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Notes from the Field: Mental Health Trainees and Families Adapt to Virtual Platforms for Sibling Support During COVID-19

Haines, Newman, and Rubin

Abstract

Before COVID-19, the *Sibling Support Program: A Family-Centered Mental Health Initiative* (SSP) provided a training opportunity for mental health trainees to facilitate support groups for siblings of youth with psychiatric needs with the goal of reducing trauma and building resiliency among siblings. As part of the SSP, caregivers also joined psychoeducational groups led by parent mentors with the goal of increasing parental competency and confidence. The SSP groups were offered in-person for these family members at partnering hospitals and clinics in Massachusetts.

With the arrival of COVID-19, the SSP director reconfigured the program as an online offering for trainees and family members using Zoom and Google Meet. Specific aspects of training were adapted to meet the trainees' needs, including a new and virtual orientation tool, as well as a "debrief" style of supervision that was accessed online. Trainees demonstrated flexibility and creativity in their approach to facilitating sibling support groups on virtual platforms and learned that family communication, privacy issues, program accessibility, and participant geographics all impact the group experience.

At a time when it is unsafe to meet in person, virtual support groups provide valuable learning opportunities for mental health trainees and critical assistance for families of youth struggling with mental health issues.

Introduction

The COVID-19 pandemic continues to significantly impact children's mental health, permeating life in myriad and complex ways, often disrupting the predictability and stability of families' routines and habits (Wagner, 2020). According to the CDC, children's mental health-related emergency room visits climbed steadily from mid-April 2020 through October 2020 (Leeb et al., 2020). In Massachusetts, by early fall 2020, many emergency rooms saw a quadrupling of children and teens in psychiatric crisis (Tanner, 2020). Prior to COVID, clinicians reported they lacked training in supporting siblings during a brother/sister's psychiatric crisis, even though this training has been viewed as an important aspect of family-centered mental health care (Damodaran Huttlin, Lauer, & Rubin, 2019). The hardships wrought by the pandemic have intensified for clinicians and trainees who are overextended due to the increased behavioral health needs within families. Even before the pandemic, many parents and caregivers felt overwhelmed, deeply discouraged, and ashamed when their children required psychiatric treatment (Rubin et al., 2018).

The *Sibling Support Program: A Family-Centered Mental Health Initiative* (SSP), developed at the Eunice Kennedy Shriver Center of UMass Medical School, provides an innovative training opportunity for clinicians to learn how and why it is important to support typically-developing siblings of youth with mental health needs. In addition, the program provides direct service for caregivers and siblings with the aim of strengthening families. This paper describes the SSP's technological shifts in its attempt to address the needs of trainees, siblings, and caregivers, using virtual platforms, during COVID-19.

Program overview

The SSP serves as a training rotation for mental health trainees, including social work interns, psychiatry residents and fellows, and psychology interns, by providing opportunities for group work among family members of youth with behavioral health needs. Peer support groups for siblings are facilitated by mental health trainees, and psychoeducational groups for caregivers are delivered by trained parent mentors; eligible caregivers include parents, grandparents, foster parents, and other adults in a caregiving role. Group

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size is limited to 12 caregivers and 8 siblings. The age range for siblings is 6 to 18 years old, and siblings are often split into smaller, age-appropriate groups.

The SSP has been implemented at multiple inpatient psychiatry units, outpatient clinics, and in community partnerships across Massachusetts and has served over 50 trainees and 2,000 family members to date. The SSP, a group therapy experience for trainees at the University of Massachusetts Medical School and Harvard Medical School at Cambridge Health Alliance, has been recognized by the Massachusetts Department of Mental Health.

SSP goals include:

1. Building capacity among clinicians that practice family-centered mental health care
2. Increasing sibling resiliency and mitigating the trauma commonly experienced by siblings of youth with mental health needs
3. Building skills, competency and confidence among caregivers
4. Helping restore family stability, minimizing rates of psychiatric (re-) hospitalization

Pre-pandemic program

Before COVID-19, the SSP was delivered in-person to family members. The sibling and caregiver groups occurred on site in nearby rooms at the same time so that family members could be served simultaneously and confidentially. To prepare to facilitate the sibling group, the trainees underwent an orientation that included live group observation and curriculum review with the program director, a licensed social worker. The trainees that cofacilitated the sibling group had access to supervision by the program director and/or a staff psychiatrist. At some sites, group facilitation was supplemented as needed by other clinicians, including social workers, a psychologist, an occupational therapist, and an art therapist.

