Supporting Caregivers of Youth at Risk for Suicide

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Clinical Professor

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Thank you for the opportunity…

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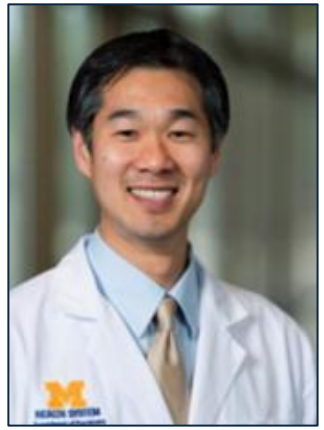

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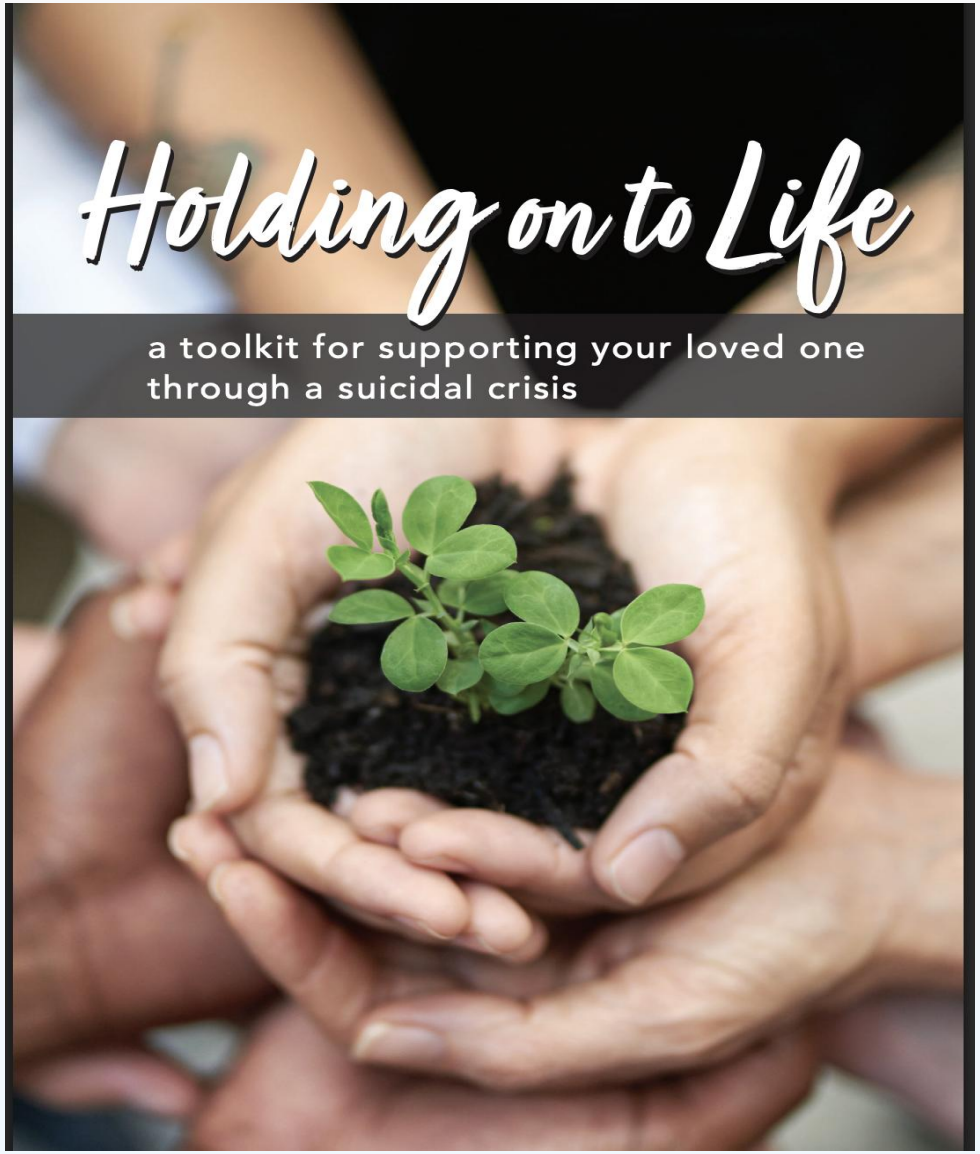
Lessons Learned from GLS…

- **Listen** to those with lived experience.
- **Evaluate**, learn, improve, and evaluate again!
- **Build** strong relationships and sustain them.
- **Collaborate** with those who have different perspectives and skill sets.
- **Plan** for community-based implementation from the beginning.

