Youth-Nominated Support Team
A Psychoeducational Social Network Intervention

Intervention Manual

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Purpose of Manual

This manual is to be used by Youth-Nominated Support Team (YST) Intervention Specialists. It begins with an overview of the YST Intervention and the role of the YST Intervention Specialist. This is followed by three sections: Establishing the Youth-Nominated Support Team, Conducting the Psychoeducation Session, and Conducting Telephone Check-Ins. These sections outline and describe intervention components. Each section includes numbered steps, detailed guidelines, and suggested dialogue. The guidelines and dialogue are intended to be implemented flexibly in conjunction with the Intervention Specialist's clinical judgment and knowledge. This will enable Intervention Specialists to best meet the individual needs of each participant while still maintaining the integrity of the program.
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A. What is the YST Intervention?

The Youth-Nominated Support Team intervention (YST) is a psychoeducational, social network intervention designed to help suicidal adolescents after hospitalization. Adolescents nominate adults to support them when they leave the hospital. These adults attend a psychoeducation session and maintain regular contact with the adolescent as a supplement to traditional or usual psychiatric services. YST mental health professionals maintain regular contact with these supportive adults.

YST targets two problems that characterize many psychiatrically hospitalized suicidal adolescents, poor treatment adherence and negative perceptions of family and social support. The intervention targets these problems during a period of particularly high risk, the initial period following hospitalization for serious suicidal thoughts, active suicidal intent, and/or a suicide attempt.

YST offers psychoeducation for youth-nominated caring adults, helping them to understand the adolescent’s difficulties and treatment needs. YST is multi-systemic in its inclusion of nominated adults from home, school, and community setting, and its facilitation of regular contact between these adults and the adolescent. It is developmentally sensitive in its effort to positively empower and involve suicidal youth, giving them a “say” in their treatment, through the nomination of caring adults for participation.

OBJECTIVES

- Decrease suicidal ideation, depression severity, and emotional distress
- Improve adaptive functioning and prevent suicide attempts
- Increase adherence with recommended treatments
- Increase perceptions of adult social support
B. What Takes Place during the YST Intervention?

Each participating adolescent nominates adults from his/her family, school and community to function as YST Support Persons. The YST Intervention Specialist helps youth nominate and contact these possible support persons. If the adolescent's parent/guardian approves the nomination, the nominated adult is invited to participate and attend a psychoeducation session. This session focuses on the youth's psychiatric disorder(s), individualized treatment plan, suicide risk factors, and ways to access emergency services.

YST Support Persons maintain regular contact with the adolescent to support treatment adherence and progress toward treatment goals. The YST Intervention Specialist maintains regular telephone contact with each YST Support Person to provide information and address concerns. Thus, a supportive social network is established.

YST is designed to be a supplement to traditional or usual treatments (e.g., medication, psychotherapy). The YST Support Person is not expected to serve in a professional capacity but to provide support, encourage treatment adherence, and understand how to access emergency services.
C. What is the Role of the Intervention Specialist?

Intervention Specialists assist adolescents in their nomination of YST Support Persons. They encourage them to select individuals who will be helpful and supportive to them.

Intervention Specialists provide psychoeducation to each YST Support Person. The YST Psychoeducation Session takes place as soon as possible after Support Persons are nominated and approved by parents or guardians. Each session is tailored to provide information about the participating youth’s psychiatric disorders, psychosocial challenges, and treatment plan. Strategies for communicating effectively and regularly with youth are also discussed.

Intervention Specialists facilitate communication between the suicidal adolescent and YST Support Persons (adults from family, school, and community settings). They also provide guidance and support to these adults by having regular telephone check-ins with them.

Intervention Specialists are aware of the importance of monitoring adolescents’ risk status. They are guided by the Risk Management Protocol and maintain regular contact with the youths’ parents, YST Support Persons, and treatment provider.
A. Nomination Process

Each adolescent is asked to identify four adults who may be helpful as YST Support Persons. These are adults who the youth would be comfortable having involved in the project. The Intervention Specialist facilitates the process of nominating these adults. The youth's parent(s) or guardian(s) may also help in this process. It is important to inform the adolescent that parent/guardian approval of their choices is required.

Step #1: Help Youth Nominate Supportive Adults
Step #2: Obtain Parent/Guardian Approval for Nominations
Step #3: Obtain Permission to Exchange Information
Step #1: Help Youth Nominate Supportive Adults

- Ask youth to identify four adults who may be helpful as YST Support Persons
- Review the role of YST Support Persons with youth
- Encourage youth to select adults from multiple settings (e.g., family, school, community)

Inform the youth that we would like him/her to have at least two, and preferably three, YST Support Persons. Let the youth know that this is usually possible if we begin with four nominations. Use the YST Nomination Worksheet as a way to help the youth identify possible supportive adults from different domains, including family, school, neighborhood, and larger community. If the youth has difficulty thinking about possible nominations, offer to have a family meeting to discuss other potentially helpful persons.

NOTE

It is important to talk with each adolescent about his/her nominations. Ask the youth to think carefully about the extent to which the nominated person is likely to be supportive. Ask the youth also to consider his/her parents’ view of the nominated persons. Will they view the nominated adult as helpful or might they have reasons to believe that one or more of these persons will negatively impact the youth’s progress?
Suggested dialogue for you:

As we discussed, we would like you to identify four adults that you feel close to or supported by for possible participation in YST. Just to remind you, these adults will attend an orientation session to learn some things that will help them in their role as YST Support Persons. During this session, they will learn about your treatment plan and the kinds of difficulties that you have been having.