A simple pizza dinner with drinks was provided for participants to reduce family stress, and trainees typically joined the families for dinner, creating a comfortable atmosphere. Caregivers left the program with handouts on resources and coping skills; siblings brought home their artwork, certificates of completion, and fidget toys for stress relief.

The primary objectives of the sibling group for trainees have not changed during COVID-19.

These objectives include:

1. Providing a safe space for siblings to meet peers and share stories
2. Introducing coping skills to help siblings manage their challenges and trauma
3. Reducing siblings' feelings of isolation and reinforcing that caring adults are available to help

To accomplish the objectives, trainees implement a curriculum designed by the program director that begins with introductions and a review of group rules and culminates in siblings sharing what they liked best and what they would change about the group. The original activity in the sibling group is the Starburst Game, adapted from Don Meyer's Sibshop curriculum (Meyer & Vadasy, 2007).

When the Starburst game was conducted in-person, siblings were given a small amount of Starburst candies linked to color-coded questions. When a sibling picked the red candy, the associated question might have been "What do you do to feel better when you are upset?" (answers to this question indicated baseline coping skills), or "Has your brother/sister ever had behavior that made you uncomfortable?" Through discussion based on these questions, the siblings were able to process their experiences with their peers and learn coping strategies.

Arrival of COVID-19

On March 10, 2020, Massachusetts Governor Charlie Baker declared a State of Emergency in response to the COVID-19 outbreak (Mass.gov, 2020). Schools and non-essential businesses were closed, and communities went into lockdown. Knowing that the SSP could no longer be conducted as it had been, and anticipating a potential rise in need, the program made the necessary pivot toward technology. The SSP has since been creatively adapted for remote platforms, and is now delivered via Zoom and Google Meet.

Impact of COVID-19 on the Sibling Support Program: benefits and challenges

Trainee orientation

With COVID-19, incoming trainees were no longer able to attend the mandatory orientation in person. The program director gathered current trainees on Zoom, and together they recorded a virtual mock sibling group, using role play to orient new trainees. Supplemented with sample documentation, this became a valuable training asset. By watching the video, incoming trainees were introduced to the experience of siblings of youth with mental health needs. The trainees learned how to establish group rapport following the lead of the siblings and encouraging peer support; how to utilize open-ended questions and reflection statements; and how to define, explore, and identify coping skills when they arose in conversation. The training video became a resource that trainees could refer back to repeatedly. For the program director, it became a time-saving, effective tool, providing consistency in training and ensuring that key elements were covered.

Trainee supervision

One unexpected perk of the virtual program was an increase in supervision for the trainees. Pre-pandemic, supervision had been available but was not standardized, as the trainees brought various levels of comparative training and some trainees had more experience in group work than others. Since the virtual program was new to both the program director and the trainees, the program director began to conduct debrief sessions with the group facilitators following each virtual sibling group, giving all of the trainees the same opportunity to reflect on group dynamics, ask questions, and review documentation. Trainees still had the opportunity to follow up privately with the program director or staff psychiatrist regarding issues that arose in the group setting.

Trainees whose rotation with the program began after the virtual groups were established reported having an easier time with the virtual platform, since they were not accustomed to the previous in-person format. The trainees that transitioned from in-person to virtual groups shared, during debriefs, that they had to catch themselves from referring to in-person practices when explaining virtual activities to the siblings.

Impact on participation

With the option to join from a home computer or mobile device, the number of participating families has steadily risen during COVID-19. Previously, approximately 25% - 35% of eligible families found it difficult to attend, citing distance, travel time, and expenses (such as gas, parking, and childcare) as hurdles. Likewise for commuting trainees, who often do not own cars, not having to bicycle in bad weather or run to catch the bus at the end of a long day is significant. COVID-19 is presenting extraordinary demands on all health care providers, and trainees are more likely to consider participating in the SSP learning opportunity when they perceive the time requirement as more manageable.

Pre-COVID, siblings typically attended the group one time, but with the virtual format, siblings are increasingly choosing to return for two or more sessions. Natural opportunities to reinforce learning and bolster self-confidence arise when a veteran sibling is invited by the group facilitators to introduce concepts to the first-timers. New siblings are attentive to their peers who are experienced group members.