How it began…

- GLS Cohort 5
- Macomb County Crisis Center Team
- Parent calls to crisis line

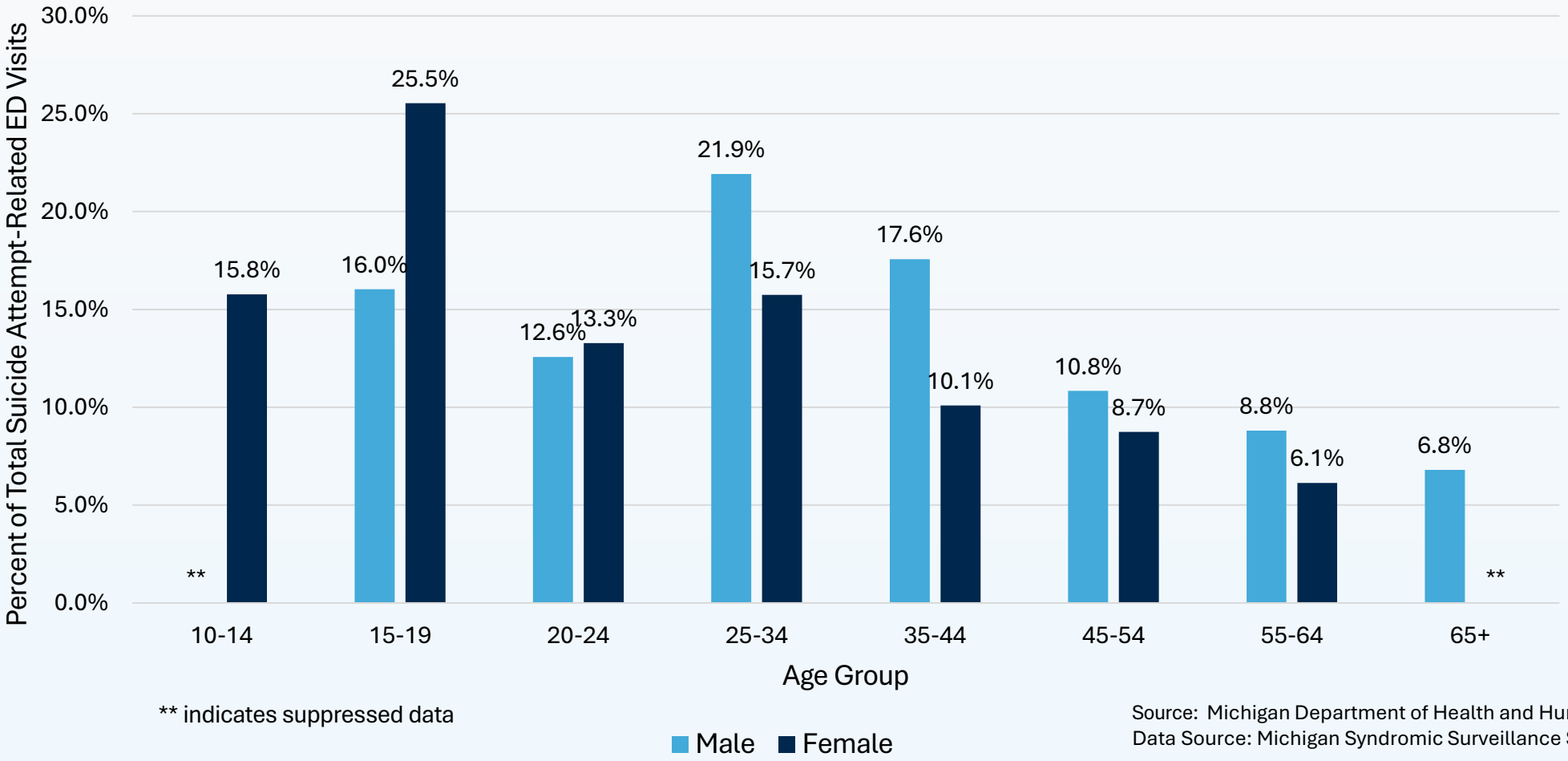


UM Psychiatric Emergency Services Family Support and Follow-Up Program

GLS Cohort 9

Limited Mental Health Safety Net

Percent of ED Visits Related to Suicide Attempts by Sex and Age Group, Michigan Residents, July 2025 - June 2026



** indicates suppressed data

Source: Michigan Department of Health and Human Services, *Nonfatal Suicide Dashboard*; Data Source: Michigan Syndromic Surveillance System. Retrieved July 30, 2026.

Sequential Evaluation Design: Cohorts 9 ⟹ 19

Phase 1

- Mixed Method Needs Assessment: Parents, Youth, Clinicians, Experts
- Evaluation of Usual Care

