Pediatric Blood & Cancer

RESEARCH ARTICLE OPEN ACCESS

Exploring Preferences for a Digital Single-Session Intervention for Adolescent Siblings of Youth With Cancer

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Received: 12 December 2025 | **Revised:** 28 January 2026 | **Accepted:** 4 February 2026

Keywords: cancer | digital intervention | qualitative study | siblings

ABSTRACT

Introduction: Adolescent siblings of children with cancer are at elevated risk for psychosocial problems. Unfortunately, various barriers such as limited family time and resources, conflicting schedules, and psychosocial staffing constraints at cancer centers hinder sibling access to support. Digital, self-guided, single-session interventions (SSIs)—brief, low-cost, scalable mental health tools—have shown promise for surmounting such barriers and providing support to adolescents. This qualitative study aimed to gather perspectives from adolescent siblings, parents, and professionals to inform the development of a digital, self-guided Sibling SSI tailored to siblings' needs.

Methods: Semi-structured interviews were conducted with adolescent siblings ($n = 22$), parents ($n = 21$), and psychosocial providers and community leaders ($n = 14$). Drawing on existing evidence-based SSIs that use a solution-focused brief therapy framework, interviews explored content, language, timing, and delivery preferences for a Sibling SSI. Content analysis was used to summarize key recommendations.

Results: Participants viewed a digital Sibling SSI as a promising approach to promote coping. Content suggestions included acknowledging common cancer-related and adolescent struggles, highlighting siblings' existing coping strategies, and offering personalized action plans. Participants emphasized the importance of sibling-centric language and creating a space exclusively for siblings. Early dissemination within 3 months of diagnosis via psycho-oncology teams and community channels was recommended.

Discussion: Findings provide community-informed guidance to inform the development of a digital Sibling SSI aimed at surmounting barriers to care and enhancing psychosocial support for adolescent siblings of children with cancer.

Abbreviations: SFBT, solution-focused brief therapy; SSI, single-session intervention; US, United States.

https://doi.org/10.1002/1545-5017.70192

1 | Introduction

Caring for a child with cancer demands substantial adjustments within the family system, and siblings often experience strong negative emotions, including hopelessness, jealousy, anger, and perceived loss of control [1]. Siblings are also at risk for psychosocial problems, including anxiety and depressive symptoms, and cancer-related posttraumatic stress [2, 3]. While some siblings report positive changes, such as increased empathy and prosocial behavior [1], many describe unmet emotional and practical needs [4]. These needs may be intensified during adolescence, a period when developmental tasks rely heavily on peer connection and increasing autonomy [5]. Disrupted family routines, limited parental availability and attention, and increased responsibilities may interfere with these developmental tasks and access to usual social supports, leaving adolescent siblings particularly vulnerable to stress and isolation during cancer treatment [6, 7].

The Psychosocial Standards of Care in Childhood Cancer recommend routine, evidence-based support for siblings that matches their unique needs [8]. However, the Sibling Standard is among those least likely to be routinely or consistently met [9]. Few rigorously developed interventions exist for siblings, and most that do use hospital-based group formats [10], despite siblings' limited presence in these settings [11]. This mismatch contributes to low utilization [12, 13]. Digital interventions may help surmount logistical barriers that hinder access [14] but are underutilized for adolescent siblings of children with cancer [10].

Digital single-session interventions (SSIs) engage youth who typically lack access to traditional mental healthcare [15]. SSIs operate on the premise that a single session may be an individual's only encounter with therapy and therefore should offer an opportunity to spark clinically meaningful change [16, 17]. A systematic review, synthesizing 24 systematic reviews of more than 400 SSI trials, indicated that SSIs are effective across diverse presenting concerns and clinical severity in adolescents and adults, with comparable benefits observed for both self-guided and therapist-led formats [18]. Plus, digital, self-guided SSIs are a cost-effective, scalable approach [15]. SSIs are grounded in various theoretical frameworks and therapeutic orientations, including solution-focused brief therapy (SFBT), an empirically supported, strengths-based treatment modality that emphasizes individuals' internal capacity for change [19]. SSIs grounded in SFBT have demonstrated feasibility and acceptability with adolescents and young adults across in-person, telehealth, and digital, self-guided formats [20–22]. SFBT has been applied in oncology for adolescents and young adults with cancer [23, 24] and parents [25], but has not been used for siblings. Accordingly, this qualitative study explored sibling, parent, and psychosocial provider recommendations for tailoring and disseminating a digital, self-guided SSI to meet the unique needs of adolescent siblings [26].

2 | Methods

2.1 | Participants and Recruitment

Eligible participants were: (Ia) siblings between 13 and 17 years old of a child (0–19 years old) diagnosed with cancer or (Ib) their parent/caregiver; and (II) fluent in English or Spanish. Up to two siblings per family were eligible to participate, given siblings' unique experiences even within the same family. Bereaved siblings were excluded due to unique support needs [1]. Potentially eligible families were identified through Rutgers Cancer Institute electronic medical records and rosters of SuperSibs, a program powered by Alex's Lemonade Stand Foundation that serves siblings of children with cancer across the United States. Families were contacted via email, phone calls, and/or mailed flyers; families receiving care through Rutgers Cancer Institute were approached during routine outpatient visits. Recruitment was also facilitated through flyer distribution at relevant sibling events and word of mouth; interested families completed a consent-to-contact form and were contacted by research staff for eligibility screening.

We also recruited a national sample of professionals who support children with cancer and their families. Eligible professionals were: (Ia) psycho-oncology providers (e.g., social workers, child life specialists, psychologists) with at least 2 years of experience, or (Ib) administrators of community-based cancer organizations; (II) fluent in English; and (III) affiliated with a US-based program. Professionals were recruited through flyers, targeted emails, professional listservs, and word of mouth; interested individuals completed a consent-to-contact form and were contacted by research staff.

2.2 | Procedure

Parents and professionals provided verbal consent, and siblings provided verbal assent prior to data collection. Each participant completed a 45–60-minute semi-structured interview and a brief demographic survey via REDCap [27]. Most interviews were conducted via Zoom, a HIPAA-compliant videoconferencing platform; four were conducted by telephone, and two were completed in-person at the clinic. Participants were compensated $30 for participation. This study was reviewed and approved by the Institutional Review Board at Rutgers Cancer Institute. Data were collected between October 2023 and January 2025. To promote transparency and rigor in reporting, the study adhered to the Consolidated Criteria for Reporting Qualitative Research [28].

