Child Planning: A Treatment Planning Overview for Sibling Rivalry

A Treatment Approach for Children with Sibling Rivalry.

Duration: 3 hours

Learning Objectives:

Obtain a basic understanding of how to identifying, causes, symptoms and learning different options to complete a treatment plan that includes:

a. Behavioral Definitions
b. Long Term Goals
c. Short Term Goals
d. Strategies to Achieve Goals
e. DSM V diagnosis Recommendations

***For a full list of 18 short term goals with dozens strategies listed next to each goal check the Child Treatment App for Windows or Apple PC and Android Devices, under our main menu Windows-Apple Apps. Download the Free Demo to Evaluate***

Course Syllabus:
Introduction

Sibling rivalry, in a very simplistic sense, is the rivalry, or the feelings of antagonism between offsprings of a single set of parents. So it can be between brothers or between sisters or between a brother and a sister. Whichever way it happens, this feeling of resentment, animosity and even hostility, forms a large part of relationships between siblings, especially during the growing up phase. Therefore parents need to be aware of it and even be accepting towards it.

Sibling rivalry does not remain confined within the childhood stages only. In fact poor handling of this aspect can spill into adulthood and mar future relationships. Hence it requires a lot of deep understanding of the children involved, the problems that are peculiar to the situation and lots of love, patience and in some cases a firm handling of the matter.

Roots of Sibling Rivalry:

Theory of Scarcity: Sibling rivalry is a form of competition that is relegated within the confines of the home and between the children of a family. This form of competition is not very new or unnatural and is very much prevalent in the happenings in the natural habitat. For example, a baby shark will eat up other eggs within the mother’s womb so that he is the only one left to feed on the scarce resources. Similarly the eaglet that is born first will invariably push off his siblings from their nest which is mostly perched upon a high cliff ensuring that he gets to feed off the scarce food that is available.

Therefore the competition arises due to the resources which are scarce, in the above cases it is food; Survival of the Fittest; is a rule that is followed by all species, even man.
Since the Dark Ages man has been in competition with others of his kind to procure food and other resources that are required for survival. In this procurement there have been fights, squabbles and fierce competition. This race is still on, albeit in different forms and for different set of things. Today it is not only relegated to food, it has been extended to oil, water, land, air space and a lot of other things.

Within the family, the "scarce resource" is the time the parents get to spend with each child. Children lack rationality, especially in the preoperational stage and often equate time and attention with love. So the scarce resources in this case therefore stands rephrased as love of the parents for their children, their approval and attention and the amount of time the parents get to spend with each child. Most of the rivalry issues revolve around these and squabbles are thrashed out to attain the largest portion of the parent's time, attention, approval.

In the case of a single child family, things are naturally very easy because both parents can give their whole and absolute love and attention to this child. In the case where there are more children than one, the parent's time goes divided. This is the genesis of the problem of sibling rivalry.

Evolving Needs: It would be a gross mistake to think that children, being children, lack sense and sensibility. In fact they do and much more. As the child grows up and is well into the Preoperational Stage which is between 2-5 years, the capacity to cognize, and make sense of the world around develops. Coupled with this is the process of language acquisition, arming the child with the power to express. The powerful amalgamation of perception, cognition and expression leads to an all round development of the child. The child does not only is able to sense his needs, his environment, but is also able to express them.

This is also a time which marks the birth of a sibling (considering the birth spacing plan which most people follow). The advent of a new addition to the house, especially into the fold of the immediate environment, which is the parents, sets off a chain of anxieties. This, their own changing needs, and a sense of their own identity, undergoes rapid changes which can be overwhelming for a little child. A lot of things he cannot comprehend. Some things he cannot express, and for a lot of others, there are no clear answers. It is in this foggy environment that the first signs of rivalry emerges. So a toddler who is naturally egocentric and protective of his belongings will resent it if a younger sibling touches his toys.

Little older children with well ingrained concepts of fairness and equality will not be able to quite comprehend why the younger child is able to get away with a lot of things they are forbidden from. "Why don't you tell my little sister to share too..." such statements are not so uncommon and often parents are at a loss as to how best to
Adolescents are more marked in their changing needs and have attained a sense of identity that is individualistic. They like their own space and quite naturally they resent the intrusion of a sibling into their world.

All these evolving cognitions and perceptions lead to some amount of resentment which is manifested in fights and quarrels, generally named Sibling Rivalry.