Phase 2

- QI Staff Training & Toolkit Roll Out
- Phase 2 Evaluation

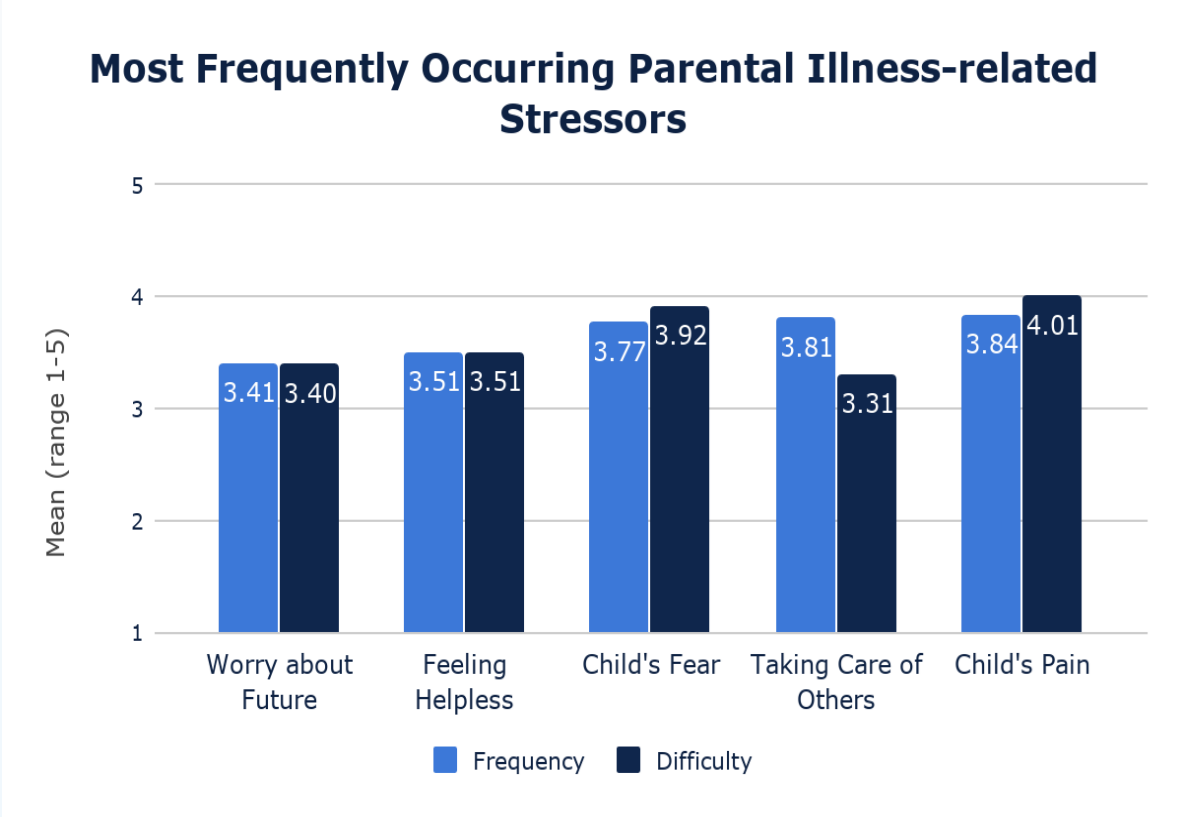
Phase 3+

- Initial Family Text Messaging Pilot
- NIMH funding; Statewide ED Network, Community Translation and Implementation

Highlight Core Findings- Phase 1 Parent Wellbeing

How are parents doing at the time of the ED visit?

- >50% reported at least mild symptoms of distress