2.3 | Qualitative Approach

Research staff trained in qualitative methods conducted semi-structured interviews in English or Spanish. The interview guide included open-ended questions beginning with participant background and progressing to preferences for a sibling-focused SSI. During the interview, participants were presented with PowerPoint slides summarizing content from existing SSIs grounded in SFBT [20, 21], and were asked how to tailor that content to meet the unique needs of adolescent siblings (Table 1). More specifically, they were asked to consider the "miracle question," a key SFBT technique in which the individual is asked to identify a top struggle they are experiencing and then imagine how their cognitions, emotions, and behaviors might change if this challenge were suddenly resolved [29]. This miracle question is designed to shift attention from problems to possibilities, and then guides individuals to identify small, realistic actions they

TABLE 1 | Original SSI content and recommendations for a Sibling SSI.

Example prompts from existing SFBT-informed SSIs [20, 21]	Example responses from existing SFBT-informed SSIs	Recommendations for tailoring content for adolescent siblings
If you were to describe a "top struggle" you're experiencing right now, what would it be?	- I feel overwhelmed - I feel disconnected from friends - I am mean to myself - I feel stuck	- I need information about my siblings' cancer and/or treatment - It is hard to watch my sibling go through treatment
What do you hope to feel better able to do, think, or feel after this activity?	- I hope to feel more connected - I hope to practice being mindful and focusing on the here-and-now - I hope to be kind to myself	- I hope to understand more about my sibling's illness and treatment - I hope to feel more confident in my ability to manage stressors
Suppose that while you are sleeping, a miracle occurs (e.g., "Miracle Day"). The top struggle you're facing today completely disappears How would your emotions change?	- I would feel more connected to others - I would feel calmer and at ease - I would feel proud of myself - I would feel more motivated	- I would feel less lonely/isolated - I would feel more joy, excitement, and empowerment
How would your self-talk change?	- I would be kinder to myself - I would tell myself I'm stronger than I think - I would forgive myself for mistakes - I would tell myself I am loved	- I would understand what things are in my control vs. things that I cannot change - I would tell myself it is okay to ask for help
What would be easier to do?	- Spend time with friends - Engage in hobbies - Meet new people - Be present in daily life	- Engage in meaningful activities - Be more in touch with my feelings and express my emotions
Try to name three small actions you can take to help you get closer to your "Miracle Day."	- Talk with a friend - Exercise - Do something nice for somebody - Journal	- Videochat or share an activity with my sibling with cancer - Do something to focus on myself, self-care - Talk and spend time with a friend

Note: SFBT, solution-focused brief therapy; SSI, single-session intervention.

can take toward change, ways to overcome possible barriers to those actions, and who can support them in achieving their plan. Participants were asked to comment on this SFBT component, identify changes to the content, and describe possible logistics of disseminating a Sibling SSI. The interview guide (Table 2) was tailored for each participant group, but maintained a parallel structure. Preliminary data analysis was conducted throughout data collection to inform iterative revisions to the guide, including clarifying prompts, modifying slides, and de-emphasizing saturated areas [30].

2.4 | Data Analysis

All interviews were audio-recorded, transcribed verbatim, checked for accuracy, and entered in Dedoose (Version 9.2.12) for coding and analysis. Interviews conducted in Spanish were transcribed and then translated into English. The coding team (CMA, SS, PP) developed a codebook based on the interview questions, which was then tested and refined by coding a subset of transcripts. Codes were added, removed, or revised to ensure they accurately captured concepts and reflected the range of participant perspectives. Once no further changes were necessary, the codebook was deemed final and applied to all transcripts. Approximately 40% (n = 20) of the transcripts were randomly selected for double coding, with an acceptable intercoder concordance of 83% [31]. Discrepancies were resolved through team consensus, and the remaining 60% of transcripts were coded individually. Directed content analysis was then used to summarize and analyze codes [32, 33].

2.5 | Positionality Statement

We acknowledge that our professional and personal identities shape how we approach research. Professionally, our interdisciplinary team includes researchers and clinicians with backgrounds in Psychology, Medicine, Public Health, Social Work,

TABLE 2 | Selected qualitative lead and supplemental questions.

Qualitative questions for adolescent siblings, parents, and professionals

Lead question: To make sure this program is tailored to meet the needs of adolescent siblings of children with cancer… [show each slide and obtain information about their thoughts, including what should be added and/or removed]

1. What top modifiable struggles are adolescent siblings of children with cancer facing that should be included in this single-session program, and why?
2. What might siblings' top hope be for completing this single-session program, and why?
3. For the list of emotions, self-talk, and things that would be easier—what should be added/removed from this list to make it specific to adolescent siblings? Why?
4. What action plan items should be added/removed to make this program specific for adolescent siblings of children with cancer? Why?
5. What additional information or components would be important to include specifically for adolescent siblings of children with cancer? Why?

Lead question: What are your thoughts on…

1. When in the course of cancer treatment would a single-session program like this be most useful for siblings to complete?
2. What are the best ways to let siblings know about this program?
3. What suggestions do you have to make this program inclusive and useful to a diverse group of adolescent siblings?

Lead question: A single-session program can be offered as a stand-alone program or paired with another service or program

1. What makes a single-session program appealing by itself, and why? Less appealing, and why?
2. If a single-session program for siblings were to be paired with another program(s), what might this look like?

Lead question: What information would your institution/organization need to implement a digital, self-guided single-session program for adolescent siblings of children with cancer (for professionals only)

1. What outcomes would be important to those implementing a digital, self-guided sibling single-session program?
2. How would a sibling single-session program fit into a workflow at an organization like yours? What, if any, changes would need to be made to seamlessly incorporate it into your workflow?
3. What challenges might you expect when adopting, disseminating, and implementing a digital, self-guided single-session program for siblings? What might be possible solutions?

Sociology, and Communications. We employ qualitative and quantitative approaches in our scholarly work. Several authors have direct clinical experience working with families of children diagnosed with cancer. Personally, the authors represent individuals who identify as non-Hispanic White, Black, and South Asian, and cisgender female and male, with various sexual orientations. Two authors have lived experience with childhood cancer survivorship as a sibling and a survivor. One author is a sibling of an individual diagnosed in childhood with a non-life-limiting chronic health condition. These lived experiences informed our study design, data collection, and interpretation.

