like their brother or sister.
How Pediatricians Can Help Well Siblings

Addressing the needs of well siblings and parents is an important part of family-centered pediatric behavioral health care. Well siblings need support from caring adults in their lives, such as pediatricians and teachers. “Well siblings often feel very isolated and don’t know other children who are in their situation. They need to share their feelings and receive validation for their difficulties. Ask the child if there’s a relative or friend they can talk to. Pediatricians may be able to help the child find resources on their own,” says Rubin.

Research shows that well siblings are at an increased risk of developing psychological and adjustment problems. Be alert for changes in behavior which can be signs of the following:

**Anxiety** – school refusal, fear of being alone at home, difficulty sleeping and going to new places

**Depression** – social withdrawal, change in affect, dropping out of the child’s usual activities

**Post-Traumatic Stress Disorder** – siblings who are mistreated by their brother or sister are most prone to developing symptoms of trauma, which can include nightmares, exaggerated startle reflex, and severe anxiety.

**Substance Use** – some well siblings cope by turning to alcohol or drugs. Ask well siblings about substance use.

*Continued on page 4*
Interventions for Children and Families

Both well siblings and parents can benefit from outside support to cope with the stress of a child with a disability in the family. The following interventions can help:

Support Groups – connecting with other children in similar situations relieves feelings of isolation and provides an opportunity to share stories. Rubin advises having children attend support groups before they reach adolescence; teenagers may be more reluctant to attend. Parents benefit from support groups too.

The Massachusetts Sibling Support Network, led by Rubin, provides resources for siblings of people with all types of disabilities. (See resources section below.)

For families with a child with mental health needs who is involved in a psychiatric facility, the Sibling Support Program: A Family Centered Mental Health Initiative developed at the University of Massachusetts Medical School offers extensive services.

Resources

Massachusetts Sibling Support Network – www.masiblingsupport.org – information, educational workshops, community-building and resources


Sibling Support Project – www.siblingsupport.org – offers online support and information

Parent/Professional Advocacy League – www.ppal.net – resources and advocacy regarding children’s mental health

National Alliance on Mental Illness – www.nami.org – information, support, and local programs for families of people with mental illness

Program Director Rubin has conducted research on parents and siblings who have participated in the Sibling Support program and found that it has helped siblings develop better coping skills and parents better address their needs.

**Individual and Family Therapy** – provide a safe place for siblings to express feelings and understand family dynamics. Siblings who are depressed, anxious, or have post-traumatic stress disorder are especially in need of individual therapy.

**The Positive Side of Being a Well Sibling**

Well siblings can develop considerable strengths, such as compassion and greater independence and self-reliance. “Having a brother or sister with mental illness presents unique challenges as well as opportunities.

“Well siblings often feel very isolated and don’t know other children who are in their situation. They need to share their feelings and receive validation for their difficulties…”

**Emily Rubin,**
Director of Sibling Support, Eunice Kennedy Shriver Center and Lecturer, Department of Psychiatry, University of Massachusetts Medical School
ADHD Assessment and Treatment Pilot Project: mehealth

MCPAP is pleased to collaborate with a local company, mehealth, on a pilot project which will allow providers to provide improved assessment and monitoring of ADHD in children.

The company mehealth’s online tool, mehealth for ADHD, automates the entire process of sending, receiving, and scoring Vanderbilt assessments, resulting in faster turnaround times and an increased number of returned rating scales. The AAP is using mehealth in a 2016 study through its Chapter Quality Network to improve pediatric care for children with ADHD in six state chapters.

MCPAP is offering an online Lunch and Learn webinar on Tuesday, January 12 from 12:15 p.m. - 1:15 p.m. to view the mehealth for ADHD software, ask questions, and learn about the pilot. The webinar is open to all. Please visit www.MCPAP.org to register. For more information on mehealth for ADHD, please visit www.mehealth.com/products/adhd.

If you are interested in participating in the mehealth pilot, please contact Mary Houghton at mary.houghton@valueoptions.com either before or following the webinar.
What’s Happening for you at MCPAP

MCPAP for Moms Pediatric Toolkit Revised

The MCPAP for Moms Toolkit has been revised and is available at https://www.mcpapformoms.org/Toolkits/PediatricProvider.aspx.