- 23% reported moderate/severe depression/anxiety
- 17% reported moderate to severe insomnia



Routledge
Taylor & Francis Group

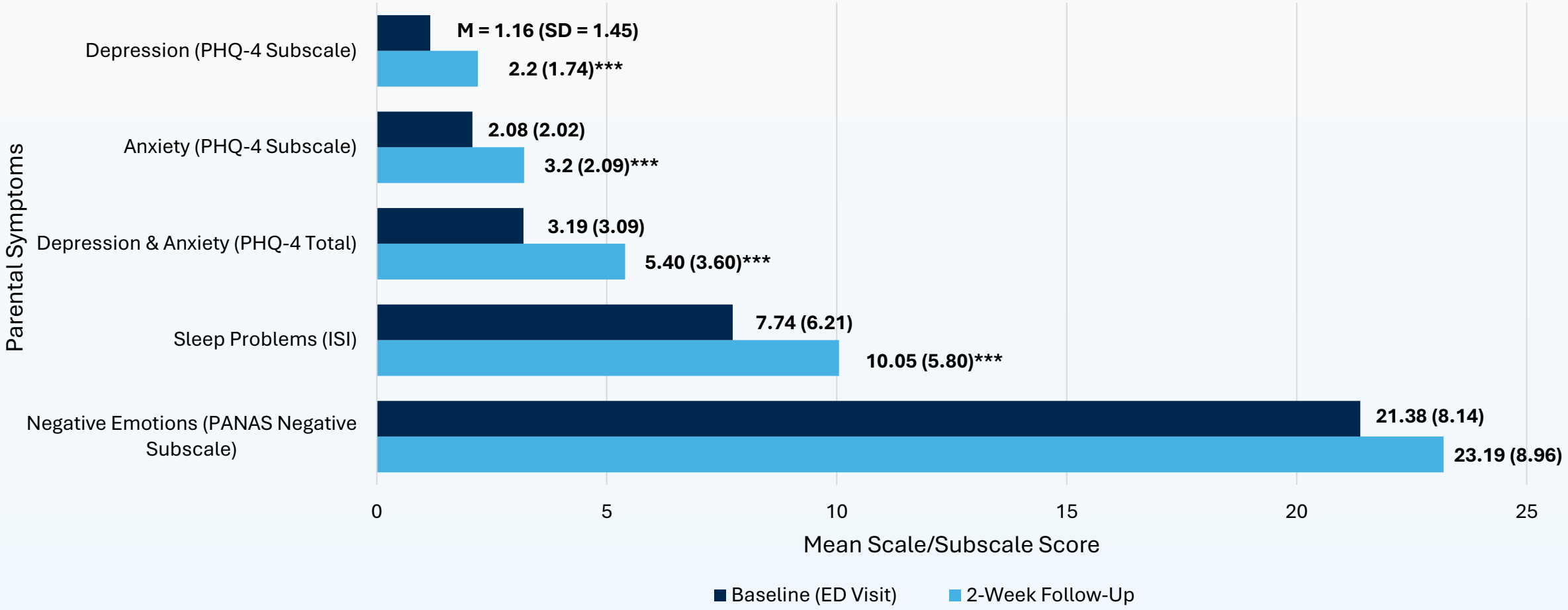
Archives of Suicide Research

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/usui20

Worsening Symptoms of Anxiety, Depression, and Sleep Problems in Caregivers Following Youth's Suicide-Related Emergency Department Visit