3 | Results

3.1 | Sample Description

Of the 118 families and professionals who were contacted, 18 were ineligible (i.e., did not have siblings, siblings were not between 13 and 17 years old, or siblings were bereaved). Seventeen (17%) refused participation, and 38 (38%) did not respond. Two (2%) consented but withdrew prior to completing an interview due to time constraints or because they changed their mind, and 26 (26%) expressed interest but did not complete consent or data collection. A total of 57 individuals participated in the study, including 22 siblings, 21 parents, and 14 professionals. Siblings from the same family (four pairs) were interviewed separately to ensure that their responses were not influenced by their siblings, and all participants' responses were treated equally. Three parents completed the interview in Spanish. See Table 3 for demographic information.

3.2 | Qualitative Findings

Results are organized into two domains: (i) content suggestions for tailoring a digital SSI for siblings (Table 4), and (ii) additional considerations related to dissemination for a Sibling SSI (Table 5). Across domains, some siblings, parents, and/or professionals noted they did not have any additional suggestions or changes to the existing content, particularly at the end of data collection when saturation was high. Tables 4 and 5 present the description of each theme and subtheme, along with exemplary quotes from participants.

3.3 | Domain 1: Content Suggestions for Tailoring a Digital SSI for Adolescent Siblings

1a. Top Struggle and Hope for a Sibling SSI

Participants identified key challenges faced by siblings, including those directly related to the cancer experience. All partici-

TABLE 3 | Demographic characteristics.

Characteristic	Siblings (*n* = 22) *n* (%)	Parents (*n* = 21) *n* (%)	Professionals (*n* = 14) *n* (%)
Age (*M*, SD)	14.9 (1.5)	41.7 (4.8)	—
Gender			
Female	14 (63.6)	18 (85.7)	13 (92.9)
Male	8 (36.4)	3 (14.3)	1 (7.1)
Race/Ethnicity[a]			
White	13 (59.1)	11 (52.4)	13 (92.9)
Latinx or Hispanic	7 (31.8)	7 (33.3)	1 (7.1)
Black	2 (9.1)	3 (14.3)	0
South Asian	1 (4.5)	1 (4.8)	1 (7.1)
Asian	2 (9.1)	1 (4.8)	0
Middle Eastern	2 (9.1)	0	0
Cancer type of diagnosed child[b]			
Leukemia	—	11 (52.4)	—
Solid, bone, and tissue cancers	—	4 (19.1)	—
Lymphoma	—	3 (14.3)	—
Brain and CNS tumors	—	3 (14.3)	—
Treatment status of diagnosed child			
Active	—	7 (33.3)	—
Maintenance	—	7 (33.3)	—
Off treatment	—	7 (33.3)	—
Professional role			
Psychologist	—	—	6 (42.9)
Social worker	—	—	4 (28.6)
Child life specialist	—	—	1 (7.1)
Art therapist	—	—	1 (7.1)
Director of community organization	—	—	2 (14.3)
Professional setting			
Free-standing hospital	—	—	5 (35.7)
University-affiliated hospital	—	—	5 (35.7)
Combination[c]	—	—	2 (14.3)
Non-profit organization or foundation	—	—	2 (14.3)

[a] Totals may exceed 100%, as participants could check all that apply on the following items: Native American, American Indian, Indigenous, or Alaska Native (Navajo nation, Mayan, Aztec, Native Village or Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.), Asian (Chinese, Filipino, Korean, Japanese, Vietnamese, etc.), South Asian (Pakistani, Indian, Sri Lankan, Bangladeshi), Southeast Asian (Cambodian, Laos, Thai), Black (Afro Latino, African American, Haitian, Jamaican, Nigerian, Ethiopian, etc.), Latino/x or Hispanic (from a Latin American country or Spanish origin/Spanish-speaking nation), Middle Eastern or North African (Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, etc.), Native Hawaiian or Other Pacific Islander (Samoan, Chamorro, Tongan, Fijian, etc.), White (German, English, Irish, French, Italian, Polish, etc.), and/or Not Listed.

[b] Only parents reported cancer type and treatment status.

[c] Free-standing hospital connected to a university/medical center.

pant groups described siblings experiencing a loss of normalcy, difficulties managing intense emotions, struggling to express their needs and emotions, and feeling isolated from families and peers. Siblings specifically noted feeling disconnected from friends, often stemming from having such dissimilar worries. Siblings and parents acknowledged limited parental attention during cancer treatment. Siblings and professionals described a tension for siblings between wanting more cancer information and needing space from the constant presence of cancer, with parents also acknowledging the latter. Beyond cancer-specific

TABLE 4 | Content suggestions for tailoring a digital SSI for siblings.

Domain	Summary	Exemplar quotes
Top struggle	- Disrupted normalcy and disconnection from family and peers - Communication challenges and mixed needs for both cancer-related information and distance from cancer - Heightened stress balancing adolescence and cancer-related demands - Delayed milestones and worries about the future	"I feel disconnected, I moved the year that we found out about my brother's treatment… So, being in a new place and going through this cancer stuff… And I also feel overwhelmed because - again, with everything that's going on, not really having people to talk to and then also just like dealing with the cancer stuff… And then being in my sophomore year, college is right around the corner, and I'm scared." (15-year-old female sibling #111) "I like that they're not all specific to cancer…That needing a time out or space away was a big one for our family, for our teen. Not knowing how to express what she's feeling…she felt guilty that she was healthy and her sister was sick… Feeling that no one paid attention to her and then worrying about her own life." (mother #489) "…friends are obviously really big. So, whether its friends understanding what they're going through or feeling disconnected from friends… It's just hard to relate to their peers anymore because their peers are talking about worries about a math test or a boy not talking to them, right? And they're worried about something much more significant, about potentially their brother or sister dying." (psychosocial provider #202)
Hope for the session	- Building connection and support from others - Developing confidence and coping with stressors - Engaging in self-care and self-compassion - Advocating for needs	"Maybe I hope to take things one step at a time, which is kind of like that I hope to focus on here and now." (17-year-old female sibling #110) "I would say hope to figure out how to ask for what I need. I feel like all teens could use some help." (mother #453) "…maybe a hope is also just learning about different ways to cope…learning how to improve, problem-solving, or how to address stressors when they come up." (psychosocial provider #202)
Miracle question	- Using realistic, developmentally appropriate language - Avoiding confusion and false hope about a cure - Reframing abstract prompts into concrete questions	"Probably… not having to worry, like a no-worry day… I would say more of a no-worry day because you wouldn't worry as much." (13-year-old female sibling #101) "No, I think [the "miracle day" question is] fine. I guess you just have to—you have to believe in miracles." (mother #406) "We acknowledge that this big event in your life, the sibling getting sick, is going to have an impact. What's the area that it's had sort of the greatest impact on that you wish were easier? What would easier look like? And how can we help you get from point A to point B in light of the fact that your sibling has cancer?" (psychosocial provider #203)

