



Is Solution Focused Brief Therapy (SFBT) Efficacious in Reducing the Occurrence of Sibling Violence?



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ABSTRACT

This study aims to explore the efficacy of Solution Focused Brief Therapy (SFBT) in reducing the incidence of sibling violence. To limit variables, this qualitative study will survey 60 King County elementary and middle schoolers between the ages 9-12 who currently inflict violence upon a sibling. Subjects will participate in 8 individual sessions while parents will provide feedback on the subject's behavior at home. Using a modified Conflicts Tactics Scale (CTS1-m) and a modified Parent Daily Report (PDR-m) to measure efficacy, we hypothesize that SFBT will be found to be effective in the reduction of sibling violence.

INTRODUCTION

- ❑ Sibling Violence (SV) is a significant predictor of negative behavioral health outcomes and is often overlooked and trivialized by parents and authority figures as just a part of growing up (Button and Gealt, 2010; Glatz et al., 2019; Krienert & Walsh, 2011).
- ❑ Sibling violence has been linked to outcomes such as substance use, aggression, criminality and anxiety (Button and Gealt, 2010; Glatz et al., 2019).
- ❑ Given the detrimental effects of sibling violence, it is important to explore treatment options to reduce occurrence of sibling violence.
- ❑ Solution Focused Brief Therapy (SFBT) has been found to be effective in the reduction of aggression and criminal behaviors, including domestic violence (DV) (Yee Lee, Uken, & Sebold, 2004).
- ❑ Given the similarities between DV and SV, we believe SFBT would be an efficacious intervention to reduce the occurrence of SV.

PRIMARY AIM AND HYPOTHESES

- ❑ Research Question: Is Solution Focused Brief Therapy (SFBT) Efficacious in Reducing the Occurrence of Sibling Violence?
- ❑ Hypotheses:
 - SFBT is efficacious in reducing violent behaviors of sibling offenders.
 - The rate of sibling violence perpetration will reduce over time with the use of SFBT.

METHODS

Participants

- ❑ (60) sibling offender participants, ages 9-12 and (60) caregivers, (1) caregiver per household
- ❑ The sample will be taken from a pool of students surveyed in the King County area grades 4-7 from (3) elementary schools and (2) middle schools. Selected schools will quiz all children in grades 4-7 to determine eligibility. Participants will be selected if they meet certain criteria, such as falling within the age range of 9-12 and having reported being physically violent with a sibling once or more within the last month. If eligible, parental permission will be needed to participate in the study.

Procedures

- ❑ Within this study, SFBT practices will be administered to participants over 8 individual sessions with children offenders of sibling violence.
- ❑ Data for this study will be collected in person in written form twice, both before the initial session (T1) and after completion of 8 sessions (T2), and over the phone at a post treatment follow-up (T3).

MEASURES

- ❑ The sibling offender will complete a modified Original Conflict Tactics Scale (CTS1-m), in each of these instances. The CTS1 will be modified in order to measure child-child violence among 9 to 12 year olds. The language of the 19 items in the original CTS1 will be edited to be applicable to this age group as opposed to spousal abuse.
- ❑ Caregivers of the child will complete a modified Parent Daily Report (PDR-m) in person during the child's sessions, or over the phone if unavailable, to report behavior of the child over the last week. The PDR will be modified in order to measure caregiver's reports of the child's behavior over the past week instead of the past 24 hours, in order to prevent burnout that daily reports may cause. The original PDR has 30 items. Ours will be shortened to 7 items to specifically address behaviors related to SV as well as prevent responder attrition.

RESULTS

- ❑ The data from the modified CTS1 will be analyzed using Friedman's ANOVA. The Friedman ANOVA was chosen as the CTS1 is ordinal and will be collected over 3 test settings. We expect that the Friedman ANOVA will show a decrease in SV as measured by the modified CTS1 over time.
- ❑ Results of the PDR-m will be analyzed as a linear regression. Occurrences of SV as indicated on the modified PDR will be scored as "0" for "no" and "1" for "yes". We expect caregivers to report a decrease in the incidence of sibling violence. We also expect caregivers to report a noticeable improvement in the participants' relational skills in interpersonal relationships since their participation in the program.

Discussion

- ❑ Our study used multiple reporting sources in the evaluation process. We expect that findings of the study will provide initial evidence of the effectiveness of a solution-focused approach for treating SV offenders. The use of strengths-based instruments have been previously shown to be effective in the cessation of domestic violence (Yee Lee, Uken, & Sebold, 2004). As Yee Lee et al. (2004, pg. 472) have found, a solution-focused approach for treating violent offenders "focuses on helping participants to develop and accomplish personally meaningful goals that are interpersonally related". Our hope for this study is to find similar results in relation to SV. Reducing SV could be instrumental in reducing negative outcomes such as substance abuse, anxiety, criminality, and aggression.
- ❑ It should be noted that our study will utilize modified testing measures (CTS1 and PDR) in order to be tailored to fit SV. Our reasoning for this is to ensure that these testing measures are suitable for children, and suitable to measure SV. While these modified questionnaires are based on well tested measures, these modified versions have not been previously tested.
- ❑ Limitations to this study include a lack of a control or comparison group, and self-report questionnaires. We attempted to correct for issues of self-report bias by utilizing caregiver reports of SV in the home as well, however this could include additional self-report bias from caregivers. Namely, the common misconception that SV is "just part of growing up" may impact how caregivers report SV. Additionally, external factors (e.g., family issues, caregiver minimization of SV, or bullying at school) that might have impacted SV perpetrators could not be controlled for.
- ❑ If this research indicates that SFBT is efficacious in reducing instances of SV, future research into utilizing SFBT with other types of violent offenders could be conducted. We recommend that future studies be conducted to further explore the efficaciousness of a SFBT approach in reducing the incidence of SV.