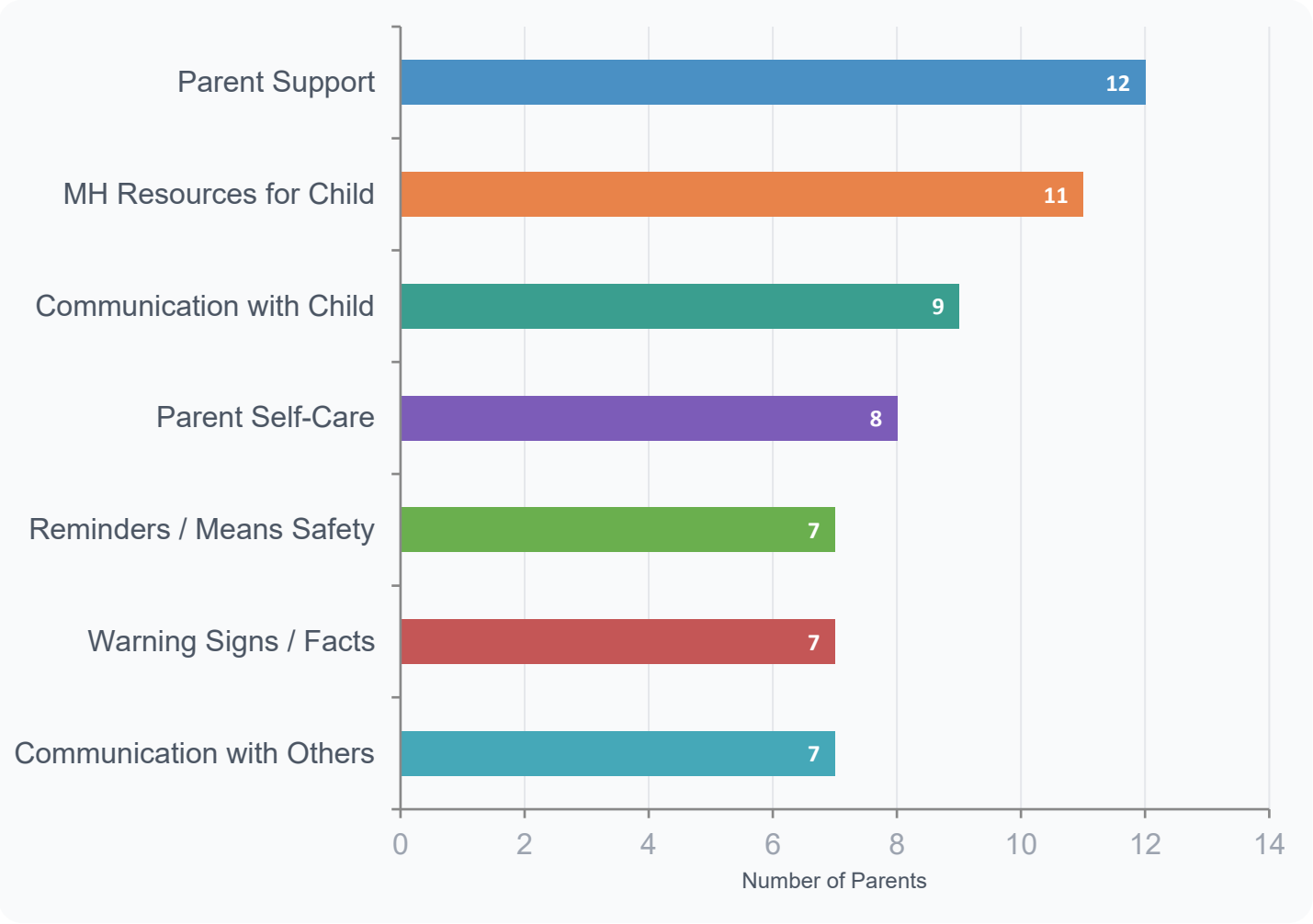
Tayla Smith, Christina Magness, Alejandra Arango, Seth Finkelstein, Eskira Kahsay, Ewa Czyz, Victor Hong, John Kettley, Patricia K. Smith & Cynthia Ewell Foster

Parental symptoms of depression, anxiety, sleep problems, and negative emotions



What types of support do parents want?