They will have regular contact with you in person or by telephone. They will try to use the time to provide support and encourage you to follow through with your treatment plan and the recommendations that will be helpful to you. These four people can be from your family, neighborhood, school, church or other activity. Do you have some ideas?

To help nominate possible YST Support Persons, we use this worksheet (YST Nomination worksheet) to come up with people who you may not think of otherwise. Sometimes it is tough to think of helpful adults. Can you think of someone you feel comfortable speaking to or people you think might be easy to talk to?

Can you think of someone else, another adult, who you are comfortable with? Perhaps someone who has not had a great deal of close contact with you in the past, but who might be helpful in the future?
Ask the following for each nominated adult:

- *How do you know this person?*
- *Does this person know about your difficulties?*
- *How has this person helped you in the past?*
- *Can you think of any reason why this person may not be a good YST Support Person for you?*
- *Do you think your parents will have any concerns about this individual as a YST Support Person for you?*
- *Do you understand that if there are any problems with your Support Persons, they can be asked to discontinue their role in YST?*

If the youth indicates concerns about any of the nominated adults, or if, based on what the youth says, you feel the adult would not be an appropriate choice, try to encourage him/her to nominate other individuals.

**NOTE**

When adolescents do not nominate their parents/guardians to be support persons, it is helpful to discuss this with their parent/guardian. Reassure them that, as the Intervention Specialist, you will be in regular contact with them. Also, it may be helpful to reiterate that having other adults checking in with the youth provides an additional source of support for the youth.

Once the youth has nominated individuals, proceed to Step #2.
Step #2: Obtain Parent/Guardian Approval for Nominations

- Explain the need for parent/guardian approval of nominations
- Inform parent/guardian of youth's nominations
- Discuss whether or not each nominated adult is likely to be helpful
- Confirm final list of approved nominated adults

A parent or legal guardian will need to give final approval for the participation of each nominated adult. This process involves the following; (1) discussion of the appropriateness of the nominees with the youth and parent/guardian, and (2) obtaining signed Release of Information forms so that the nominees can be contacted and invited to participate.

Review the list of youth-nominated adults with the parent or guardian. Because YST emphasizes adolescent involvement, it is usually beneficial to do this in a joint meeting with the youth and parent or guardian. If this is not possible, it is important to remind the youth ahead of time that you will be contacting the parent.

Reiterate the right of the parent/guardian to refuse any of the nominations. Request the parent/guardian's input about each adult nominated by their child. If parent approves of youth's nominations, proceed to Step # 3. If the parent does not approve of more than one of the youth's choices, return to Step #1, then proceed again to Step # 2. Review the YST Nomination Worksheet if necessary.
Suggested dialogue for you:

The following individuals have been identified by your son/daughter as possible YST Support Persons. We would like your thoughts about these individuals and whether you think each one would be helpful to your son/daughter. You are free to disapprove of any of them and if you have concerns about their involvement as a YST Support Person for your son/daughter, we encourage you to do so. But in order for them to participate we need your approval.

These individuals will each attend a psychoeducation session where they will learn more about adolescent mental health, will be informed about your son/daughter's treatment plan, and how to communicate effectively with teens. We will then encourage them to maintain regular contact with your son/daughter for three months. The goal of these contacts will be to provide support and encourage your child to follow through with his/her treatment plan. If you do not approve of any or some of their choices, perhaps you can suggest other adults to your son/daughter for consideration.

Ask the following for each nominated adult:

- **Is this someone you know something about?**

- **Have you had contact with this person?**

- **Is this someone you feel would be supportive to your son/daughter?**

- **Do you have any concerns about this individual being a YST Support Person for your son/daughter?**

- **Do you understand that this person can be asked to discontinue in their role as a YST Support Person if you have any concerns during the course of the intervention?**
Step# 3: Obtain Permission to Exchange Information

- Request formal written permission to exchange information with each nominated adult
- Request contact information for each nominated adult

Discuss with the parent/guardian and youth the reasons for obtaining their permission for an exchange of information between the Intervention Specialist and YST Support Persons. Explain the reasons for disclosure of information. Obtain permission for such disclosure formally by obtaining a signed Release of Information form from the parent/guardian for each youth-nominated adult. [A signed Release of Information form for the youth’s primary treatment provider should already be on file. This was to be obtained at the time of written informed consent for participation.]

Request contact information (e.g., name, address, phone #) for each nominated Support Person approved by the parent/guardian.

*By signing these Release of Information forms you are giving me permission to have contact with this adult and share information that may be helpful in providing ongoing support for your son or daughter.*

*The information you are permitting us to discuss is noted on the Release of Information forms. This includes information about the adolescent’s problems and psychiatric difficulties and information about the youth’s treatment plan. This information will enable the YST Support Person to better understand the youth’s needs and encourage them to continue with recommended treatments.*
B. Initial Contacts with Nominated Adults

The Intervention Specialist contacts each nominated adult by telephone or letter to invite him or her to consider participation in the YST project. If the individual is considering participation, an in-person meeting is scheduled to discuss the YST project and role of a YST Support Person in greater detail. During the scheduled meeting, the Intervention Specialist also obtains written informed consent from each potential Support Person and schedules the Psychoeducation Session.

Step #1: Establish Contact
Step #2: Discuss Role of YST Support Person
Step #3: Obtain Written Informed Consent
Step #4: Complete YST Support Person Forms
Step #5: Schedule Psychoeducation Session
Step #1: Establish Contact

- Make a plan for contacting nominated adults
- Provide youth and parent/guardian with YST information to share with these adults, including the Letter of Invitation
- Contact youth-nominated adults

Ask the youth and parent/guardian for their input concerning the best approach for contacting the youth-nominated adults to invite them to participate. Give the youth and parent/guardian information about the project and the Letter of Invitation to share with each nominated adult (Appendix A).