Pre-pandemic, families of youth receiving inpatient psychiatric treatment often visited the patient after they attended the sibling and caregiver groups. Trainees observed that visiting a brother/sister in a psychiatric setting was anxiety-producing, especially for siblings who had a history of being subjected to verbal or physical aggression from the patient. When COVID-19 arrived, sibling visits were put on hold, eliminating the potential stress of a visit with the affected brother/sister.

Program accessibility

Virtual meetings can present drawbacks for trainees and for siblings. Both have struggled at times with unstable internet connections. While trainees have the freedom to log into the remote groups from different locations, finding a stable internet connection can be problematic. Further, when trainees log into the sibling group from locations where they are required to wear masks, their faces are obscured on the screen.

A few siblings from low-income backgrounds did not have access to an electronic device in

good working order. In other families, a lack of multiple devices created a burden for siblings to borrow another family member's computer or smartphone. The pandemic continues to highlight systemic health injustices that have existed for many years, affecting the most vulnerable to the greatest degree ("Pandemic highlights health inequities," n.d.). It is likely that many families, including those who perhaps have the most pronounced needs, will encounter the greatest barriers in accessing the SSP as a resource.

Trainees have reported challenges that are specific to siblings accessing the group from home. While trainees have the option of "muting" the devices, some siblings have distracting background sounds when they are speaking, such as dogs barking and babies crying. The youngest siblings have a tendency to wander away from their electronic devices during the group.

Siblings who are already spending hours of screen time daily in remote schooling may be resistant to engage in additional screen time that they perceive as school-like. Siblings may turn off their cameras despite being asked to leave them on, and may be disengaged or distracted by other devices or toys held out of view. Interestingly, one clinician noted that while some siblings appear less engaged, others may be able to participate more fully because they have more choice and flexibility in *how* they engage. Siblings with social anxiety, for example, may be able to access the group in a way that's more comfortable to them, rather than not attending at all.

Privacy issues

When the sibling group met in person, cofacilitators had the option of spreading out into different rooms to address specific issues. If there was a concern about sibling safety, one facilitator could take the sibling aside and privately ask questions to determine next steps while his/her cofacilitator continued the group. With Zoom, the trainees are limited to using the chat function to ask private follow-up questions if a sibling makes a worrisome statement regarding safety. Any concerns about sibling safety, both before and during COVID, are brought to the program director as part of the SSP protocol.

Additional security issues remain challenging for trainees; instead of facilitating the group in a private room, suddenly the prospect of other family members listening to the group discussion is a reality. A remote platform is not ideal for siblings living in small quarters, where a lack of privacy may inhibit their ability to engage. One trainee noted that he did not want to create more conflict for a sibling by addressing a family member's behavior, and he felt he had to more carefully craft and articulate his comments.

Overall, trainees note that siblings are more at ease participating in the group from the comfort of home: siblings love meeting each other's pets, showing off their art work and other treasures, and telling each other jokes. Using the chat function on a remote platform allows siblings to share with one another without the shyness or anxiety that can be present at in-person groups. Such peer-to-peer affirmations and connections are vitally important to these siblings who may be struggling with feelings of loss, fear, loneliness, and uncertainty. Connecting with peers who are having a similar experience helps dispel stigma and feelings of isolation. Discussions about coping skills are made relevant as siblings open up to reveal more of themselves, allowing rich conversations to flow in a natural way. Siblings feel validated and empowered to build on the resilience they often already have when it is identified for them.

Trainee creativity

SSP trainees tapped into tremendous creativity during the shift from in-person to virtual groups. It requires quick thinking to engage siblings without the allure of pizza, candy, and fidget toys; this is particularly true of the youngest siblings between the ages of 6-9, whom, pre-COVID, the trainees would engage using games like Candyland or building with legos. The trainees soon realized that the screenshare option was indispensable: screenshare was used to present the group rules, which the siblings took turns reading aloud (as they did when the group met in person). The trainees transformed the Starburst game discussion questions into a "Jeopardy" game show format, using screenshare to show brightly-colored envelopes labelled with categories, and inviting the siblings to choose an envelope to open and then read the content (the discussion question) aloud. Trainees also cleverly used the chat function to ask follow-up questions to the group,

which the siblings took turns reading.

