

Kertas Asli/Original Articles

**A Case Study on Sibling Relational Problem: Its Clinical Significance in Managing
A Dyslexic Adolescent with Mild Depressive Disorder**

(Kajian Kes Mengenai Masalah Perhubungan Adik Beradik: Kepentingan Klinikalnya dalam Pengurusan Remaja Disleksia yang Mengalami Kemurungan Ringan)

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ABSTRACT

The purpose of this case study was to see the impacts of managing sibling relational problem on mild depressive disorder. This approach was applied on a 15-year-old girl, who has dyslexia. She was found to have mild depression for one year that was precipitated by her poor relationship with her younger sibling. The intervention used in managing this case was adapted from the Siblings Are Special Module, a special programme that helps to alleviate anger and frustration that siblings had on each other. These 5 session interventions also included leisure activities that helped them to overcome their ongoing conflicts and were conducted over 3 months period. Parents were involved in the last 2 sessions in order to promote positive parenting. She showed a marked improvement in her psychological wellbeing and family relationship especially with her siblings at the end of the intervention. In conclusion, the intervention used to improve sibling relationship has shown to be effective in improving the mental health of the adolescents.

Keywords: Adolescent; depressive disorder; siblings

ABSTRAK

Tujuan kajian kes ini adalah untuk melihat impak dalam pengurusan masalah perhubungan adik-beradik terhadap kemurungan yang ringan. Pendekatan ini digunakan terhadap seorang remaja berusia 15 tahun yang mempunyai disleksia. Dia didapati mengalami kemurungan ringan selama setahun yang disebabkan oleh hubungan renggang dengan adik perempuannya. Intervensi yang digunakan dalam menguruskan kes ini diadaptasi daripada Modul 'Siblings Are Special', sebuah program khas untuk mengurangkan kemarahan dan kekecewaan sesama adik-beradik. Intervensi lima sesi ini juga mempunyai aktiviti senggang yang membantu mereka mengatasi konflik yang berterusan dan dijalankan dalam tempoh 3 bulan. Ibu bapa hanya terlibat dalam 2 sesi terakhir untuk menggalakkan gaya keibubapaan yang positif. Remaja ini menunjukkan peningkatan yang ketara dalam kesejahteraan psikologi dan hubungan kekeluargaan terutamanya dengan adik-beradiknya pada akhir intervensi. Kesimpulannya, intervensi yang digunakan untuk memperbaiki hubungan adik-beradik telah terbukti berkesan dalam meningkatkan kesihatan mental remaja.

Kata kunci: Remaja; gangguan depresi; adik beradik

INTRODUCTION

Mental disorder is common among adolescents and has been estimated to increase in number yearly. The lifetime prevalence of depression among adolescents in United States was found to be 11% (Avenevoli et al. 2015) and the prevalence in European countries ranged between 7.1% to 19.4% (Ko et al. 2012). The Malaysian National Health Morbidity and Mortality Survey conducted nationwide have shown there is an increased prevalence of depression among adolescents from 17.7% in 2012 to 18.3% in 2017

(IPH 2018). Among the adolescents, the prevalence of depression was found to be higher in females, those who had poor family or peer support and poor self-esteem (Norfazilah et al. 2015).

Self-harm secondary to depression is still one of the leading causes of death among adolescents (World Health Organization 2017). It has been shown that poor relationship among siblings during the childhood and adolescence may lead to major depression in adulthood (Waldinger et al. 2007). Besides the sibling relational problems, learning adversities and disconnectedness from school during the current COVID-19 pandemic also

contribute to negative experiences as well (Forteza-Forteza et al. 2021). This case report is written with the aim of sharing our experience in managing an adolescent with learning disability whom suffered from depression that was precipitated by her resentment towards her sister. It is hoped that this paper will be able to highlight on the importance of addressing sibling relational problems in the management of mental disorder in adolescents.

METHODOLOGY

SUBJECT

A 15-year-old girl, the eldest of five siblings was seen at Child and Adolescent Primary Care Clinic for follow up of her dyslexia in end of February 2021. She complained of feeling low and easily irritable towards her younger sister and father for more than 6 months.