Individual Temperaments: A lot of sibling rivalry may also be contributed to the temperament of the children. As a singular entity, a child also has his own unique temperament that can clash with that of his brother and sister leading to resentment and rivalry.

For example a child who is clingy and gets easily moody or is given to frequent episodes of temper tantrums will most definitely resent the attention given to a younger sibling. This will result in more attention seeking ways that the child will resort to get the parents attention.

Special Needs due to the Presence of Challenged Children: In some cases, a sibling may be emotionally, physically or mentally challenged which will have the parents spend more time and energy there. This can also be a trigger. Many kids see it as a disparity in treatment and learn to dislike their sibling. Again this makes a perfect ground for sibling rivalry.

Sibling Rivalry – The Solution:

There is no one supreme solution that can solve all sibling rivalries in the world. This is because sibling rivalry is a conflict between two individuals, unique in their needs, temperaments, cognitions and understanding of the situation. It is this uniqueness that does not allow for a single rule to come into play as part of conflict resolution.

Sibling rivalry is not always unhealthy. In fact the genesis for competition with the outside world can be tracked to the conflicts which take place within the home. So how well a parent equips the child to face competition from his or her sibling will ultimately decide how the child, as an adult, will adjust and compete in the real world. In this regard the parents can help view this competition positively. A healthy starting ground will be they themselves; for ultimately parents themselves are active role models for children and how they view this conflict and resentment may tell on the child’s capacity to evolve and face real life challenges.
Another important point that second time expectant parents need to do is to start preparing the child a few months before the arrival of the new baby. This would act as some sort of a buffer. However this is in no means a sure fire method of de escalating sibling rivalry because one can never be sure how a child reacts when he is actually faced with his new sibling and the thereon changed equations.

Involving the older child while taking care of the other is also a way one can combat the issue of sibling rivalry. However what does parent do in case there is a huge amount of sibling rivalry that is eating into the peace and harmony of the home and family? The one cardinal rule in these cases is, not to get involved in the fights. This teaches children how best to resolve conflicts on their own. In fact getting into the brawl may force a parent to take sides sparking off more resentment. Also a parent may not understand the problem in its entirety and taking a decision can worsen the outcome. Taking decisions would also tantamount to protecting one over the other and may act towards widening the gulf.

This is not to say that a parent must never interfere. Infact a parent must do so judiciously and intelligently and certainly when things appear to be going out of control. Do put in an appearance if the fight gets physically dangerous or emotionally damaging or there is a lot of abusive language being exchanged.

It is always good to talk it over with the children, but only when the tempers and emotions have abated a bit. Rehashing the experience, when things have not yet cooled down, could lead to a fresh round of fighting, this time with you in the middle of it all and each child vying for your approval. This is highly avoidable if a parent talks it over with those involved in the conflict at another appropriate time.

Talking it over has many benefits:

- It improves communication between the child and his parents;
- It helps the child gain a fresh perspective;
- It helps the child in learning to respect another different point of view;
- It helps him learn early on how to negotiate and compromise; and,
- Finally it encourages a sense of togetherness and cooperation.

It is also only fair that as parents one should listen to a child, however unreasonable or
unjust his behavior is and tactfully guide this aggressive expression into more accepted forms. Like if a child beats up his brother or sister for touching his story book, reprimand him alone, then head him out and then teach him how to express his resentment in a better way. Perhaps he could be asked to give her another book or another toy, or he can be encouraged to share his book and see how good it makes him feel. Place positive examples while you are doing this.

Helping Siblings Get Along:

Help kids get along with each other is a way to help them build their first friendships in life which may well endure the ravages of adult trials and tribulations. What are the possible ways of doing this:

1. Encourage family times where the entire family bonds as a single unit. This teaches children to learn from positive behaviour in a happy receptive environment.

2. If both children want the same things, it is best to post a schedule so that both children can be fitted in and both get a chance to have a go at the coveted item.

3. Be proactive and cater to the varied needs one at a time. For example if one child likes a certain kind of food and the other does not make sure you cook both kinds of food interspersed with your favorite food or that of any other family member. This shows that you are fair, teaches a child to be more conscious of others needs and desires and encourages the idea of trying out a variety

4. Recognize the differences between each child and let them have hours where they have their own space and need not share or do things together. Having to share all the time may become a bother and fuel resentment. Let him have a whole chocolate once in a while. It makes him feel he is an individual without an appendage all the time. The next time he may be more receptive to sharing.