Suggested dialogue for you:

_The next step is for me to contact your nominated Support Persons. What do you suggest is the best way to do that? Would you like to contact them first? You can give them this printed information which will help them to understand YST and what they are being asked to do if they should decide to participate. Or, if you prefer, we would be happy to make the first contact._

_As we discussed, one or more of the people you have nominated may not end up participating. This is common. It is one reason that we begin by asking you to nominate four persons. If someone cannot participate, it is usually not because they do not want to be helpful. They may feel that they do not have the time or may have some other difficulty fulfilling their commitment. If this is the case, we will let you know. Our goal is to have three YST Support Persons for you. If we need to, we can return to the nomination process._

**NOTE**

If a nominated adult does not have a telephone, send an information letter about YST with your name and contact information. Specify a time frame (10 days) after which, if you have not been contacted, you will assume they are not interested in participating.
Contact nominated adults to discuss their possible involvement in the YST project. Inquire as to whether or not they have already been contacted by the youth. Briefly describe the YST project and a YST Support Person's role. Ask how they know the youth and whether they might be interested in participating. If the nominated person may be interested in participating, schedule a time to review the consent form and seek written informed consent for participation.

Hello, my name is [Intervention Specialist], and I am with [Institution] and the YST project. I was asked to contact you by [youth] as a possible participant in this project. Has [youth/parent] had a chance to contact you?

If the youth or a family member has already contacted the adult, ask what they have been told about YST so far. [If the nominated adult has not been contacted, introduce the YST project and explain why calling.]

Let me explain a little more about our project and what you are being invited to do.

The YST project is an intervention targeted at helping troubled adolescents who may, at times, have suicidal thoughts or who may have harmed themselves by making a suicide attempt. [Youth] was invited to participate because [share information about their suicidal ideation/behavior, why they were hospitalized].

As part of their participation in YST, youth are asked to identify four adults to be their YST Support Persons. You have been nominated by [the youth] to be a Support Person for YST. How do you know [youth]?

As a Support Person you would attend a 1-1/2 to 2 hour psychoeducation session where you would learn more about the YST program and the youth’s treatment plan. You would be encouraged to maintain regular contact with [the suicidal adolescent]. You are not expected to be a mental health professional. Your role would be to support [the suicidal adolescent] and encourage them to follow through with treatment recommendations.
The YST Intervention Specialist would maintain regular telephone contact with you to provide information and support, and to address your concerns.

Does this sound like something you would consider doing?

If yes:

We would like to meet with you to discuss the project further and obtain your consent to participate.

If no:

Thank you for your time and for listening. I will let (youth) know that it is not possible for you at this time.

For those persons willing to consider participation, schedule a meeting time to discuss and review the YST project in more detail and obtain written informed consent for participation.
Step #2: Discuss Role of YST Support Person

- Describe the role of a YST Support Person
- Discuss situations and challenges that may be encountered by a YST Support Person
- Address concerns and determine whether or not to proceed with informed consent process

Describe the role of a YST Support Person, noting that participation in the role is entirely voluntary. Emphasize that YST Support Persons are not expected to act as mental health professionals and that YST does not replace any treatments that have been recommended for the youth. Establish whether the nominated adult has any concerns about participating or taking on the role of a YST Support Person.

Suggested dialogue for you:

You have been nominated by the youth as a caring person who will try to have weekly contact with the youth for three months. This contact may be in person or it may be a telephone conversation.

Your role is to support the youth’s progress toward healthier functioning and their continued participation in recommended treatments.

You are not expected to act as a mental health professional or counselor.

You are not responsible for the adolescent’s progress or the choices that they make.

SCREENING NOTE

It is important that you are comfortable with the nominated adult’s willingness and ability to be in a supportive role to the youth. If you have any concerns based on your interaction with the nominated adult or his/her responses to the screening questions that follow, please discuss these concerns with the nominated adult.
Suggested dialogue for you:

Let's talk about a few of the types of situations that might come up for you as a YST Support Person. This will give us both a chance to see if you are comfortable with the role. I will describe a situation and then we can discuss our thoughts about it. As we do this, please keep in mind that, if you do participate, we would discuss how to handle these situations in greater detail during the Psychoeducation Session.

- You become concerned that (youth) is spending more and more time with a new friend who sounds like she may be a very bad influence.

- (Youth) tells you the he/she has been drinking or using drugs.

- (Youth) tells you that he/she is thinking about suicide and wants to hurt him/her self.

- You find out that (youth) wants to run away.

At this point, do you have any concerns about participating in our project as a YST Support Person?

Is there anything about you or your life that you feel would interfere with your role as a YST Support Person?
If you have concerns:

Based on your responses and our discussion, I have some concerns about whether or not participation in YST is a good fit for you and (youth) at this time. What are your thoughts about it now?

If you continue to have concerns, but the nominated adult is insistent or expresses a strong wish to continue:

We can go ahead and continue with the written informed consent process now. I will also need to discuss this with the Project Director to determine the best way to proceed before we schedule a Psychoeducation Session. It is possible that we will need to double check with (youth's parent/guardian) to get an okay before we conduct the session and establish a plan for contact with the youth.