(Continues)

TABLE 4 | (Continued)

Domain	Summary	Exemplar quotes
Changes to emotions, cognitions, and behaviors	- Increasing their confidence and reducing distress - Shifting their focus to controllable aspects of their experience - Promoting positive self-talk and self-compassion - Encouraging open communication and requesting help as needed	"I would understand what things are in my control versus things that I cannot change. A lot of times, you can worry about things that it's just not your ability to change. And it's like, you just have to realize that you're doing what you could do and things that you can't do, you just can't do." (16-year-old female sibling #140) "… I will feel calmer and at ease. I will feel more motivated. I will be able to better manage my frustrations. I would feel more connected to others. I would feel more gratitude. I will feel proud of myself. I think that's good." (mother #405) "I would tell myself it is okay to ask for help or lean on others, because sometimes it's just not even asking for help, it's just that you need support." (psychosocial provider #213)
Action plan	- Seeking support from trusted adults and peers - Spending quality time with family and friends - Engaging in physical activity, mindfulness, or creative outlets - Practicing self-care and identifying personally meaningful strategies	"We can make time to have those little moments with your family, like have little activities or go out, even if it's just a little picnic or just watching a movie with them." (14-year-old female sibling #107) "I think it's a good mix of like things you would do to connect with people, things you would do for your body physically, things you would do like mentally. It looks like a good mix." (mother #402) "…like connect with a supportive family member, friend, or adult or something. I'm just thinking about how we have a lot of - just like what different people's family structures look like. Like they might not have an aunt or an uncle or a grandparent, but like do they have like mom's best friend or their friend's mom, something like that, just to make it more inclusive, depending on what the family structures look like." (psychosocial provider #212)
Other content considerations	- Setting expectations for program length and pacing - Normalizing sibling experiences through peer quotes - Building on siblings' existing coping strategies - Providing additional resources for those needing more support, including safety planning as needed	"I think the information that would be…that would need to be provided, like, for, like, most usefulness would probably be information…and a quote or something…from other teens who are experiencing the same problems… having a sibling with cancer" (13-year-old male sibling #509) "My concern is if their feeling was too much, what happens? … Like a safety plan…It's just having them understand or feel like there's so there's more people they can reach out to…what if somebody was really severely depressed or was hurting themselves or found themselves being hurt. Is there something that will help them be safe?" (mother #441) "It could be helpful to say like, what do you do when you feel stressed right now? I think that also helps them with the other questions in terms of like what could be helpful – like they've already thought about what they're doing now. I think it could be like a nice lead in if they're already kind of like brainstorming what they're already doing now, thinking about what helps, what doesn't help as they go into the other questions." (psychosocial provider #212)

TABLE 5 | Additional considerations for a digital Sibling SSI.

Domain	Summary	Exemplar quotes
Creating an inclusive Sibling SSI	- Using inclusive, relatable imagery and language for diverse adolescents - Incorporating accessibility features to support siblings with disabilities - Adapting content culturally, linguistically, and for varying levels of technology access	“I think with my parents and in my household, culture has a little bit to do with how my family and how I react to certain things. So, I think probably having a diverse group of people [represented] so that there’s a diverse understanding for every sort of family and every sort of situation.” (15-year-old female sibling #111) “Make the materials and the design on social media adaptive to what they like, colorful, positive. Informational versus just informative medical-related, which will be a turnoff… Or even language-wise as well, Spanish, Italian… Mandarin, Cantonese.” (father #428) “… and also, don’t put pictures of their sibling [with cancer] on there. That’s what everyone sees.” (community administrator #301)
Dissemination logistics	Offering the SSI within 1–3 months of diagnosis, with flexibility based on family needs Disseminating through psycho-oncology teams, while acknowledging challenges in reaching siblings directly Exploring diverse dissemination methods, including social media, schools, camps, and community settings Providing information through accessible formats like text messages and patient portals (e.g., MyChart)	“The issue is with social media, like, if you’re looking at it, that won’t really show up if it’s, like, social media. If you’re just going, like, searching regular things, I don’t know how that would really appear on your feed and stuff because, like, I don’t think really any teens go and are constantly searching up. So, the algorithm wouldn’t really show it at all.” (16-year-old male sibling #512) “… And so, yeah… like maybe 4–6 weeks or 4–8 weeks post-diagnosis. I think the dust had settled enough for her and us to kind of identify areas we needed to restructure or work on.” (mother #489) “I think the best way to introduce teens to the program would be through a person that they trust. So, I’m not sure who the right person is, and then not necessarily the parents because kids won’t listen to their parents about that.” (community administrator #302)

(Continues)

TABLE 5 | (Continued)

