



A Building Bridges Initiative Tip Sheet

Supporting Siblings When a Brother or Sister is Receiving Residential Interventions: Key Issues and Tips for Providers and Families

Introduction

This tip sheet provides an overview of key issues and tips for residential and community providers, advocates, and family members on supporting siblings when a brother or sister is receiving residential interventions. The content of this tip sheet was developed based on a review of research and evaluation findings on family and sibling support, as well as consultations with residential and community providers, advocates, family members, youth, and siblings of youth receiving residential interventions. The purpose of this tip sheet is to raise awareness about common issues experienced by siblings, and to promote strategies to enhance the well-being and resilience of all family members.

While the term “sibling” is used throughout this document, it is important to note that some youth receiving residential interventions may have significant relationships with half-siblings, cousins, and/or extended family members or family friends who they consider ‘family’. The tips and strategies provided in this tip sheet may be applicable to these relationships as well.

Background: Why is it Important to Support Siblings?

Recent research and evaluation findings underscore the importance of supporting siblings when a brother or sister is experiencing emotional and/or behavioral challenges, particularly when residential interventions are involved. The section below provides a summary of key findings.

- ***Siblings of youth with behavioral and/or emotional challenges are at risk of developing similar challenges.*** In a recent study, a significant number of siblings of youth receiving residential interventions were found to have unmet mental health needs (Kilmer et al., 2012). Because families are often focused on the youth identified with the most significant challenges, siblings can “slip through the cracks”. Siblings are impacted by issues such as decreased parental attention and family distress related to the needs of a brother or sister with behavioral and/or emotional challenges (Huang et al., 2005; Kilmer & Cook, 2004; McCammon et al., 2002).

- ***Being separated from a sibling can heighten stress and loss associated with out-of-home placement.*** While few studies have examined the impact of sibling separation when youth are placed in residential, studies of youth in foster care document the adverse impact of this separation. Research on youth in foster care indicates that removal from a sibling brings about significant psychological strain for the youth in care, including a loss of identity, self-esteem, and perceived safety (Herrick & Piccus, 2005; Leathers, 2005).
- ***Siblings may have experienced trauma and family turmoil prior to their brother/sister being referred to a residential intervention.*** Many families of youth receiving residential interventions have been exposed to high levels of adversity (Kilmer, Cook, Taylor, Kane, & Clark, 2008). For many siblings of youth with behavioral and/or emotional challenges, the family environment prior to the residential intervention may have been highly stressful. In a study conducted by de Boer and colleagues, some families described the home environment as being in a “state of siege” prior to the residential intervention (2007). Additionally, research indicates that trauma exposure and transmission is often intergenerational, impacting multiple family members (Kerig & Alexander, 2012).
- ***Discrimination and prejudice surrounding emotional and/or behavioral challenges impacts the entire family, including siblings.*** Historically, families of youth with emotional and/or behavioral challenges have been blamed and made to feel ashamed (de Boer, Camerson & Frensch, 2007; Federation of Families Summary Report, 2000). Within some cultural communities, emotional and/or behavioral challenges are especially stigmatized. Prejudice and discrimination are often extended to the families of people with disabilities (Corrigan, 2004). Thus, siblings of youth with emotional and/or behavioral challenges may contend with stigma and peer alienation related to a brother or sister’s challenges (Barnable et al., 2006).
- ***For many siblings, the relationship with a brother or sister with behavioral and/or emotional challenges is complex.*** Studies indicate that siblings of a brother or sister with behavioral and/or emotional challenges experience mixed feelings of love, along with sorrow, anger, envy, guilt, and shame (Barnable et al., 2006; Stalberg et al., 2004; Sin et al., 2008). Siblings may experience a sense of relief when their brother or sister moves to a residential program (de Boer et al., 2007). Siblings can also experience feelings of isolation and loneliness (Ewertzon et al., 2012). Youth receiving residential interventions describe ambivalence about sibling relationships, as conflicting positive aspects (warmth and affection) and negative aspects (conflict, rivalry, and aggression) are experienced (Leichentritt, 2013).
- ***Sibling relationships can be protective for youth in care.*** Research on children and youth in foster care indicates that strong and consistent sibling bonds are associated with successful family reunification, positive mental health outcomes,

and perceived well-being (see McBeath et al., 2014). Sibling relationships have also been found to act as a buffer against the impact of trauma and internalizing problems (Wojciak, McWey, & Helfrich, 2014). Youth in out-of-home care often indicate a desire for more contact with their siblings (McBeath et al., 2014; Wojciak et al., 2014).