NOTE

If the YST Support Person does not have a telephone or access to a telephone, make a plan for how regular contact between you and the Support Person will be maintained (e.g., a work phone number, a neighbors phone, via letter). If a system is unable to be developed, it may be necessary to have youth nominate another possible YST Support Person.
Step # 3: Obtain Written Informed Consent

- Review Informed Consent Document
- Respond to Questions and Concerns

Review the YST intervention and the reasons the youth was invited to participate. Describe the role of a YST Support Person, invite questions, and respond to any concerns that the nominated adult may have. If the individual is interested in participating, review each section of the informed consent and seek written informed consent for participation.

If the nominated person is interested in participating:

*Let's go over the consent form in detail so that we can further discuss any questions or concerns that you may have.*

*Why do you think (youth) chose you to participate in YST?*

*Do you have any concerns about your ability to carry out this role at this time?*

If the nominated person is not interested in participating:

*Thank you for listening. I will contact (youth) and let them know that participation is not possible for you at this time.*

If, at the end of this process, the youth does not have three nominated adults who agree to participate, return to Step # 1 of the nomination process. (Remember to follow with Steps # 2 and #3).
Step #4: Complete YST Support Person Forms

- Complete Support Person Information Form
- Complete Support Person questionnaires

At this time, ask each YST Support Person to complete the Support Person Information Form (Appendix A) and the questionnaires (Appendix A). Explain that all information is strictly confidential and that no names will be associated with responses. Explain that the information requested will help us to learn more about YST as we continue to develop the intervention.
Step #5: Schedule Psychoeducation Session

- Describe format of psychoeducation session
- Determine convenient times for session
- Conclude meeting

To conclude the initial meeting, inquire as to when the YST Support Person would be able to meet for the Psychoeducation session. Explain that the Psychoeducation session is typically arranged so that all of the youth's YST Support Persons can meet together as a group. Therefore, you will gather all schedules and contact each YST Support Person with a final meeting time as convenient as possible for each person.

NOTE

If a YST Support Person indicates a preference to meet individually, or if reasons arise that warrant not meeting as a group (e.g., parental divorce, scheduling conflict), proceed with scheduling individual and/or small group Psychoeducation Sessions.
A. Preparation

The Intervention Specialist reviews the youth's clinical information to determine materials needed for the Psychoeducational Session. Materials are gathered and assembled in preparation for the session.

Step #1: Obtain and Review Clinical Information

Step #2: Prepare Session Materials
Step #1. Obtain and Review Clinical Information

- Review medical chart/admission interview/clinical evaluations
- Consult with members of the adolescent's treatment team as needed to clarify the treatment recommendations
- Obtain a copy of hospital discharge summary for aftercare treatment recommendations

Clarify the reason for the youth's admission to the psychiatric unit, confirm the diagnoses, and understand the youth's aftercare treatment plan.
Step #2. Prepare Session Materials

- Compile mandatory psychoeducation materials
- Identify optional resource materials

Gather psychoeducational materials to use and distribute during the Psychoeducation Session. Your review of the adolescent's treatment plan will guide the selection of optional materials. Each folder should contain mandatory resource materials, supplemental resource materials selected in keeping with the youth's treatment plan, and information about how to contact you. It is helpful to fill in the YST Crisis Cards for Support Persons prior to the session.

**Mandatory resource materials.** These materials/handouts cover information that is reviewed with all Support Persons (Appendix B). The topics covered are *Teen Depression, Suicide Risk and Warning Signs*, and *Communicating with Teens*. In addition, information on the *YST Crisis Card* is reviewed.

**Optional resource materials.** Additional materials/handouts are provided and discussed when the youth has any other psychiatric disorders or comorbid conditions. Information may also be required when additional psychiatric or psychosocial issues arise during the psychoeducation session (e.g., parent identifies eating problems for adolescent).

Information presented may also differ based on the background of individual Support Persons. For instance, a parent may ask about setting limits at home; a teacher may want information about how to recognize the signs of substance abuse and how to approach this subject with the youth.

Materials should be selected based on the individual adolescent's psychopathology and treatment plan. The Intervention Specialist should use his/her judgement in determining the array of materials made available to each Support Person. Sample topics covered are anxiety disorders, substance abuse, conduct disorder and aggression, schizophrenia, eating disorders.
B. Implementation

The Intervention Specialist conducts the Psychoeducation session with YST Support Persons. Following a welcome and introduction to YST, the youth's treatment plan is reviewed. Session topics include the importance of treatment adherence, suicide risk factors, emergency contact information, and communication with youth. The session closes after regular plans for contact with the youth and Clinical Intervention Specialist are established.

Step #1: Begin Session
Step #2: Discuss Youth's Treatment Plan
Step #3: Review Suicide Risk Factors and Warning Signs
Step #4: Review Emergency Contact Information
Step #5: Discuss Communication Strategies, Contact Plan
Step #6: Wrap-Up Session
Step #1. Begin Session

- Welcome/Introduction
- Review Purpose of YST and Psychoeducation Session
- Basic Information on Child and Adolescent Mental Health

Welcome/Introduction

Welcome the Support Persons to the session by greeting them, providing introductions, and reviewing the purpose of the YST project and this psychoeducation session.

Greet the participant(s) and introduce yourself by identifying name, professional affiliation and role with the YST project. Provide an opportunity for the Support Persons to introduce themselves to one another if meeting as a group.

Suggested dialogue for you:

Hello and welcome. You are all here today to begin your involvement in the Youth-Nominated Support Team Project, referred to as YST, and to learn about your role as a Support Person. We will begin by taking a few minutes to introduce ourselves, discuss the project and talk about the purpose of today’s session.

My name is _____. I am the Intervention Specialist for the YST project. I am facilitating today’s psychoeducation session and will be the person to have regular contact with each of you. I am a (Psychologist, Social Worker).