Domain	Summary	Exemplar quotes
Dissemination in the context of hospitals and organizations	- Need for transparency on data collection, usage, and communication to families - Requirement for administrative approval and clear information on benefits, costs, and content to support buy-in - Concerns about risk management, especially regarding disclosures of suicidality - Overall ease of implementation, with potential integration into existing workflows and resource distribution channels	"…you need someone who has buy-in at the institution that would own it and implement it and see it through, that would be able to take the time to make sure that it's getting implemented and offering it to families. And that person would need to be able to pull in the other team members to identify folks that could use the intervention and – yeah, I feel like, if it's all web-based, we have tablets we can give the kids to do it with…I think we lack a lot of access to siblings, so I think it's a bit more about that person would need to train everybody and get them on board—everybody, I'm thinking, the social workers and Child Life—on how to get the resource to families and get them plugged in and [connected]." (psychosocial provider #201) "It would certainly have to go through the management. And maybe even risk management…. there might be people that don't have internet access at home, you know, and might need a hotspot or something to connect to do something like this…I don't think the hospital would [pay for it]. Although you never know, there could be a grant, there could be, you know, an organization that would support it. There are sibling organizations; they might support it." (psychosocial provider #211)
Future directions and broader applications for a Sibling SSI	- Engage adolescent siblings throughout research and collect post-intervention feedback - Expand intervention to include pre-teens, young adults, and topics like survivorship and bereavement - Develop parallel resources for parents to support themselves and their healthy children - Adapt the SSI for siblings of children with other chronic or life-limiting illnesses beyond cancer	"What if there was a chatroom or something on it? … I'm just thinking maybe it's some way—you were just able to somehow communicate with other people. That would be really cool. Or maybe I was thinking, too, if there were videos about stuff…." (17-year-old female sibling #110) "Is your program going to be open to teens with siblings [only on] active treatment, or how long can they utilize your services after treatment has ended? I think there are so many amazing nonprofits and organizations that help when you're in active treatment. And then as soon as your child rings that bell, as so many of them go away." (mother #478) "I'll say my like soapbox, I guess, for lack of a better way of putting it, is like I have so many non-[oncology] BMT patients. We're doing more nonmalignant transplants than malignant transplants the last like 4 years, and so if, like for your study specifically, you only are looking for siblings of patients with cancer—my biggest fear is like a support is discussed with a family that's very interested and then they're not able to access it." (psychosocial provider #212)

concerns, siblings and professionals described how typical adolescent stressors, such as managing academic and extracurricular demands, were often intensified. Siblings and parents described siblings' difficulties with concentration, and all participant groups acknowledged siblings' persistent worries in areas such as academic functioning, social/romantic relationships, siblings' health, and family finances. According to siblings and professionals, missed social opportunities and developmentally normative experiences also contributed to siblings' feeling disconnected from peers.

Participants reported what siblings might hope to achieve from engaging with an SSI. All participant groups described focusing on siblings being present. Siblings and professionals reported more connection and self-compassion as potential hopes. Siblings and parents indicated that siblings might hope for balance and spending more time with family members, including their sibling diagnosed with cancer. According to parents and professionals, siblings might hope to communicate better, particularly when expressing their feelings with others. Professionals also identified other potential options, including increasing siblings' understanding of the diagnosis and treatment, increasing confidence, and engaging in self-care. Similarly, parents expressed that siblings might hope to reduce concerns about being a burden, using coping strategies to address anxiety symptoms, and having their feelings validated.

1b. Miracle Question and Subsequent Change

Most professionals expressed concerns that the "miracle question" could be invalidating and confusing for siblings, equating the "miracle" to curing cancer, which could lead to frustration and disengagement from the SSI. Psychosocial providers emphasized that hypothetical language is often less effective with adolescents and in the context of life-limiting illness, and they instead recommended using more concrete, actionable language, including "*What part of your life has been most affected by cancer, and what is one small change that might help improve it?*" or "*What is one thing that would help you feel better day-to-day?*" Similarly, several siblings and parents were confused by the miracle question prompt and had difficulty providing feedback on ways to change it. As such, some siblings described the need to reframe the phrase to something like a "*worry-free day*." Finally, some parents and professionals pointed out that the term "miracle" carries religious connotations and suggested alternative phrasing, such as "*if a magic wand made your biggest problem disappear*."

Regarding subsequent change, all participant groups indicated that siblings may feel more confident in managing stressors and experience greater motivation. They also mentioned an increase in pride and comfort in siblings' coping abilities, as well as a reduction in feelings of guilt, fear, worry, and sadness. Professionals noted that siblings might feel safe. Participants were also asked how siblings' self-talk might change if their top struggle was addressed. Siblings, parents, and professionals suggested that siblings might focus on what they can control, remind themselves that it is okay to ask for help, and offer more self-praise and compassion. Siblings and parents added that siblings might reassure themselves that they are doing their best. Parents highlighted opportunities for siblings to self-reflect on learning from challenges and using coping skills, whereas professionals identified the opportunity to recognize that emotions are not static. All groups agreed that siblings might re-engage in meaningful activities, seek support, express needs more openly, and strengthen connections.

1c. Identifying Action Plans

Siblings, parents, and professionals reviewed a list of potential small steps that siblings might take to address their struggle, which would be part of their SSI "action plan." All groups agreed on items such as talking with a parent or trusted adult (e.g., coach, teacher), using art as a creative outlet (e.g., writing, crafting, music), playing with a pet, watching a funny video, focusing on self-care, exercising, and engaging in shared activities with a parent or sibling with cancer, emphasizing small moments of connection (e.g., watching a movie, playing online games). Siblings additionally noted saying yes to invitations and taking breaks from the internet. Siblings and professionals suggested volunteering and baking. Parents and professionals recommended mindfulness or relaxation strategies, and parents appreciated the inclusion of prayer for siblings. All groups valued write-in options, allowing siblings to add personally meaningful activities.

1d. Other Content Considerations

Siblings, parents, and professionals noted that normalizing the sibling experience through quotes from others in similar situations was essential to fostering connection and validation. According to professionals, acknowledging siblings' existing coping strategies and encouraging reflection on them to guide a personalized action plan were considered important. All participant groups recommended including downloadable sibling-specific resources, with the final action plan to enable siblings to utilize helpful tools beyond their completion of an SSI.

3.4 | Domain 2: Considerations Related to Inclusivity, Dissemination Logistics, and Future Directions for a Sibling SSI

2a. Creating an Inclusive Sibling SSI

To ensure the SSI is inclusive and accessible, participants offered various recommendations (Table 4), including using images and language that resonate with adolescents of diverse races, ethnicities, gender identities, ages, and family structures. They also suggested avoiding imagery of children with cancer to maintain the focus on siblings. Recommendations for accessibility features to support siblings with disabilities included audio-recordings, video captions, adjustable text size, and simplified on-screen content. For siblings who have limited access to the internet and technology at home, alternatives such as school-based access were proposed. Finally, while some viewed the SSI as a valuable stand-alone support, others emphasized that an SSI alone will not meet all the needs of all siblings, particularly those requiring more intensive psychosocial services, and described opportunities to pair an SSI with existing services, such as individual therapy and peer groups.

