

# Psychotherapeutic Support for Teens (PST)

## Practical Pointers for Primary Care Health Providers Treating Adolescent Depression – Supportive Rapport

This tool provides clinicians with guidelines/suggestions that they can use to direct their clinical interactions with the teen.

Checklist	Type of Support	Guidelines/Suggestions
<input type="checkbox"/>	<b>Approach</b>	<ul style="list-style-type: none"><li>• Be friendly but not a friend</li><li>• Create a supportive space</li><li>• Establish confidentiality and limits of confidentiality (self-harm, danger to others, etc) and be very <u>CLEAR</u> about these</li></ul>
<input type="checkbox"/>	<b>Be Present-Focused</b>	<ul style="list-style-type: none"><li>• Help identify the most important problems occurring now</li></ul>
<input type="checkbox"/>	<b>Be Problem-Oriented</b>	<ul style="list-style-type: none"><li>• Help develop and apply practical solutions to ongoing problems</li></ul>
<input type="checkbox"/>	<b>Provide Education</b>	<ul style="list-style-type: none"><li>• Provide education about depression and education about the treatment (complete KADS, TeFA)</li></ul>
<input type="checkbox"/>	<b>Be Responsive</b>	<ul style="list-style-type: none"><li>• Be available for urgent matters by phone, email or text messaging within office hours.</li><li>• Schedule frequent brief face to face visits at times that do not conflict with school (15-20 minutes)</li><li>• Monitor and support teen wellness activities (exercise, sleep, healthy diet, etc.)</li><li>• Ensure access to professional care during the off hours for emergencies</li></ul>

### Further guidelines to create a supportive environment

Remember to embed these guidelines/suggestions within a supportive, active listening environment. This includes the following:

- Compassionate and non-judgmental attitude, but be real
- Active listening: eye contact, verbal (“ah hum”, “go on”), and non-verbal (head nod) clues to listening engagement
- Clarification (“help me understand”, “could you explain what you were thinking about that”, etc.)
- Emotional identification (“seems as if you are feeling frustrated”, etc.)
- Do not understand the young person too quickly – you are likely to be wrong
- If you do not know what they are talking about – ask
- If you do not know an answer to a question – admit it and tell them how you will find out.

Remember that parental or caretaker involvement is often necessary during the assessment and treatment of depression in an adolescent. Whenever possible information about the young person’s emotional state and function should be obtained from the parent or caretaker. It is not uncommon for teens and parents/caretakers to have different opinions about the mental state and activities of the young person. When this occurs, joint discussion of the issue will be necessary for clarification and optimal intervention planning. However, it is essential to ensure that appropriate confidentiality is being maintained during this process.

Confidentiality is important but it has its limits. Abuse, suicide intent, harm of others need to be identified as issues that can not be kept confidential. Drug use must be discussed with the youth and an appropriate decision pertaining to the degree of drug involvement must be clarified in terms of at what point does drug use become drug misuse/ abuse that requires informing others.