CASE REPORT

She was well until the COVID-19 Pandemic stroked the world and she admitted of feeling low and overburden with home responsibilities towards the end of year 2020. Being the eldest of five siblings, she felt her parents were being unfair to her. She expressed her jealousy and hatred towards her immediate younger sibling, a 14-year-old sister. She disclosed of being easily irritable and having frequent verbal and physical fights with the sister. She felt her father favoured her siblings especially the sister and thus, she was given extra responsibilities and house chores when her parents were at work. She felt hopeless and helpless on what had happened to her and these had disturbed her sleep. Her other siblings were still young of 10, 7 and 5 years old whom she could not ask for help. She had been experiencing low mood on most days and lack of energy and desire to perform all the work around the house. She felt she was inefficient in performing the chores as she was slower than her usual self. There was no change in her appetite nor body weight. She did not have any suicidal thoughts nor involved in high-risk behaviours. She enjoyed schooling and was diligently joining all the online classes during the COVID-19 pandemic. There was no deterioration in her academic abilities. She missed her teachers and friends of the special education integration program and wished to be able to meet them soon. Physical examination showed a well kempt adolescent girl with euthymic affect and no perceptual disturbance. She had good insights and judgement. She was obese with a BMI of 30kg/m² with normal blood pressure and pulse rate. Other system examinations were unremarkable. She scored 10 on the Hamilton Depressive Scale.

CLINICAL FORMULATIONS

Based on the assessment she was diagnosed as having mild depression evidenced by low mood, anhedonia, irritability and insomnia for six months. The symptoms had affected her daily home functioning but not school activities. Blood investigations such as thyroid function test, full blood count, liver function test and fasting lipid profile were all normal, these further confirmed her low mood was not related to medical diseases such as hypothyroidism and she did not have metabolic derangement due to her obesity.

RESEARCH DESIGN AND MATERIALS

The overall management of this case study include supportive counselling sessions, empowering her with relaxation techniques and family therapy. She was not prescribed with pharmacotherapy. She was also taught several techniques of relaxation that include pictorial gratitude journaling, breathing exercise and progressive muscle relaxation. In addition, she was also referred to a counsellor. In total she had five intensive sessions adapted from 'Siblings Are Special' program (Sakuma et al. 2021) over a span of three months with fortnight appointments that focused on reviving her family relationship especially with her sister. It helped to create a safe and healthy environment and hence overcome her depressive symptoms. A detail description of all the five sessions conducted with the girl is presented below and summarized in Table 1.

TREATMENT PROTOCOL

Session 1: The first session involved a meeting with her siblings. The objective of this session was to understand each sibling's viewpoint and expectations on their relationship and family dynamics. The main issues that arose among them was on house chores that often ended with physical abuse. They were given opportunity to discuss and suggest on how best to carry out the house chores without one feeling bullied or over-burden.

Session 2: The second session was an ice breaking session for the siblings to express themselves and explore activities that they could do together. The session allowed them to convey their thoughts about each other and empower them to work together. Both sisters had started to respect each other and they had started to work as a team in completing the house chores. This had alleviated the patient's depressive symptoms and she had started to be active again with daily jogging. At the end of the session, the siblings planned to have an indoor plant and agreed to look after together.

Session 3: The third session was on involving all siblings. It allowed the expression of their feelings to each other and getting their feedback on team activities. The activity of tending a plant was a success. The younger sibling diligently watered the plant while the patient felt she found a way to pour her frustration by tending to the plant. The patient started taking more responsibility towards her siblings and being more supportive. Her relationship with her sister had improved and they got along with each other most times.

Session 4: The fourth session involved parents and the children. The first part of the session was with the children and empowering them with problem solving skills. The second part was with the parents guiding them by setting rules and reinforcements in the household for all the children. This session was fruitful as it allowed everyone to appreciate the roles of each family member and the parents in setting rules in the house as conflict prevention.

Session 5: The last session was a session with parents and the affected siblings. This session aimed to promote the future family connectedness. Parents were empowered to be mediators as well as role model for their children.

RESULTS

The result of the intensive five sessions conducted over 3 months period that focusing on improving her relationship with siblings showed a lot of improvement in terms of her psychological wellbeing and family relationship. She was more receptive on performing the house chores and able to control her emotion well. Her 14-year-old sister was also more involved in the house chores and this had eased the girl to overcome her resentment towards the sister quicker. In addition, all of the siblings had accepted the roles of each family member and more receptive towards the rules set by the parents. On the last review she denied all the depressive symptoms. Her score using the Hamilton Depressive Scale had improved from 10 to zero.

DISCUSSION

The psychomotor and mood symptoms of depression may mimic a differential diagnosis of hypothyroidism. The low

Session	Objective	Activity
First	To explore each sibling's perception and their expectations on their relationship with each other as well as family dynamics	1. HEEADSSS psychosocial assessment 2. Strength based assessment
Second	To facilitate session that could allow them to express their opinions and feelings as well as to empower them to work together	1. Both siblings came up with a timetable for house chores which was practical and achievable. 2. They decorated the timetable together according to their likings. 3. They worked on tending an indoor plant together
Third	1.To moderate session that enable them to express their feelings towards each other 2.To explore the activities that they may share interest to promote the spirit of working together	They were given opportunity to express their feelings to each other and to comment on their team activities.
Fourth	1. To empower them with problem solving skills that may arise in the future between both siblings. 2. Parents were given suggestions on rule setting in the house and advised on strengthening relationships among siblings.	1. Siblings were taught to appreciate the roles of each family member 2. The parents set rules in the house to prevent future conflict.
Fifth	To promote the family's future connectedness	Helped parents on methods of being mediators and promote authoritative parenting which encourages a physically warm and mentally safe environment for the siblings to grow in.