- ***Family involvement and engagement improves outcomes for youth in residential.*** Family engagement and involvement is critical for achieving positive outcomes for youth post residential discharge. (Courtney, 2007; Walters & Petr, 2008). Research indicates that families can benefit from both preventative and supportive services that address the challenges they are facing, and that strong family relationships enhance adjustment and resilience (Kilmer et al., 2008). Sibling relationships are an important component of the family constellation and can be helpful to youth during and following discharge from residential.

Information and Tips for Providers

The research findings above underscore the importance of supporting siblings when a brother or sister is receiving residential interventions. Residential and community providers can support siblings by using the following strategies:

- ***Implement family-driven care principles and practices.*** Family-driven care practices¹ include, but are not limited to, hiring and supporting family partners/advocates, making family permanency a goal, and increasing the amount of time that staff spend working with families in their own homes and communities (Caldwell, Hust, Kuppinger, Lambert, & Levy, 2012). Siblings should be involved in family-related interventions and activities.

“There is a big culture shift [in the field] toward family and sibling involvement. Family is an unconditional support system. Parents are gaining traction in their knowledge and advocacy, and youth are developing a strong voice through the youth movement. Families want to be involved and have the right to be involved.” - Rosita, sibling of a youth formerly served by a residential program²

“Residential programs often think in terms of the child who is referred to the residential program, but it is important for them to recognize the child as part of a family- the bigger

¹ Family-driven care means that “families have a primary decision making role in the care of their own children”, which includes choosing services and setting goals. See www.samhsa.gov/children/core-values.asp for a full description of family-driven care.

² Pseudonyms are used to protect the confidentiality/anonymity of the parents and youth interviewed for this resource. Several of the parents interviewed are currently engaged as family advocates.

scope. Siblings should be included in any work that gets done, like family therapy.” - Sandra, parent of a child served by residential

- **Never reduce or eliminate time spent with family (either at home or at the program) as a consequence when youth exhibit challenging behavior in residential.** Strengthening family connections should be a key goal of services. Thus, time with family should never be framed as a reward or revoked as a consequence. Youth should have opportunities to spend time with siblings independent of family time, if they wish.
- **Promote frequent sibling contact and communication.** Encourage sibling contact daily, or even multiple times per day, through phone calls, texts and emails. Many residential programs allow youth to keep their cell phones and to use social media (with safety measures) to stay in contact with family and friends. Make it a priority to support sibling time at home and in the community as often as possible (e.g., religious celebrations; weekly recreational events; just ‘hanging out’), and provide transportation. Rather than planning group field trips for youth in the residential program, staff should support family recreational events and family time. Build memories with families – not with the program.

“I like when my brother comes home He has someone with him- this helps my mother.” - Jamal, sibling of a youth served by residential

- **Provide evidence-based and evidence-informed services to all family members in preparation for reunification.** The major emphasis of residential interventions should be to work on the skills that youth and family members need to successfully live together in their homes and communities. Residential and community providers should train clinical staff in evidence-based and evidence-informed interventions to support engagement and skill-development of family members, such as Functional Family Therapy, Multi-systemic Therapy, and Motivational Interviewing. All staff must have training and support in working with families in their homes and communities.

“I liked that the program helped me and my brother to get along better.” – Jose, sibling of a youth served by residential

“Sometimes the focus is so strongly on the behaviors that are going on in residential, rather than teaching the youth how to cope in the family and community. It is crucial to focus on the youth’s reintegration.” – Janet, parent of a child served by residential

- **Provide training to staff on working with siblings at different ages and developmental levels.** It is important for residential and community staff to have the skills necessary for supporting siblings of all ages. Residential providers can provide ongoing education and coaching for staff on child development, including

what children can understand at different ages/developmental levels, and age appropriate language for communicating with siblings.

- **Staff training should be culturally and linguistically competent.** Stigma and discrimination regarding emotional and behavioral challenges may be especially pronounced for families from some cultural communities. Guidance on how to talk to siblings and families must be placed in a cultural context. Culturally and linguistically competent training should also include information about what is known as ‘youth culture’, including values and norms specific to adolescents (Clark & Unruh, 2009).
- **When families come to the residential program, be accommodating and supportive.** Parents shared that residential settings can be confusing and even scary for siblings. For some siblings, it is helpful to tour the residential program in order to better understand what their brother or sister does on a day-to-day basis. Residential providers can help by being warm, upbeat, and welcoming when siblings enter the residential. If parents/guardians are attending a meeting where siblings are not included, staff can host a sibling group at this time or plan an age appropriate activity for siblings as they wait.