Causes of the Rivalry:

Parents need to know and understand the fundamental point that all rivalries invariably seek to satisfy the need for attention and love. Children therefore need to be given a sense of security that no matter what happens, the parents will continually love him. At the same time explain that as parents you also love the other children and are there for each one of them at all times. This gives a sense of security and contentment. The attention seeker in them gets satiated and the incentive to fight is often gone.

If all fails, then it is only advisable that the parent leave the scene of conflict for a while for this gives the person some time to gather one’s thoughts and actions. Simultaneously it gives the children no incentive to fight for the parent’s attention and approval.

Seeking Professional Help: Sometimes sibling rivalry may have the most unhappy of endings. A sibling may fatally harm his brother or there may be disputes so violent that it mars the diurnal functioning. Therefore it is only prudent to seek help in such extreme cases.
Parents should seek help if:

1. The sibling conflict is very severe and refuses to die down;

2. There is physical or emotional threat that is coming in the way of normal development of both the siblings and there is a palpable lowering of self esteem, feeling of happiness and well being;

3. The cause for the rivalry or conflict may be a deep psychological disorder, like depression.

Sibling Rivalry – A form of Abuse: So is sibling rivalry a form of abuse of power. The answer is YES and this is recognized by psychologists all over the world. Most of the relationships have some amount of power play and the relationship between siblings is no different. This power is yielded by one child over the other, sometimes by dint of birth order or by having more physical power. Either ways it does get reduced to an exhibition of who is stronger and is able to win the parents approval and attention and love.

As parents one needs to recognize and accept this display of power and then look for solutions that best answers the problem. Also imparting good values and encouraging their children to loathe any form of abuse of power can go a long way in resolving the conflicts over time as well as shaping their lives into responsible and sensitive adults.

Symptoms to Look for:

Has no friends

has few friends with similar disapproved behavior

Exhibits impulsive behavior

Exhibits intimidating behavior

Behaviors toward siblings are aggressive

Behaviors toward peers are aggressive

Little empathy for other siblings or peers

No empathy for other siblings or peers

Frequent- overt- intense verbal fighting with peers

Frequent- overt- intense verbal fighting with siblings

Frequent- overt- intense physical fighting with peers

Frequent- overt- intense physical fighting with Siblings
Blames responsibility for conflicts onto siblings
Blames responsibility for conflicts onto peers
Feels that she or he is treated unfairly
Sibling relationships are based on a history of incessant teasing
Sibling relationships are based on a history of bullying
Family pattern of rejection - quarreling
Family pattern of lack of respect
Family pattern of lack of affection

**Steps to Develop a Treatment Plan:**

The foundation of a good treatment plan is based on the gathering of the correct data. This involves following logical steps the built-in each other to help give a correct picture of the problem presented by the client or patient:

The mental health clinician must be able to listen, to understand what are the struggles the client faces. this may include:

issues with family of origin,
current stressors,
present and past emotional status,
present and past social networks,
present and past coping skills,
present and past physical health,
self-esteem,
interpersonal conflicts
financial issues
There are different sources of data that may be obtained from a:

- clinical interview,
- Gathering of social history,
- physical exam,
- psychological testing,
- contact with client's or patient's significant others at home, school, or work.

The integration of all this data is very critical for the clinician's effect in treatment. It is important to understand the client's or patient's present awareness and the basis of the client's struggle, to assure that the treatment plan reflects the present status and needs of the client or patient.

There are 5 basic steps to follow that help assure the development of an effective treatment plan based on the collection of assessment data.

Step 1, Problem Selection and Definition:

Even though the client may present different issues during the assessment process is up to the clinician to discern the most significant problems on which to focus during treatment. The primary concern or problem will surface and secondary problems will be evident as the treatment process continues. The clinician may must be able to plan accordingly and set some secondary problems aside, as not urgent enough to require treatment at this time. It is important to remember that an effective treatment plan can only deal with one or a few problems at a time. Focusing in too many problems can lead to the lost of direction and focus in the treatment.

It is important to be clear with the client or patient and include the client's or patient's own prioritization of the problems presented. The client's or patient's cooperation and motivation to participate in the treatment process is critical. Not aligning the client to participate may exclude some of the client's or patient's needs needing immediate attention.
Every individual is unique in how he or she presents behaviorally as to how the problem affects their daily functioning. Any problems selected for treatment will require a clear definition how the problem affects the client or patient.

It is important to identify the symptom patterns as presented by the DSM-5 or Diagnostic and Statistical Manual or the International Classification of Diseases (ICD).