Would you please introduce yourselves? It would be helpful to identify who you are, how you are connected with (youth) and describe what kind of contact you generally have with him/her.

Later in this session, I am going to talk to you about (youth’s) specific problems. But, let’s take a few minutes to talk about your views of the strengths and weaknesses of (youth). Think about your interactions with (youth), your observations of (youth), his/her accomplishments and interests.
Review Purpose of YST and Psychoeducation Session

Use the following objectives to guide the session and explain what will be reviewed with Support Persons. The objectives of the Psychoeducation Session are:

1. **Support Persons will understand the role of a YST Support Person.**

2. **Support Persons will have general information about adolescent mental health problems with an opportunity to ask questions and discuss the material.**

3. **Support Persons will have specific information about the target youth’s emotional/behavioral problems and psychiatric disorders, the recommended treatment plan, and the importance of treatment adherence.**

4. **Support Persons will have information about suicide risk factors and signs of possible increasing suicide risk. They will also have information about the availability of emergency services in their geographical area and a resource list of contact names and telephone numbers.**

5. **Support Persons will review strategies for communicating with adolescents and discuss how to initiate a plan for weekly contact with the targeted youth.**
Suggested dialogue for you:

The YST intervention is in a development phase. As such, it is only being implemented as part of a research study. We have designed an intervention targeted at helping suicidal adolescents, and want to learn about how helpful it is to these youth. Although there is a lot known about adolescent suicide risk factors, there is not very much known about what is actually helpful to suicidal adolescents. YST is provided as an adjunct to standard treatments.

Each participating adolescent nominates four adults to be his/her YST Support Persons. These individuals participate in the Psychoeducation Session, which we are doing here today. By participating in this session, you will learn about your role as a YST Support Person, and will be provided information and guidance to help in this role. We ask Support Persons to maintain weekly contact with the adolescent to support them and encourage them to follow through with recommended treatments. As the YST intervention specialist, I will maintain weekly telephone contact with you to provide information and address any concerns you may have.
Basic Information on Child and Adolescent Mental Health

Provide a context for understanding adolescent psychiatric disorders by reviewing general information about adolescent mental illness and the availability of treatment. Keep in mind the importance of reducing stigma. It may be helpful to ask people to think of mental illness as a health problem (like a physical illness) requiring treatment. The Intervention Specialist should refer to the adolescent's treatment plan to guide the topics covered and information addressed in this section.

Examples of things to say include:

Some of the warning signs observed in adolescents who have a mental illness are: troubled feelings (sadness, hopelessness), big changes (does worse in school, changes in sleeping or eating), and/or behavior problems.

The stigma associated with mental illness can interfere with the recognition that the adolescent is experiencing a mental health problem or their willingness to seek treatment.

Services are available for adolescents with mental illness. Services most commonly recommended include individual and family therapy, parent guidance and medication. There are other community-based services that may be recommended by the youth's treatment provider.

Sometimes adolescents do not follow through with the recommended treatment plan or drop out of services too early. That is why your role as a Support Person is to encourage the youth to follow through with or adhere to their treatment plan.

1. Discuss the youth's psychiatric disorder(s), including signs and symptoms
2. Discuss depression and any depressive symptoms experienced by the youth
3. Review youth's treatment plan and the rationale for recommended treatments
4. Emphasize that untreated depression can lead to severe psychosocial impairment and even suicide
Step #2. Discuss Youth’s Treatment Plan

- Youth’s Mental Health Problems
- Recommended Treatments
- Importance of Treatment Adherence

Youth’s Mental Health Problems

Discuss the participating youth’s psychopathology. Provide specific information about the youth’s suicidal ideation/behavior and why they were hospitalized. Review clinical information about their psychiatric disorder(s), symptoms, and any other emotional or behavioral problems identified by the treatment team. Ask the Support Persons to identify the strengths and weaknesses of the youth and talk about how this might help them.

I am going to talk to you about (youth’s) primary problems, the diagnoses, symptoms, and social difficulties that he/she experiences.

Recommended Treatments

Review the treatment plan for the adolescent. Include information about medication and the rationale behind the use of this medication.

We will talk about the treatment recommendations, the medication(s) prescribed and why these are being prescribed. It is important to know the treatment plan because your role as a YST Support Person is to encourage the youth to follow the treatment team’s recommendations. I will be in contact with the youth’s parent and the treatment provider and will update you if there are any changes to the treatment plan and any new services recommended.
Importance of Treatment Adherence

Discuss the tendency of some adolescents to want to drop out of treatment or discontinue medication use. Explain some of the reasons for this (e.g., stigma, time required for psychotherapy, side effects of medication, does not like the idea of medication). Problem solve with the team about what to do if treatment adherence becomes an issue.

Sample dialogue for you:

*It is common for some youth not to follow their treatment plan. They may drop out of treatment and discontinue taking prescribed medication without consulting their physician. Some of the reasons for this are: the stigma attached to mental illness, the time that psychotherapy requires, the side effects of medication, and the difficulty waiting for the time it takes for the medication to be effective. It is very important to encourage the youth to follow through with their treatment. Untreated psychiatric disorders such as depression can lead to suicide.*
Step #3. Review Suicide Risk Factors and Warning Signs

- Suicide Risk Factors
- Warning Signs of Suicide
- How to Respond to a Suicidal Youth

Identify the risk factors for suicide and the warning signs or “red flags” for possibly increased risk. Emphasize that teens often give a warning before making a suicide attempt although they are not always easily or clearly seen. Review the pamphlets Teen Depression and Suicide and Watch for Signs (Appendix B). Give specific examples of what they would observe with some of the signs noted. (For example, an indirect threat might sound like, “My parents won’t have to put up with me much longer.”)