“For the family to stay engaged, they need to be welcomed and accommodated. It is essential to engage the whole family, including siblings, for the youth to be successful.” - Farah, Family Support Provider

“Involve siblings in the process. Make room for them....when a family comes to a residential program, have some type of child care for younger siblings - a place where siblings can be while they’re waiting to see their brother or sister. If parents are there for a treatment team meeting, offer a sibling group or activity.” - Maria, parent of a child served by residential

- **Encourage youth voice and choice.** It is important to ask youth receiving residential interventions about their preferences regarding sibling contact. Because sibling relationships are complex, youth may find it helpful to have more or less contact at specific times. Likewise, it is important to listen to the voices and perspectives of siblings regarding contact and communication.
- **Individualize sibling support practices- Ask siblings what would be helpful.** Approaches for sibling support should not be designed in a one-size-fits-all manner. Families are diverse and siblings can play a number of roles within the family. These dynamics can raise additional considerations when supporting siblings. In some families, for example, siblings may have responsibilities similar to those of a parent. These siblings may experience emotions similar to parents when a youth moves to residential. While some siblings are open to participating in a sibling group, others may wish to speak with a provider or parent alone. Sibling responses to support services are likely to be shaped by age and developmental level, feelings

about a brother and sister and the residential intervention, and a host of other issues. Providers should also put special efforts into building upon and rekindling the strengths that currently exist or had once existed within the sibling relationship.

- ***Some siblings benefit from sibling groups, in which they can discuss and share experiences.*** Sibling groups can be led by a trained adult or peer facilitator. Groups that are led by a peer facilitator draw from a peer support approach, and are typically fully run by siblings with shared experiences. Sibling groups provide a safe space for siblings to share experiences and feelings. Several providers cautioned against using the term “support group”, as many youth find the notion of a support group stigmatizing. Since the need for sibling support will continue after the brother/sister returns home from residential, residential providers should consider providing extended support services in the community for siblings. Residential providers can also develop strong collaborative relationships with community providers to offer this service during the residential intervention, and continue this service after the residential intervention.
- ***Explore emotions associated with the residential intervention with all family members.*** When a youth is referred to a residential intervention, each member of the family experiences this in a unique way. According to some families with lived experience, the youth in residential can become a scapegoat for family conflicts. In other families, siblings may hold anger toward parents for the decision to pursue a residential intervention for a brother or sister. Providers can work with families to address these complex feelings and reactions, particularly in preparation for reunification.
- ***Create agency policies to facilitate sibling involvement and support.*** It is important to make sibling involvement and support part of the organizational culture of a residential program. Agency policies should address sibling contact and communication, provide transportation to support youth in spending time with their siblings at home and within their home communities, and support specific services for siblings. Additionally, it is important for providers to recognize that some siblings will have specific needs that warrant individualized support services (e.g. emotional and behavioral challenges, trauma histories).

“It’s about meeting kids where they’re at and with what they’re feeling- if they’re feeling frustrated or mad with their sibling, work with that emotion..... particularly with young siblings.” - Maya, Sibling Support Provider

Information and Tips for Families³

Parents and guardians can play a critical role in terms of supporting their children when a brother or sister is receiving residential interventions. Parents/guardians can support siblings through the following strategies, which were suggested by parents, siblings, and advocates interviewed for this tip sheet:

- ***Provide one-on-one time with the sibling.*** When one child in the family is “identified” as having special needs, parents/guardians may direct the majority of time and attention to this identified child. It is important to check in with all siblings and listen to their needs and feelings. Additionally, it is important to spend positive one-on-one time with each sibling that is not related to navigating family challenges.

“Giving siblings space from their brother or sister cannot be underestimated...make sure they have their own hobbies and interests so they can have a world of their own” – Rasheed, parent of a child served by residential

- ***Validate the feelings and experiences of siblings, even when doing so is difficult.*** As described above, siblings of a youth with challenges may have difficult and complicated feelings toward a brother or sister. It is important to discuss and validate these feelings.