2b. Dissemination Logistics

Most siblings, parents, and professionals recommended offering the SSI within 1–3 months of diagnosis. Some suggested delaying it until later (e.g., 6 months) based on family circumstances. Proposed dissemination strategies varied, with most favoring delivery by the psycho-oncology team. Some professionals noted that siblings may prefer not to receive information from their parents; however, direct outreach would be challenging. Social media platforms like Instagram and TikTok showed promise, though siblings, parents, and professionals were all unsure which channels would best reach siblings. Other suggested avenues included partnerships with cancer organizations, camps, schools, primary care offices, and community settings, like libraries and community centers. Preferences also included text messages and electronic patient record portals such as MyChart.

2c. Organizational Context

Professionals were also asked about what institutional requirements might be needed for disseminating a Sibling SSI. Many described the need for clear information about what data would be collected and stored by the digital SSI, how it would be used, and how this would be communicated to families. Administrative approval could be required, and details on sibling benefits and the content of the SSI would help facilitate buy-in and effective communication with families. Costs, both initially and long-term, were identified as crucial, yet a potential barrier. Risk management procedures were also a common concern, particularly in the event of a sibling disclosing suicidality in the write-in options, and recommendations included developing a safety protocol and providing resources to adolescents, including suicide hotline numbers. Despite these considerations, professionals indicated that a digital Sibling SSI would be relatively easy to integrate into existing workflows by distributing it alongside other resources or on websites.

2d. Future Directions and Broader Applications

Participants, especially psychosocial providers, stressed involving adolescent siblings throughout the design process. Additional suggestions included expanding the Sibling SSI to cover a broader age range, such as pre-teens and young adults, and incorporating topics like survivorship and bereavement. Parents and professionals saw value in creating a parallel resource for parents to support both themselves and their healthy children. Lastly, adapting the SSI for siblings of children with other chronic or life-limiting illnesses was recommended to broaden its relevance and reach.

4 | Discussion

This qualitative study integrated perspectives on tailoring a digital, SFBT-grounded SSI [20, 21] to adequately address the unmet needs of adolescent siblings of youth wtih cancer. Findings reflect prior literature on the diverse psychosocial challenges siblings face, including cancer-related disruptions and typical adolescent stressors like relationships and academic pressures [1]. These common challenges may respond well to a strengths-based, SFBT-informed SSI framework [19]. Consistent with SFBT, participants suggested several coping strategies, such as confiding in a trusted adult and practicing self-care. These results suggest that the Sibling SSI should offer a curated set of common concerns and action plan items with the option to personalize.

Tailoring the "miracle question" was identified as essential due to its potential to confuse or distress adolescents coping with uncertain prognoses. While prior research recommends adapting the phrase in the context of cancer-related SFBT [24, 34], participants in this study called for removing the term "miracle" as it could be invalidating and confusing, advocating for clearer, developmentally appropriate language. Reflecting the power of shared lived experience and the desire to feel understood and less alone, participants also emphasized the value of using quotes to validate and normalize siblings' experiences. Participants noted the importance of clearly designating the SSI as a space for siblings, excluding cancer-related photos, and using inclusive visuals and language. These suggestions highlight the importance of including end users in the design process for fostering engagement and connection, potentially optimizing user experience.

Regarding dissemination, most recommend introducing the SSI within 3 months of diagnosis, consistent with guidelines for timely sibling support [35]. Preferred delivery was through psycho-oncology teams, although other venues included primary care, schools, camps, and community centers. These recommendations mirror dissemination settings of existing digital SSIs [36, 37]. While social media was considered a promising outreach strategy, the shifting popularity of different platforms over time and the most effective strategies for reaching siblings remain unclear. Professionals described the ease of including a website link to a Sibling SSI within their existing resource list for families, which may be especially useful in hospital settings where billing and charting restrictions limit direct clinical services for siblings [12].

Although participants recognized the value of a Sibling SSI, they also acknowledged that some siblings require more intensive, individualized psychosocial services. Existing research identifies several risk factors associated with poorer sibling adjustment, including lower socioeconomic status, parents without a spouse or partner, poorer family functioning, and limited social support; siblings from systematically marginalized communities may experience additional stressors related to structural inequities [1]. Consequently, a universal psychosocial screening approach is essential for identifying siblings experiencing elevated needs [35]. A digital SSI may serve as a widely accessible, universal intervention for siblings, and psychosocial screening results can guide additional referrals for siblings needing targeted supports and/or clinical interventions.

Participants raised practical and ethical concerns, including data policies, administrative approvals, and safety protocols for managing risk, particularly regarding disclosures of suicidal ideation. Notably, other digital SSIs have demonstrated low risk of adverse events and have successfully addressed such issues [38], providing a foundation for adapting safety procedures to the sibling context. Furthermore, exploring and managing associated costs with an SSI will be critical to address in future research to support sustainability.

A key strength of this study is the inclusion of perspectives from siblings, parents, and professionals, which provided a more nuanced understanding of support needs and service delivery considerations. Although participants shared similar recommendations in many domains, each group had unique suggestions. For instance, siblings provided crucial feedback on salient areas and possible language to use. While siblings and parents often reported disliking the "miracle" question, they sometimes had difficulty identifying other ways of phrasing this, whereas psychosocial providers described terminology they have used in their clinical practice.

However, limitations should be noted. Despite efforts to recruit a representative sample, siblings of children with leukemia were disproportionately represented. Further, most participants identified as White and female, with only a small number of parents completing the interviews in Spanish. Cultural factors influence sibling relationships [39], and sociodemographic characteristics shape families' decisions to engage with sibling support services [40]; thus, a more representative sample may have revealed a broader range of needs and intervention preferences. To ensure broader relevance and engagement, it is critical that the SSI content and related materials are culturally and linguistically adapted to reflect the diverse backgrounds and needs of families. Finally, while we obtained a comprehensive list of potential adaptations, there are likely too many options for siblings to choose from, and future research is needed to further refine the content. Future research is also needed to explore participants' recommendations on broader applications, such as tailoring SSIs to other age groups and with various family members.