Some of the risk factors for suicide and warning signs that an adolescent may be thinking about or planning a suicide attempt are as follows (review pamphlet material):

Clarify that it is “OK” to discuss the issue of suicide with the youth and encourage them to ask the youth about it if they recognize any of the signs. Review ways in which the Support Person could respond helpfully if they recognize any of these signs. Give them examples of supportive comments or statements.
Step #4. Review Emergency Contact Information

- General Emergency Contact Information
- Individualized Plan for Emergency Response

Provide each Support Person with YST Crisis Card (Appendix A), which includes 24-hour emergency contact numbers/services in the geographic area where the youth resides. Reiterate that the Support Person can be helpful should such a situation arise, but that they are NOT responsible for the participant’s actions and are NOT expected to function as a mental health professional.

Suggested dialogue for you:

Let’s discuss what you could do if you recognize any of the warning signs of suicide in the youth. Remember that risk factors increase the likelihood that a youth may do something to hurt him/herself and should be monitored. Warning signs or red flags are more of a “call to action” for those persons around the youth. If you notice these “red flags” it is important that you not ignore them. What you might say is:

“I’m concerned about you because I’ve noticed that you (identify warning sign). Can you tell me what’s going on?” “Are you thinking of hurting yourself, or have you done something to hurt yourself?”

At this point, youth may indicate that she/he just needs to talk and is not intending or planning to hurt her/himself. If this is the case, continue to show your support, talk with youth (use Communicating with Teens worksheet if helpful), and indicate your availability if youth wants to talk in the future.
Remember that you are not expected to be the mental health professional. Encourage the youth to contact their mental health provider and/or the emergency contact for that provider if they are in crisis.

If youth indicates suicidal thinking and/or a plan, indicate your concern then find out if youth is alone or with someone. Indicate your desire to obtain professional assistance. Reassure the youth that together you can get the help that he/she needs.

If youth has already done something to hurt him/herself, call 9-1-1 immediately and contact youth’s parent/guardian. If plan or thoughts are indicated refer to emergency services numbers provided. Remember, if the situation seems overwhelming, calling 9-1-1 is always an option. Also, please remember that you are not expected to act as a trained mental health professional nor are you in any way responsible for the youth’s behavior.
Step #5. Discuss Communication Strategies, Contact Plan

- Communication and Connectedness
- Weekly contact with youth

**Communication and Connectedness**

Discuss the dynamics of communicating with an adolescent by giving the context for understanding why communicating with adolescents can be challenging. Provide guidelines and strategies for communicating effectively. Refer them to the handout, “Communicating with Teens.” Give examples of words to use, how to ask questions, examples of adolescent responses and how to respond back. Give suggestions on how to structure a conversation and the importance of recognizing a good time to talk.

*Since you will be in regular contact with (the youth) it will be helpful to talk about some strategies for communication. Adolescence is a difficult time. This is a time when they are trying to establish their independence but are also still dependent on the adults in their life. They don’t want to need you but they want to be able to rely on you when they do need you. They often are not ready to answer questions when adults ask them and are often ready to talk when adults are unavailable.*

*The information in this handout, “Communicating with Teens,” is meant to guide you in your efforts at communicating with the youth.*

*Be genuine. Saying less to an adolescent is better than saying things that one does not genuinely believe.*
Convey warmth and openness. Show the youth you are willing to listen even if you may be somewhat uncomfortable with the topic being discussed. Before interrupting the youth, disagreeing with what they have to say, or making a statement like, “everything will be fine,” give the youth an opportunity to say what they want to say. You still can disagree with them but they may be more likely to listen if you give them the opportunity by listening to them.

Listen carefully and make an effort to understand the youth’s perspective.
Weekly contact with youth

Discuss how to begin the process of checking in weekly with the youth and review the structure and process of these weekly contacts.

Each weekly check-in should include:
1) inquiries about youth’s weekly/daily activities and any concerns youth has,
2) listening to youth’s concerns,
3) problem-solving with youth (if warranted) regarding issues that have arisen,
4) inquiring about compliance with treatment plan and progress toward treatment goals, and
5) encouragement of continued compliance with recommended services.

If applicable, discouragement of alcohol/substance use, even in an experimental way, would also be appropriate.

Suggested dialogue for you:

Following the psychoeducation session, contact the youth to discuss and arrange for the weekly contact. Ask the youth for their input about a convenient time and determine how and when contacts will happen (in person, by telephone, date and time).

We hope that you will structure your weekly contact with the youth as one-on-one time. If you have frequent or regular contact with the youth, perhaps you could set aside time with the youth solely for the purpose of fulfilling your role as a YST Support Person. Remember that this is the time to talk to the youth about any concerns they have, to practice your listening skills and help him/her with problem solving when appropriate. We’d also like you to use this time to talk to youth about compliance with treatment recommendations and encourage youth to continue to follow through with recommended services.
When the Intervention Specialist contacts you, you will be asked the following:

- Have you had contact with (the youth)?
- Was the contact by phone or in person?
- How was the contact? Do you have any questions or concerns?

We will discuss your concerns and answer any questions you might have.

You will be given new information about changes in the treatment plan and we will confirm our next contact time.
Step #6. Wrap-Up Session

- Review Psychoeducation Session
- Plan for Next Contact

Review Psychoeducation Session

At this point it is important to discuss any additional questions or concerns identified by the Support Person(s). Ask them to complete the Psychoeducation Session Checklist (Appendix A). Review their responses and identify areas where they may need additional information. Determine whether such information is needed at this time or could be provided during telephone check-ins.