SIBLINGS PROBLEMS BEHAVIORAL DESCRIPTORS FOR SIBLINGS PROBLEMS:

1. Has no friends, or a few friends with similar socially disapproved behavior.
2. Exhibits impulsive, or intimidating behavior.
3. Behaviors toward siblings or peers are aggressive.
4. No or little discernible empathy for other siblings or peers.
5. Frequent, overt, intense verbal or physical fighting with siblings or peers.
6. Blames responsibility for conflicts onto siblings or peers.
7. Feels that she or he is treated unfairly and that parents favor other siblings or peers over self.
8. Sibling relationships are based on a history of bullying, defiance, and incessant teasing.
10. Family pattern of lack of respect or affection.

Step 2, Long Term Goal Development:

This step requires that the treatment plan includes at least one broad goal that targets the problem and the resolution the problem. These long term goals must be stated in non-measurable terms but instead indicate a desired positive outcome at the end of treatment.
LONG TERM GOALS FOR SIBLINGS PROBLEMS:

1. End any aggressive behavior and replace it with self assertiveness and empathy for other siblings or peers.
2. Develop a respectful, trusting sibling relationships.
3. Increase parental skills to model respect, empathy, and reduce aggression.
4. Develop consistent positive behaviors with and siblings or peers.
5. Learn to cooperate and resolve conflict appropriately siblings or peers.
6. Develop coping mechanisms to deal with anxiety, tension, and anger.
7. Increase skills to build positive peer relationships.

Step 3, Objective or Short Term Goal Construction:

Objectives or short term goals must be stated in measurable terms or language. They must clearly specify when the client or patient can achieve the established objectives. The use of subjective or vague objectives or short term goals is not acceptable. Most or all insurance companies or mental health clinics require measurables objectives or short term goals.

It is important to include the patient's or client's input to which objectives are most appropriate for the target problems. Short term goals or objectives must be defined as a number of steps that when completed will help achieve the long-term goal previously stated in non measurable terms. There should be at least two or three objectives or short-term goals for each target problem. This helps assure that the treatment plan remains dynamic and adaptable. It is important to include Target dates. A Target day must be listed for each objective or short-term goal.

If needed, new objectives or short-term goals may be added or modified as treatment progresses. Any changes or modifications must include the client's or patient's input. When all the necessary steps required to accomplish the short-term goals or objectives are achieved the client or patient should be able to resolve the target problem or problems.

If required all short term goals or objectives can be easily modify to show evidence based treatment objectives. The goal of evidence based treatment objectives (EBT) is to encourage the use of safe and effective treatments likely to achieve results and lessen the use of
unproven, potentially unsafe treatments. To use EBT in treatment planning state restate short term goals in a way that steps to complete that goal and achieve results. For example, the short term goal "13. Increase positive self-descriptive statements." Can be restated as; "By the end of the session the patient or client will list at least 5 positive self descriptions of himself or herself, and assess how they can help alleviate the presenting problem." Remember, that it must be stated in a way one can measure effectiveness.

It is important to note that traditional therapies usually rely more heavily on the relationship between therapist and patient and less on scientific evidence of proven practices.

EXAMPLES OF SHORT TERM GOALS FOR SIBLINGS PROBLEMS:

1. Explore and assess relationship with siblings or peers.
2. Identify sibling or peers that increase conflict, and terminate any alliances between them.
3. Teach minor and family conflict resolution in prosocial manner.
4. Identify parental special feelings of favoritism toward a specific sibling.
5. Increase minor's ability to respond positively to praise and encouragement.

Step 4, Strategies or Interventions:

Strategies or interventions are the steps required to help complete the short-term goals and long-term goals. Every short term goal should have at least one strategy. In case, short term goals are not met, new short term goals should be implemented with new strategies or interventions. Interventions should be planned taking into account the client's needs and presenting problem.

EXAMPLES OF INTERVENTIONS FOR SIBLINGS PROBLEMS:

1. Help parents, minor, and siblings negotiate a peace treaty to terminate any ongoing aggressive behaviors.
2. Use role modeling to help family expand feelings of respect for self and others.
3. Use therapeutic stories to help increase feelings of empathy and ways to cooperate with others.