5 | Conclusion

In summary, siblings, parents, and professionals provided critical feedback for adapting a digital, self-guided SSI grounded in SFBT for siblings. It will be important to continue to engage community members throughout the adaptation process to ensure the Sibling SSI adequately meets the needs of siblings. Future research will focus on developing the SSI and evaluating its feasibility, acceptability, and preliminary impact with siblings. Engaging community members to adapt a digital, self-guided SSI tailored to adolescent siblings' needs offers a promising step toward addressing an underserved group in pediatric oncology. Such an intervention could be part of a broader systemic effort to provide meaningful, accessible psychosocial support to families.

Acknowledgments

We thank the families and professionals who participated in this qualitative work, Katie Newell at SuperSibs powered by Alex's Lemonade Stand Foundation for helping with recruitment efforts, and the research staff who conducted data collection.

Funding

Christina Amaro was supported by the National Center for Advancing Translational Sciences of the National Institutes of Health (NIH) under Award Number K12TR004788 and the Mattie Miracle Cancer Foundation/American Psychosocial Oncology Society Early Career Award. Melissa Alderfer and Kimberly Canter were supported by the National Institute of General Medical Sciences of the NIH under Grant Number P20GM144270. Services in support of this research project were conducted by the Rutgers Cancer Institute Cancer Prevention and Outcomes Data Support Shared Resource, supported, in part, with funding from the National Cancer Institute-Cancer Center Support Grants (NCI-CCSG) P30CA072720-6852. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

Conflicts of Interest

Jessica Schleider serves on the Scientific Advisory Board for Walden Wise and the Clinical Advisory Board for Koko, has received consulting fees from United Health and Woebot, and receives book royalties from New Harbinger; Oxford University Press; and Little, Brown Book Group. She is co-founder and chief scientific advisor for Navi; no Navi products were used or are referenced in the present manuscript. The authors report no other financial conflicts or competing interests.

References

1. K. A. Long, V. Lehmann, C. A. Gerhardt, A. L. Carpenter, A. L. Marsland, and M. A. Alderfer, "Psychosocial Functioning and Risk Factors Among Siblings of Children With Cancer: An Updated Systematic Review," *Psychosocial Oncology* 27, no. 6 (2018): 1467–1479, https://doi.org/10.1002/pon.4669.

2. M. A. Alderfer, C. M. Amaro, S. Kripalani, et al., "Trajectories of Traumatic Stress Symptoms among Siblings of Children with Cancer: The First Two Years Post-Diagnosis," *Journal of Pediatric Psychology* 48, no. 8 (2023): 688–699, https://doi.org/10.1093/jpepsy/jsad033.

3. M. Pinquart, "Behavior Problems, Self-Esteem, and Prosocial Behavior in Siblings of Children with Chronic Physical Health Conditions: An Updated Meta-Analysis," *Journal of Pediatric Psychology* 48, no. 1 (2023): 77–90, https://doi.org/10.1093/jpepsy/jsac066.

4. P. Patterson, F. E. J. McDonald, K. J. White, A. Walczak, and P. N. Butow, "Levels of Unmet Needs and Distress amongst Adolescents and Young Adults (AYAs) Impacted by Familial Cancer," *Psychosocial Oncology* 26, no. 9 (2017): 1285–1292.

5. R. A. Sanders, "Adolescent Psychosocial, Social, and Cognitive Development," *Pediatrics in Review* 34, no. 8 (2013): 354–358.

6. E. M. Pariseau, L. Chevalier, A. C. Muriel, and K. A. Long, "Parental Awareness of Sibling Adjustment: Perspectives of Parents and Siblings of Children With Cancer," *Journal of Family Psychology* 34, no. 6 (2020): 698–708.

7. F. Borrescio-Higa and N. Valdés, "The Psychosocial Burden of Families With Childhood Blood Cancer," *International Journal of Environmental Research and Public Health* 19, no. 1 (2022): 599.

8. C. A. Gerhardt, V. Lehmann, K. A. Long, and M. A. Alderfer, "Supporting Siblings as a Standard of Care in Pediatric Oncology," *Pediatric Blood & Cancer* 62, no. S5 (2015): S750–S804, https://doi.org/10.1002/pbc.25821.

9. A. E. Kazak, M. A. Scialla, K. S. Canter, et al., "Delivering Care Consistent with the Psychosocial Standards—Provider Report: Implementing

the Standards Together—Engaging Parents and Providers in Psychosocial Care (iSTEPPP) Study,” *Pediatric Blood & Cancer* 72, no. 12 (2025): e31959.

10. K. Mooney-Doyle, S. Burley, E. Ludemann, and K. Rawlett, “Multifaceted Support Interventions for Siblings of Children with Cancer: A Systematic Review,” *Cancer Nursing* 44, no. 6 (2021): E609–E635, https://doi.org/10.1097/NCC.0000000000000966.

11. M. Franklin, P. Patterson, K. R. Allison, A. Rosso-Buckton, and A. Walczak, “An Invisible Patient: Healthcare Professionals’ perspectives on Caring for Adolescents and Young Adults Who Have a Sibling With Cancer,” *European Journal of Cancer Care* 27, no. 6 (2018): e12970, https://doi.org/10.1111/ecc.12970.

12. P. Brosnan, K. A. Davis, M. Mazzenga, et al., “Psychosocial Care Providers’ Perspectives: Barriers to Implementing Services for Siblings of Children With Cancer,” *Pediatric Blood & Cancer* 69, no. 2 (2022): e29418.

13. K. A. Davis, P. Brosnan, M. Mazzenga, et al., “Inconsistent, Uncoordinated, and Reactive: The Current state of Sibling Psychosocial Care,” *Pediatric Blood & Cancer* 70, no. 2 (2023): e30103, https://doi.org/10.1002/pbc.30103.

14. A. M. Psihogios, E. L. Moscato, C. Cummings, et al., ““How to Save a Life”: A Premortem for Pediatric Digital Health,” *Clinical Practice in Pediatric Psychology* 12, no. 3 (2024): 347–357.

15. J. L. Schleider, M. L. Dobias, J. Y. Sung, and M. C. Mullarkey, “Future Directions in Single-session Youth Mental Health Interventions,” *Journal of Clinical Child and Adolescent Psychology* 49, no. 2 (2020): 264–278.

16. F. Cannistrà, “How to Maximize a Single Session? From a Reflection on Theoretical Pluralism to the Definition of Five Goals,” *Journal of Systems Therapy* 43, no. 1 (2024): 105–120.