Suggested dialogue for you:

*We are now at the end of the session. At this point, I want to be sure you have the information you need to feel comfortable beginning your role with (the youth). Then we will make a plan for our weekly contact.*

*Do you have any other questions or concerns at this point?*

*I would like you to take a minute to complete this form (Psychoeducation Session Checklist). This will help us to keep track of what we covered today. It will also help to identify any topics that we should address further during our weekly contacts.*

*Please complete the form. We will review it together and both sign it.*
Plan for Next Contact

Develop a plan for weekly contact with each Support Person. Exchange contact information and identify the best time(s) and way to reach them. Talk about a back-up plan in case either of you becomes unavailable for the time discussed. We suggest that you initiate the contact with the Support Person and not rely on them to contact you each week.

Suggested dialogue for you:

_We now just need to come up with a plan for our weekly contact. I will contact you each week by phone (unless it is determined that it is more convenient in person). When would be a good time for me to call?_

_Although we will have this regular check in each week, please feel free to contact me anytime with questions or concerns._

_This is the end of our YST Psychoeducation Session. Thank you for taking the time to meet with me today._
A. Youth-Nominated Support Persons

The Intervention Specialist maintains weekly contact with each Support Person by telephone. Review the objectives of the check-in and what information will be discussed at that time.

Step #1: Check-In with YST Support Person

Step #2: Document check-in
Step #1: Check-In with YST Support Person

- Establish whether or not contact occurred with youth
- Establish nature of contact
- Ask about youth's progress
- Address the Support Person's questions or concerns
- Provide information about changes in the treatment plan, if available
- Reiterate the importance of encouraging treatment adherence
- Reiterate availability of emergency services
- Establish when your next contact with Support Person will occur

The purpose and objectives of this check-in are to obtain information about the most recent contact(s) between the YST Support Person and youth, and to arrange for your next contact with the Support Person.

Suggested dialogue for you:

_Hi, this is (Intervention Specialist) from the YST program. I am calling for our weekly project check-in. Were you able to contact (youth) sometime during this past week?_
If yes:

*How did the meeting or contact go? Do you have any questions or concerns at this time? What’s your sense of the extent to which (youth) is following through with the treatments that were recommended? I hope you will have a chance to encourage and support (youth’s) follow-through. Sometimes just asking about treatment in a positive way can be helpful. We believe that such encouragement is one of the most important things that you can do as a YST Support Person.*

*Remember if you have any concerns during the week, you can contact me — otherwise I’ll plan to call again next week. Is this still a good day and time for me to call?*

*Thanks again for your participation.*

If no:

*Do you think you’ll be able to contact (youth) over the next few days? Okay, I’ll check back then.*

[Reiterate importance of check-ins and assist YST Support Person with problem-solving about ways to contact youth if he or she has had consistent difficulty.]
Step #2: Document Check-In

For each contact, document the following:

- Date and time of contact with the YST Support Person
- Location of contact (telephone, office, community)
- Brief summary of contact:
  (a) a statement about the Support Person's perceptions of youth's status and treatment adherence
  (b) any concerns expressed by the YST Support Person with information on how these were addressed
- Time of next scheduled contact
B. Treatment Provider

The Intervention Specialist initiates contact with the youth’s treatment provider(s). The Intervention Specialist contact the provider, informs provider of youth’s participation in YST, explains the purpose and nature of YST, and providers information necessary for future contacts.

Step #1: Contact youth's treatment provider

Step #2: Document contact
Step #1: Contact Youth’s Treatment Provider

Contact the youth’s treatment provider in order to discuss the youth’s involvement with YST and remain updated about the youth’s treatment plan and adherence to treatment recommendations. The objective is to maintain continuity of care and coordination of services.

Contact the treatment provider, confirm that you have a signed Release of Information to share information, and discuss the youth’s involvement in YST.

Suggested dialogue for you:

Hello, I am ______, the Intervention Specialist with the Youth-Nominated Support Team Project at (YST site). I am contacting you to talk about (youth) your patient or client involved in YST. Did you receive or do you need me to send the signed Release of Information form?

Let me tell you about the YST Program and my role with (youth) and his/her support team.

Can you tell me about the services you are providing to (youth)? How do you feel he/she is doing? What is your treatment plan for (youth)? Do you have any questions concerns about his/her involvement in the YST project? Here is my telephone number if you have any reason to contact me.
Step #2: Document Contact

For each contact with youth's treatment provider, document the following:

- Date and time of the contact
- Brief summary of contact:
  a) a statement about status of youth and any changes in his/her treatment plan
  b) a note of any concerns expressed by the treatment provider about the youth
APPENDIX A: Forms
Nomination Worksheet
Invitation to Nominated Support Persons
Support Person Information Form
Crisis Card
Psychoeducation Session Checklist

APPENDIX B: Psychoeducation Resources
Child/Adolescent Mental Health
Teen Depression and Suicide
Watch for Signs
Communicating with Teens
YST

Nomination Worksheet

We will use this worksheet to help you identify 4 adults who may be helpful to you as support persons after you leave the hospital. The goal is to identify caring adults from your family as well as from your school and community.

We'd like you to:

1) Consider the adults in your life you feel close to or supported by.

2) Think of people you feel comfortable speaking to or people you think might be easy to talk to.

3) Think of someone who hasn't necessarily been helpful in the past, but who might be in the future.