4. Refer minor to group therapy to help deal with aggressive behaviors in a group setting.

5. Interpret any expressed feelings of anger and aggressive behaviors toward sibling or peers.

Step 5, Diagnosis:

The diagnosis is based on the evaluation of the clients present clinical presentation. When completing diagnosis the clinician must take into account and compare cognitive, behavioral, interpersonal, and emotional symptoms as described on the DSM-5 Diagnostic Manual. A diagnosis is required in order to get reimbursement from a third-party provider. Integrating the information presented by the DSM-5 diagnostic manual and the current client’s assessment data will contribute to a more reliable diagnosis. It is important to note that when completing a diagnosis the clinician must have a very clear picture all behavioral indicators as they relate to the DSM-5 diagnostic manual.

DSM V CODE Paired with ICD_9-CM Codes (Parenthesis Represents ICD-10-CM Codes Effective 10-2014):

Possible Diagnostic Suggestions for Children with Peers or Sibling Problems:

313.81 (F91.3) Oppositional Defiant Disorder
Specify current severity: Mild, Moderate, Severe
312.34 (F6381) Intermittent Explosive Disorder

Conduct Disorder - Specify whether:
312.81 (F91.1) Childhood-onset type
312.32 (F91.2) Adolescent-onset type
312.89 (F91.9) Unspecified onset
Specify if: With limited prosocial emotions
Specify current severity: Mild, Moderate, Severe
301.7 (F60.2) Antisocial Personality Disorder

312.89 (F91.8) Other Specified Disruptive, Impulse-Control, and Conduct Disorder

312.9 (F91.9) Unspecified Disruptive, Impulse-Control, and Conduct Disorder

Attention-Deficit/Hyperactivity Disorder Specify whether:

314.01 (F90.2) Combined presentation

314.00 (F90.0) Predominantly inattentive presentation

314.01 (F90.1) Predominantly hyperactive/impulsive presentation

Specify if: In partial remission

Specify current severity: Mild, Moderate, Severe

314.01 (F90.8) Other Specified Attention-Deficit/Hyperactivity Disorder

314.01 (F90.9) Unspecified Attention-Deficit/Hyperactivity Disorder

Problems Related to Family Upbringing

V611.20 (Z62.820) Parent-Child Relational Problem

V61.8 (Z62.891) Sibling Relational Problem

V61.8 (Z62.29) Upbringing Away From Parents

V611.29 (Z62.898) Child Affected by Parental Relationship Distress

Other Problems Related to Primary Support Group

V611.03 (Z63.5) Disruption of Family by Separation or Divorce

V61.8 (Z63.8) High Expressed Emotion Level Within Family

Overall Integration of a Treatment Plan:

Choose one presenting problem. This problem must be identified through the assessment
Select at least 1 to 3 behavioral definitions for the presenting problem. If a behavior definition is not listed feel free to define your own behavioral definition.

Select at least 1 long-term goal for the presenting problem.

Select at least two short-term goals or objectives. Add a Target Date or the number of sessions required to meet this short term goals. If none is listed feel free to include your own.

Based on the short-term goals selected previously choose relevant strategies or interventions related to each short term goal. If no strategy or intervention is listed feel free to include your own.

Review the recommended diagnosis listed. Remember, these are only suggestions. Complete the diagnosis based on the client's assessment data.

Sample Treatment Plan:

Behavioral Descriptors of Problem:

1. Exhibits impulsive or intimidating behavior.
2. Behaviors toward siblings or peers are aggressive.
3. Sibling relationships are based on a history of bullying, defiance, and incessant teasing.

Long Term Goals:

1. End any aggressive behavior and replace it with self assertiveness and empathy for other siblings or peers.
2. Develop a respectful, trusting sibling relationships. Increase skills to build positive peer relationships.

Short Term Goals Objectives:

1. Decrease aggressive actions toward siblings or peers.
2. Increase social skills to improve behaviors with siblings or peers.
Strategy or Intervention for Goal 1:

1. Instruct parents to give to 30 minutes a day to minor, to get their sole attention, afterwards normal loving nature treatment.

2. In play therapy teach parents and minor games they can play to release energy without using aggression.

3. In play therapy teach parents and minor ways to release angry and frustrating feelings that are part of everyday life.

Strategy or Intervention for Goal 2:

1. Help minor learn anger to learn new constructive ways to manage aggressive feelings.

2. Help minor develop behavior skills to decrease interpersonal antisocialism.

3. Conduct or refer group therapy to give minor positive peer interaction experiences.

Diagnostic Suggestions:

312.81 (F91.1) Conduct Disorder - Childhood-onset type - With limited prosocial emotions - Moderate

Problems Related to Family Upbringing

V611.20 (Z62.820) Parent-Child Relational Problem