17. M. F. Hoyt, *Single Session Therapy: A Clinical Introduction to Principles and Practices* (Routledge, 2024).

18. J. L. Schleider, J. P. Zapata, A. Rapoport, et al., “Single-Session Interventions for Mental Health Problems and Service Engagement: Umbrella Review of Systematic Reviews and Meta-Analyses,” *Annual Review of Clinical Psychology* 21, no. 1 (2025): 279–303.

19. C. Franklin, *Solution-Focused Brief Therapy: A Handbook of Evidence-Based Practice* (Oxford University Press, 2012).

20. J. Y. Sung, M. Bugatti, D. Vivian, and J. L. Schleider, “Evaluating a Telehealth Single-Session Consultation Service for Clients on Psychotherapy Wait-lists,” *Practice Innovations* 8, no. 2 (2023): 141.

21. B. S. Last, L. K. Jans, and J. L. Schleider, “A Pilot Randomized Controlled Trial of a Single-Session Intervention to Reduce Training Psychologists’ Burnout,” *Behavior Therapy* 56, no. 1 (2025): 162–176.

22. I. Sotomayor, E. Szkody, J. L. Schleider, and S. Pati, “An Open Pilot Trial of Digital Single-Session Interventions for Healthcare Workers and Trainees,” *Journal of Workplace Behavioral Health* (2025): 1–27, https://doi.org/10.1080/15555240.2025.2587074.

23. A. Zhang, “Solution-Focused Brief Therapy for Depression Among Adolescents and Young Adults Diagnosed With Cancer: An Open Pilot Trial,” *Research on Social Work Practice* 32, no. 4 (2022): 388–401.

24. A. Zhang, A. S. DuVall, C. Franklin, and J. S. Kim, “Tailoring Solution-focused Brief Therapy for Adolescents and Young Adults With Cancer: A Qualitative Investigation,” *Clinical Social Work Journal* 51, no. 4 (2023): 354–364.

25. L. Khabir, M. F. Zadeh, and H. Hadianfard, “The Effectiveness of Solution-Focused Brief Therapy (SFBT) on Posttraumatic Stress Symptoms in Parents of Children With Cancer,” *International Journal of Applied Behavioral Sciences* 4, no. 4 (2017): 50–56.

26. A. M. Psihogios, M. B. Lane-Fall, and A. K. Graham, “Adolescents Are Still Waiting on a Digital Health Revolution: Accelerating Research-to-Practice Translation Through Design for Implementation,” *JAMA Pediatrics* 176, no. 6 (2022): 545–546.

27. P. A. Harris, R. Taylor, R. Thielke, J. Payne, N. Gonzalez, and J. G. Conde, “Research Electronic Data Capture (REDCap)—A Metadata-Driven Methodology and Workflow Process for Providing Translational Research Informatics Support,” *Journal of Biomedical Informatics* 42, no. 2 (2009): 377–381.

28. A. Tong, P. Sainsbury, and J. Craig, “Consolidated Criteria for Reporting Qualitative Research (COREQ): A 32-Item Checklist for Interviews and Focus Groups,” *International Journal for Quality in Health Care* 19, no. 6 (2007): 349–357, https://doi.org/10.1093/intqhc/mzm042.

29. C. Franklin, A. Zhang, A. Froerer, and S. Johnson, “Solution Focused Brief Therapy: A Systematic Review and Meta-Summary of Process Research,” *Journal of Marital and Family Therapy* 43, no. 1 (2017): 16–30, https://doi.org/10.1111/jmft.12193.

30. J. M. Morse, “The Significance of Saturation,” *Qualitative Health Research* 5, no. 2 (1995): 147–149, https://doi.org/10.1177/104973239500500201.

31. J. M. Morse, M. Barrett, M. Mayan, K. Olson, and J. Spiers, “Verification Strategies for Establishing Reliability and Validity in Qualitative Research,” *International Journal of Qualitative Methods* 1, no. 2 (2002): 13–22.

32. H. F. Hsieh and S. E. Shannon, “Three Approaches to Qualitative Content Analysis,” *Qualitative Health Research* 15, no. 9 (2005): 1277–1288.

33. S. Elo and H. Kyngäs, “The Qualitative Content Analysis Process,” *Journal of Advanced Nursing* 62, no. 1 (2008): 107–115.

34. H. Neilson-Clayton and K. Brownlee, “Solution-Focused Brief Therapy With Cancer Patients and Their Families,” *Journal of Psychosocial Oncology* 20, no. 1 (2002): 1–13, https://doi.org/10.1300/J077v20n01_01.

35. K. A. Long, P. Patterson, L. F. Katz, C. M. Amaro, and M. A. Alderfer, “Creating a Pathway for Psychosocial Support in Siblings of Youth With a Chronic Illness: Findings From an International Summit,” *Journal of Developmental and Behavioral Pediatrics* 42, no. 4 (2021): 331–339.

36. M. L. Dobias, R. R. Morris, and J. L. Schleider, “Single-Session Interventions Embedded Within Tumblr: Acceptability, Feasibility, and Utility Study,” *JMIR Formative Research* 6, no. 7 (2022): e39004, https://doi.org/10.2196/39004.

37. A. Shroff, C. Roulston, J. Fassler, et al., “A Digital Single-Session Intervention Platform for Youth Mental Health: Cultural Adaptation, Evaluation, and Dissemination,” *JMIR Mental Health* 10 (2023): e43062, https://doi.org/10.2196/43062.

38. J. L. Schleider, M. C. Mullarkey, K. R. Fox, et al., “A Randomized Trial of Online Single-Session Interventions for Adolescent Depression During COVID-19,” *Nature Human Behaviour* 6, no. 2 (2022): 258–268.

39. K. A. Long, L. Chevalier, A. Chu, et al., “Cultural Influences on Sibling Relationships, Roles, and Self-Concept in the Context of Autism: Perspectives of Latino/a/x and non-Latino/a/x Siblings,” *Journal of Autism and Developmental Disorders* 52, no. 9 (2022): 4100–4113, https://doi.org/10.1007/s10803-021-05287-z.

40. A. R. Oberoi, N. D. Cardona, K. A. Davis, et al., “Parent Decision-Making About Support for Siblings of Children With Cancer: Sociodemographic Influences,” *Clinical Practice in Pediatric Psychology* 8, no. 2 (2020): 115–125, https://doi.org/10.1037/cpp0000324.