Family

Parents and Stepparents:

Grandparents:

Aunts/Uncles:

Older Cousins:

Older Siblings:

Adults Outside of Your Family

Neighbors and Family Friends:

Teachers:

School Counselor:

Coaches:

Clergy/Minister/Youth Pastor:

Other Adults (e.g., Tutor, Activity Leader, Parole Officer)
Dear

You have been named by a youth you know as a possible Support Person in the Youth Support Team (YST) program. This means you are someone this youth and his or her parents trust and respect. The Youth Support Team (YST) is a project to help youth who are having trouble in one or more areas of their life. The youth who has contacted you will be receiving Youth Support Team (YST) services for the next 3 months. This is a program that we are studying at the University of Michigan and Havenwyck Hospital to learn how helpful it is. If you would like to get involved, we would ask that you

- come to one meeting about the program and youth's needs
- have weekly contact with the youth for three months (by telephone or in person)
- have weekly telephone contact (in person if preferred) with our project staff.

Why Youth Support Team (YST)?

Traditional treatments such as medicine and therapy are not always able to help troubled youth as much as we would like. And, many troubled youth do not continue with the treatments that are recommended for them. Even though therapy, medicine and other kinds of treatment are available, youth often refuse or drop out of these services. The Youth Support Team (YST) intervention is a new approach that was designed to supplement traditional treatments. Participating youth are linked with adult support persons from their family, school or community. Each support person encourages the youth to work toward her/his goals and to make good decisions like staying in treatment.

Possibly interested? Turn the page over for details...
What would your role be?

If you agree to participate, we will schedule a one to two-hour meeting with your scheduling needs in mind. During this session we will get to know each other, discuss the youth’s needs and goals, and talk about how you can help. We will cover topics including information on teen depression and suicide, communicating with teens, and what to do if you are concerned about the youth. You will not be responsible for the youth’s well-being or decisions. Your job in this program will be simply to listen and encourage the youth to make good choices and follow-through with recommended treatments.

Receiving this letter means the youth and her/his parents have already given written permission for you to communicate with me. People who care can make a difference. The youth who has nominated you believes you are such a person. If you would like more information and might be able and willing to help, please contact me,

the Intervention Specialist: ____________________________________________
at this phone number: (_____)__________________

Sincerely,

Intervention Specialist
YST Program
### YST Support Person Information Form

**Research #:**

**Project Staff Person:**

1. **Hospital/Agency Code (circle one)**
   - CAPH
   - Havenwyck

2. **Initial Contact Date**

3. **Birthdate**

4. **Age**
   - Years ___
   - Months ___

5. **Gender (circle one)**
   - Female
   - Male

6. **Racial/Ethnic Group (circle one)**
   - White
   - African American
   - Hispanic
   - American Indian
   - Asian/Pacific Islander
   - Other (Specify)

7. **Relationship to Participating Youth (circle one)**
   - 1=parent/stepparent
   - 2=grandparent
   - 3=aunt/uncle
   - 4=adult sibling/cousin
   - 5=teacher
   - 6=coach/activity leader
   - 7=school counselor/administrator
   - 8=adult neighbor/riend's parent/family friend
   - 9=adult from church/synagogue

8. **Level of education obtained (circle one)**
   - No information
   - Completed graduate professional training
   - Standard college university graduate
   - Partial college training
   - High school graduate
   - Partial high school (10-11th grade)
   - Junior high school (7-9th grade)
   - Under 7 years of schooling

9. **Current occupation**
   - Job Title: ____________________________
   - Description/Responsibilities: ____________________________

**Staff Complete This Item**

**Occupation Code:** ___ ___ ___ ___
YST CRISIS CARD

(Front of Card)

YST Intervention Specialist: ________________________________
Phone Number: ________________________________
YST Hospital Psychiatrist/Psychologist: ________________________________
Phone Number: ________________________________
Adolescent’s Parent/Guardian(s) ________________________________
Phone Numbers: ________________________________

If crisis is immediate or overwhelming, Please call 9-1-1 immediately.

(Back of Card)

If After Hours, please contact:
Local Hospital/Crisis Center: ________________________________
Phone Number: ________________________________
Psychiatric Emergency Room: ________________________________
Phone Number: ________________________________
Suicide Hotline (if applicable): ________________________________
YST
Psychoeducation Session Checklist

Youth Participant's ID: ___________________________ Date of Session: ___________________________

Nominated Individual: ___________________________ Duration of Session: ___ hrs ___ mins

Thank you for your participation in the YST Program! We would like to know which of the following topics were covered in this meeting. So, if you would please complete the following form, we would greatly appreciate it! When you are finished we will briefly review the form and then sign at the bottom.

This form will help us keep track of what we were able to cover and discuss with you today. It will serve as a guide for us — letting us know if there are topics that we should address further during our weekly telephone contacts with you.

<table>
<thead>
<tr>
<th>TOPIC:</th>
<th>Information Covered? (circle one)</th>
<th>Discussion (Were most of your questions addressed?) (circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your role as a YST Support Person</td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
<tr>
<td>Basic Information on Youth Mental Health</td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
<tr>
<td>Participating Youth's Treatment Plan</td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
<tr>
<td>a. Information about Youth's Problems (e.g., Depression, Substance Use, Aggression)</td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
<tr>
<td>b. Reasons for Recommended Treatments</td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
<tr>
<td>c. Importance of Treatment Follow-Through</td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
<tr>
<td>Suicide Risk Factors and Warning Signs</td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
<tr>
<td>Emergency Contact Information</td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
<tr>
<td>Communicating with Teens</td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
<tr>
<td>Importance of Regular Contact with Youth</td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
<tr>
<td>Plan for Weekly Contact with YST Staff</td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
</tbody>
</table>

________________________________________  _________________________________________
Support Person (Signature)           Intervention Specialist (Signature)