“The most important thing for residential providers to know is that siblings are often struggling with a really intense love/hate relationship with the child in residential. They have often times been the target of their sibling’s challenging behaviors- they may have been abused, traumatized, or treated poorly. At the same time, this is the sibling’s brother or sister, and they love and look up to them.” - Juanita, parent of a child served by residential

“Siblings need to know it’s not their fault- similar to divorce, siblings can take on feeling that their brother or sister ended up in residential because of them. Siblings can feel guilty, like they could have prevented the placement.” - Ramon, parent of a child served in residential

- ***Help siblings understand how to speak to others about the residential intervention.*** Making the decision that a child should spend time in residential can

³ Some of the strategies noted here are further described in the following resource: Rubin, E. (2012). *Supporting siblings of children with mental health needs*. Massachusetts Developmental Disabilities Network. <http://www.mass.gov/anf/docs/mddc/supporting-siblings-2012.pdf>

be excruciating for a family. Siblings are often at a loss regarding how to talk about what is happening, particularly with peers, teachers, and adults outside of the family. Parents and guardians can help by being clear about what information is appropriate to share, and with whom, keeping in mind that a sibling's peers might not understand emotional and behavioral challenges. Parents and guardians can role play such conversations with siblings so the sibling feels more prepared to answer questions from others. Parents and guardians should also ask siblings if they have experienced peer harassment or bullying about their brother or sister, and should provide support and discuss strategies for addressing this.

“Siblings overhear parents saying different things to people at different times about the same situation [why his/her brother/sister is receiving residential]. This creates confusion and it’s hard for the sibling to know what’s okay to say and who it is okay to say it to.” – Rosa, parent of a child served by residential

- ***Have an open dialogue with siblings about the challenges that their brother or sister is experiencing.*** Siblings of all ages may struggle to understand why a brother or sister is experiencing distress and exhibiting certain behaviors. Parents/guardians can help by opening up a dialogue with children about mental health and specifics about their child’s challenges (e.g. traumatic events). When speaking to young children, parents/guardians can provide concrete explanations of the problem. Several providers interviewed for this paper suggested framing the problem by explaining that everyone has skills or behaviors that they are working on. For older siblings, providers suggested relating an emotional and/or behavioral issue to a general health issue. For instance, parents/guardians can explain that if someone in the family was diagnosed with diabetes, he or she might have to take medication, learn about ways to manage symptoms, and adjust certain behaviors, just as the youth in residential is learning to address emotional and/or behavioral issues.

This tip sheet was developed in response to feedback from families about the lack of sibling support when a brother or sister receives residential services. This short document is the first step toward developing a range of promising, best, and evidence-informed practices on supporting siblings. Please help BBI to build upon this work. If you know of references, resources, and/or practices that support siblings of youth receiving residential interventions, please contact Beth Caldwell at bethcaldwell@roadrunner.com.

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References

- Barnable, A., Gaudine, A., Bennett, L., & Meadus, R. (2006). Having a sibling with schizophrenia: A phenomenological study. *Research and Theory for Nursing Practice: An International Journal*, 20(3), 247-264.
- Caldwell, B., Hust, J., Kuppinger, A., Lambert, L., & Levy, B. (2012). Embracing family-driven care. In J. LeBel & Lim, A. (Eds.). *Creating positive cultures of care: Resource guide* (3rd edition). Massachusetts Department of Mental Health, Boston, MA.
- Clark, H.B., & Unruh, D.K. (2009). *Transition of youth and young adults with emotional and behavioral difficulties: An evidence-supported handbook*. Baltimore, MD: Brookes Publishing.
- Cook, J.R. & Kilmer, R.P. (2004). Evaluating systems of care: Missing links in children's mental health research. *Journal of Community Psychology*, 32, 655-674.
- Cool, J.R. & Kilmer, R.P. (2010). The importance of context in fostering responsive community systems: Supports for families in systems of care. *American Journal of Orthopsychiatry*, 80, 115-123.
- Corrigan, P.W. & Miller, F.E. (2004). Shame, blame, and contamination: A review of the impact of mental illness stigma on family members. *Journal of Mental Health*, 13(6), 537-548.
- de Boer, C., Cameron, G., & Frensch, K. (2007). Siege and response: Reception and benefits of residential children's mental health services for parents and siblings. *Child Youth Care Forum*, 36, 11-24.
- Denhov, A. (2003). *Still there and still willing: How relatives can contribute to recovery from serious mental disorder, from the perspectives of those who have recovered and their relatives*. Stockholm: South Stockholm Research and Development Unit and The National Board of Health and Welfare.