Communication with families

During COVID-19, all communication with families prior to and following the sibling group has been conducted by the SSP parent mentor via email or phone call to caregivers. The trainees do not have access to emails or phone numbers for siblings under age 18. Subsequently, one of the challenges faced by trainees is relying on caregivers to print a copy of the program's coping skills handout and give it to the sibling before the sibling joins the group. (During recruitment, caregivers are emailed electronic resources and are asked to give a hard copy of the coping skills handout to the sibling.) Pre-pandemic, trainees used this handout as a tool to engage the siblings in a discussion by asking, "Which coping skills have you tried?" and "Choose one from the list that you would like to try at home." The coping skills handout also included a section for siblings to draw their favorite coping skill, as a way to connect with more visual learners. Trainees estimate that less than 50% of siblings arrive to the group with the printed coping skills handout. Thus, trainees use screenshare to present the handout, which they report is less effective than the concrete piece of paper.

Sibling surveys

Pre-COVID, trainees distributed paper surveys to siblings at the end of the group. Attached to the surveys were cover sheets with unique ID codes used to de-identify participants. Surveys included questions on demographics, satisfaction, and knowledge learned. The program had over 90% survey completion since all participants were asked to fill out their surveys before leaving the group. With the onset of the pandemic, survey collection was halted at one program site and at the other sites shifted to an electronic delivery system; the surveys for all participants in each family were emailed to the caregiver(s), since we do not collect emails of the siblings. The program now relies on caregivers to ensure that the siblings complete their surveys. As a result, survey completion at participating sites during COVID-19 has decreased to approximately 60%.

Caregiver group

Prior to COVID-19, caregivers typically attended one psychoeducational group facilitated by a trained parent mentor. This group was primarily didactic; the parent mentor reviewed the sibling experience, strategies to support siblings, and resources for siblings. There was also time allotted for caregivers to share stories and ask questions. During the pandemic, the parent mentor began to report that caregivers were arriving to the virtual group in heightened states of distress. To meet this need, the program director added an additional follow-up group for caregivers, to give them an opportunity to access more support with a licensed social worker.

On average, two to five caregivers attend the follow-up group; it is smaller than the first time caregiver group, since it attracts a subset of the participants. These caregivers are invited to talk about any stressors at home that impact family dynamics, with a special emphasis on sibling relationships. Topics most often shared by caregivers include interparental conflict related to parenting styles, safety concerns between siblings, lowered frustration tolerance among brothers/sisters with mental health needs, and sibling resentment that caregivers apply a double standard of expectations to the affected brother/sister. Most caregivers attend the follow-up group multiple times and express deep gratitude for the opportunity to meet others in similar situations.

During the pandemic, the virtual platform now houses up to four concurrent groups at a time: a young sibling group, a teen sibling group, a psychoeducational group for first-time caregivers, and the (new) follow-up group for repeat caregivers.

Geographic reach

One significant impact related to moving from in-person to virtual groups is that families across the country have heard about the SSP through disability-related Facebook groups, word of mouth, and program flyers being shared widely via email. Pre-COVID, it would not have been feasible for a family in California to join the SSP.

Now, during the pandemic, we typically include three to four out-of-state families each month. Due to funding restrictions, our first priority is serving families that reside in Massachusetts. Thus, we invite the out-of-state families to register for the groups after the Massachusetts

families have completed their registrations. Currently the level of demand among out-of-state families is manageable, and each month we have been able to include them in the SSP groups. If we reach a point where there is an increase in out-of-state families that exceeds our capacity, we will consider adding additional groups to meet this need.

One thing has not changed since the pandemic. At the end of each group, the sibling and caregiver group facilitators encourage family members to talk together about what they have learned from the SSP, with the hope that families will practice new ways of communicating about the mental health issues in their families.

Conclusion

The trainee experience in the *Sibling Support Program: A Family-Centered Mental Health Initiative* (SSP) before and during the COVID-19 pandemic illustrates the importance of promoting flexibility and creative thinking as values among clinicians that practice family-centered mental health care. During the transition from an in-person to virtual program, specific aspects of training were adapted to best meet the needs of trainees, including online orientation and supervision. In these settings, trainees addressed issues that impacted the group experience, including family communication, program accessibility, privacy concerns, participation styles, and the (virtual) arrival of out-of-state families needing support. The group curriculum for siblings was modified so that trainees were able to use digital technology to deliver activities that most resonated with siblings. Caregivers under heightened stress from COVID-19 were invited to join a follow-up group for additional support.

Identifying the obstacles and solutions for shifting to a virtual platform ensured that trainees were able to successfully deliver a much-needed intervention for siblings of youth struggling with mental health issues. The implications for social work education and professional development are far-reaching and suggest that it is beneficial to integrate the use of virtual platforms for future teaching and learning opportunities.

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