MCPAP for Moms now recommends using the Survey of Wellbeing for Young Children for Massachusetts (SWYC/MA) which now facilitates screening for post-partum depression in the same tool. The SWYC/MA includes the 10-question Edinburgh Postnatal Depression Screen (EPDS).

To help facilitate uptake of the SWYC/MA, MCPAP’s January Clinical Conversation will present:

Identifying Postpartum Depression in the Pediatric Setting, featuring a presentation from Dr. Nancy Byatt, DO, MS, MBA, FAPM. Medical Director of MCPAP for Moms and Assistant Professor of Psychiatry and Obstetrics and Gynecology at the UMass Memorial Medical Center/UMass Medical School. You can register for this webinar by visiting http://www.mcpap.com/About/NewsNEvents.aspx and clicking the title of the webinar.

We have also changed our protocol so that pediatric primary care providers can call MCPAP for Moms directly at 855-MOM-MCPAP or 855-666-6272. There is no need to contact your pediatric MCPAP Hub first.
Clinical Conversations

Log in on the fourth Tuesday of each month from 12:15-1:15 p.m. to learn more about managing pediatric behavioral health issues in your practice. Staff from our MCPAP teams will highlight topics as requested on the recent Provider Experience Survey:

December 22
Managing Challenging Behaviors in Young Children, Featuring the Triple P Positive Parenting Program

January 26
Identifying Postpartum Depression in the Pediatric Setting

February 23
Managing Anxiety in Pediatric Primary Care

March 22
Managing Depression in Pediatric Primary Care

April 26
Managing ADHD in Pediatric Primary Care: Beyond the Basics

May 24
Identifying and Managing Autism Spectrum Disorder in Pediatric Primary Care

June 28
Assessing Risk: Preventing Youth Suicide

You can register for these webinars by visiting http://www.mcpap.com/About/NewsNEvents.aspx and clicking on the webinar(s) that you would like to register for. For any questions regarding the clinical conversations, please contact Mary Houghton at mary.houghton@valueoptions.com.
Have you had your S2BI training yet?

The Screening to Brief Intervention tool has been developed specifically for substance use screening and brief intervention with adolescents in the primary care setting. Your MCPAP team is available to bring the training to your practice. Please contact your MCPAP Hub for more information.

S2BI Toolkit Available at DPH Clearinghouse! To order your free S2BI toolkit, follow this link – https://massclearinghouse.ehs.state.ma.us/. If you are having a training on-site, the MCPAP team will provide toolkits for your practice.

Strategic Planning

After a decade in existence it is time to evaluate how well MCPAP is meeting its purpose: to ensure that all children in the Commonwealth have access to psychiatric consultation when needed and to help pediatric primary care providers manage the behavioral health needs of their patients. In light of the rapidly changing healthcare environment, we are aware that integrating behavioral health with primary care and the emergence of changing payment structures may impact how we can best support your practices. The results of this assessment will inform potential changes to MCPAP to ensure it continues meeting the needs of pediatric PCPs in managing your patients’ behavioral health issues.

MCPAP has hired DMA Health Strategies to assist with this process by conducting confidential interviews with key stakeholders, analyzing much of the program data we have collected over the past decade, and reviewing relevant literature. As PCPs are our most critical key stakeholders, DMA Health Strategies will be interviewing a sample of our MCPAP-enrolled PCPs. We thank those of you who have participated or will be participating for your valuable input and insight.

If you have any questions please contact Marcy Ravech at marcy.ravech@valueoptions.com.
Are you a parent of a 7-14 year old child?

Does your child appear sad, withdrawn, or irritable?

Your child may be eligible to participate in

**Coping Options for Positive Emotion (COPE)**

**COPE** is a treatment research study for child depression funded by the National Institutes of Health.

**COPE** includes therapy that focuses on coping skills.

**COPE** is free of charge and compensation is provided for interviews and parking.

**COPE** is part of the Division of Child and Adolescent Psychiatry at MGH.

For more information about **COPE** contact us at **617-643-7821**

Principal Investigator: Dikla Eckshtain, PhD