HEEADSSS – a psychosocial assessment to assess risk in adolescents involving several areas such as Home Environment, Education or employment, Eating Disorders, Activities, Drugs, Sexuality, Suicide or Depression, and Safety.

mood and changes such as cognitive deficits and poor quality of life may be present in hypothyroidism and could be misinterpreted as depression (Samuels 2014). Subclinical hypothyroidism as well as metabolic syndrome was seen prevalent in patients with depression and the metabolic syndrome was seven times higher in those with both depression and subclinical hypothyroidism (Tang et al. 2019). Hence, the initial investigation was done to assess for metabolic syndrome and possible hypothyroidism that showed she did not have any.

Based on the clinical assessment, she was diagnosed to have mild depression. Looking into more details and using the Hamilton Depressive Scale, she scored 10 which was within the mild depression range of 8-16 (Zimmerman et al. 2013), and therefore pharmacotherapy was not prescribed. In addition, presence of a good parental support and school connectedness (Zuckerbrot et al. 2018) further supported that she may responded well to the non-pharmacological therapy. An adolescent is interconnected to small units of relationships such as with their parents, siblings, peers and teachers. Solid and steady relationships of these small units are vital for the adolescents' well-being.

On the other hand, any defect in the either family relationships or school connectedness may affect adolescents greatly. An example is the sibling(s) relational problem. The severance to the relationship between the siblings seen in this case had caused a chain reaction to the relationship among the family members. It can be more complex, if parents are not able to control their emotional wellbeing. It is known that parents of children with special needs tend to have high parenting stress (Lee et al. 2017). The ripple effect of this familial disharmony may lead to academic dysfunction. The distressed adolescents would not be able to perform in school and lose their interest to maintain their relationship with teachers and friends. Social units such as individuals, family and schools interact with each other and these have direct as well indirect repercussion (Chambliss William & Eglitis Daina 2015). However, these did not happen to the patient as she was still able to maintain her connectedness with the school through the online activities.

Siblings' rivalry has been shown to increase depressive symptoms with two working parents (Kim et al. 2007). The patient's sense of receiving differential treatment from her father further aggravates her depression. Parental differential treatment in a pair of siblings may cause depression in the less favoured sibling (Jensen et al. 2013). On the other hand, the favoured sibling may feel guilty and having internal conflicts worrying about other's perception on her. This may lead to anger outburst and aggressive behaviour towards others. As seen in this case, the patient and her sister were in a fight for a number of times and this had further worsened the depressive mood in the patient.

By correcting their relationship and expectation towards each other, there was a reduction in the aggressive behaviour and thus alleviate the feeling of security in the patient. Relationships that had more warmth and less conflict had lesser internalizing and externalizing problems (Buist, Deković & Prinzie 2013). The improved sibling relationships would give a positive impact on the affected adolescents, especially in terms of depressive symptoms (Richmond et al. 2005). This new refreshing relationship would be a source of social support for the patient who is recovering from depression. The support system that was derived from a sibling relationship had been shown to reduce aloneness and depression and partially compensated for other deficiency in parental and peer support (Milevsky 2005).

The 'Siblings are Special' Programme (Sakuma et al. 2020) was adapted to help the relationship between these two girls. The programme is unique and it addressed several issues to enhance the sibling's relationship through empowering the siblings with enhancing skills like understanding each other's emotions, problems and conflict solving techniques and fair play. The program empowered the parents on parental behaviour such as setting rules and promoting reinforcements as well as handling consequences of conflicts. Parents were also guided to be mediators of the siblings' conflicts which also promotes the parents' involvement in siblings' activities. Overall, the patient benefitted the five intensive sessions and coping well with the parental expectations and responsibilities given to her. Her relationship with family members especially her sister had improved tremendously and she was recovering from depression. If these sibling issues were not handled appropriately, the depression would continue and may persist into adulthood. Sibling relational problem that occurred during adolescence stage increases the risk for major depression in adulthood (Avenevoli et al. 2015).

CONCLUSION

Although sibling relational problems had been highlighted in the DSM V, it is a component which is often forgotten especially when it concerns adolescents. Comprehensive assessment including the adolescent with depression helps us to assess the relational issues that the adolescent is facing, addressing it with appropriate intervention and empowering the adolescent to sustain the positive relationship. The intervention used is a recommended intervention in adolescents with sibling relational problems. The sessions to help siblings were long and the conflicts may take time to resolve but it has a fulfilling outcome in improving the mental health of the adolescents.

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