- Dunst, C.J., Trivette, C.M., Hamby, D.W. (2007). Meta-analysis of family-centered help giving practices research. *Mental Retardation and Developmental Disabilities Research Reviews*, 13, 370-378.
- Ewertzon, M., Cronqvist, A., Lutzen, K. & Andershed, B. (2012). A lonely life journey bordered with struggle: Being a sibling of an individual with psychosis. *Issues in Mental Health Nursing*, 33, 157-164.
- Farmer, T.W. & Farmer, E.M.Z. (2001). Developmental science, systems of care, and prevention of emotional and behavioral problems in youth. *American Journal of Orthopsychiatry*, 71, 171-181.
- Federation of Families Summary Report.
<http://www.treatment.org/Topics/pdf/exsummaryreport.pdf>
- Frensch, K. & Cameron, G. (2002). Treatment of choice or last resort? A review of residential mental health placements for children and youth. *Child and Youth Care Forum*, 31(5), 307-339.
- Herrick, M.A. & Piccus, W. (2005). Sibling connections: The importance of nurturing sibling bonds in the foster care system. *Children and Youth Services Review*, 27, 845-861.
- Huang, L., Stroul, B., Friedman, R., Mrazek, P., Friesen, B., Pires, S., et al. (2005). Transforming mental health care for children and their families. *American Psychologist*, 60, 615-627.
- Kerig, P.K. & Alexander, J.F. (2012). Family matters: Integrating trauma treatment into Functional Family Therapy for traumatized delinquent youth. *Journal of Adolescent Trauma*, 5, 205-223.
- Kilmer, R.P. & Cook, J.R. (2012). Moving forward with systems of care: Needs and new directions. *American Journal of Community Psychology*, 49, 580-587.
- Kilmer, R.P., Cook, J.R., Taylor, C.M., Kane, S.F., Clark, L.Y. (2008). Siblings of children with severe emotional disturbances: Risks, resources, and adaptation. *American Journal of Orthopsychiatry*, 78, 1-10.
- Kilmer, R.P., Cook, J.R., Palamara Munsell, E., & Kane Salvador, S. (2010). Factors associated with positive adjustment in siblings of children with severe emotional disturbance: The role of family resources and community life. *American Journal of Orthopsychiatry*, 80, 473-481.
- Kilmer, R.P., Cook, J.R., Munsell, E.P & Salvador, S.K. (2011). Factors associated with positive adjustment in siblings of children with severe emotional disturbance: The role of family resources and community life. *American Journal of Orthopsychiatry*, 80(4), 473-481.
- Leichtentritt, J. (2013). "It is difficult to be here with my sister but intolerable to be without her": Intact sibling placement in residential care. *Children and Youth Services Review*, 35, 762-770.
- McBeath, B., Kothari, B.H., Blakeslee, J., Lamson-Siu, E., Bank, L., et al. (2014). Intervening to improve outcomes for siblings in foster care: Conceptual, substantive, and methodological dimensions of a prevention science framework. *Children and Youth Services*, 39, 1-10.

- McCammon, S.L., Cook, J.R. & Kilmer, R.P. (2002). Integrating systems-of-care values into university-based training. In Marsch, D.T. & Fristad, M.A. (Eds.). *Handbook of serious emotional disturbance in children and adolescents*. Wiley: New York.
- Sin, J., Moone, N., & Harris, P. (2008). Siblings of individuals with first episode psychosis: Understanding their experiences and needs. *Journal of Psychosocial Nursing*, 46(6), 33-40.
- Stalberg, G., Ekerwald, H., & Hultman, C.M. (2004). Siblings of patients with schizophrenia: Sibling bond, coping patterns, and fear of possible schizophrenia heredity. *Schizophrenia Bulletin*, 30(2), 445-458.
- Topor, A., Borg, M., Mezzina, R., Sells, D., Marin, L., & Davidson, L. (2006). Others: The role of family, friends, and professionals in the recovery process. *American Journal of Psychiatric Rehabilitation*, 9(1), 17-37.
- Walters, U.M., & Petr, C.G. (2008). Family-centered residential treatment: Knowledge, research, and values converge. *Residential Treatment for Children and Youth*, 25(1), 1-16.
- Whittaker, J. (2001). What works in residential childcare and treatment? Partnerships with families. In M. Kluger, G. Alexander, & P. Curtis (Eds.). *What works in child welfare?* Washington DC: Child Welfare League of America.
- Wojciak, A.S., McWey, L.M., & Helfrich, C.M. (2013). Sibling relationships and internalizing symptoms of youth in foster care. *Children and Youth Services Review*, 35, 1071-1077.

Resources

Engage us: A guide written by families for residential providers. (2012). Building Bridges Initiative. <http://www.buildingbridges4youth.org/sites/default/files/BBi%20-%20Engage%20Us%20-%20Family%20Engagement%20Guide.pdf>

www.samhsa.gov/children/core-values.asp

www.masiblingsupport.org

Rubin, E. (2012). *Supporting siblings of children with mental health needs*. Massachusetts Developmental Disabilities Network.
<http://www.mass.gov/anf/docs/mddc/supporting-siblings-2012.pdf>

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