Parent Focus Groups



Parent Support
"Parents like us are starving for support."

MH Resources
"It's like I have nothing to take him to... Maybe a list of [resources] that know how to deal with kids."

Communication
"A simple text reminding you to check-in with your teen every day about their mood."

Parent Self-Care
"We need reminders to stop and take care of ourselves or we're in danger of burning out."

Means Safety
"It's more than just, make sure your guns are locked up…I know that…"

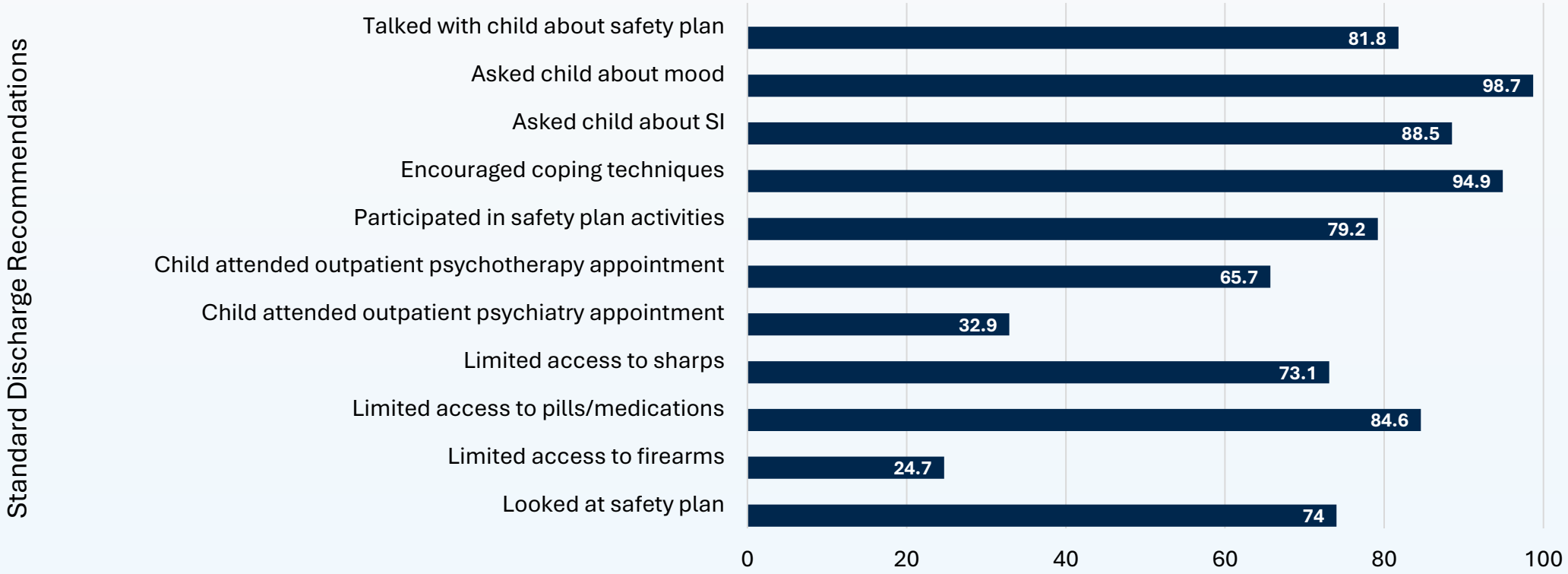
Warning Signs
"Warning signs." "When it's absolutely necessary to bring her [to the ED]."

Comm. with Others
"A resource on how to deal with other family members and things to bring up to the therapist."

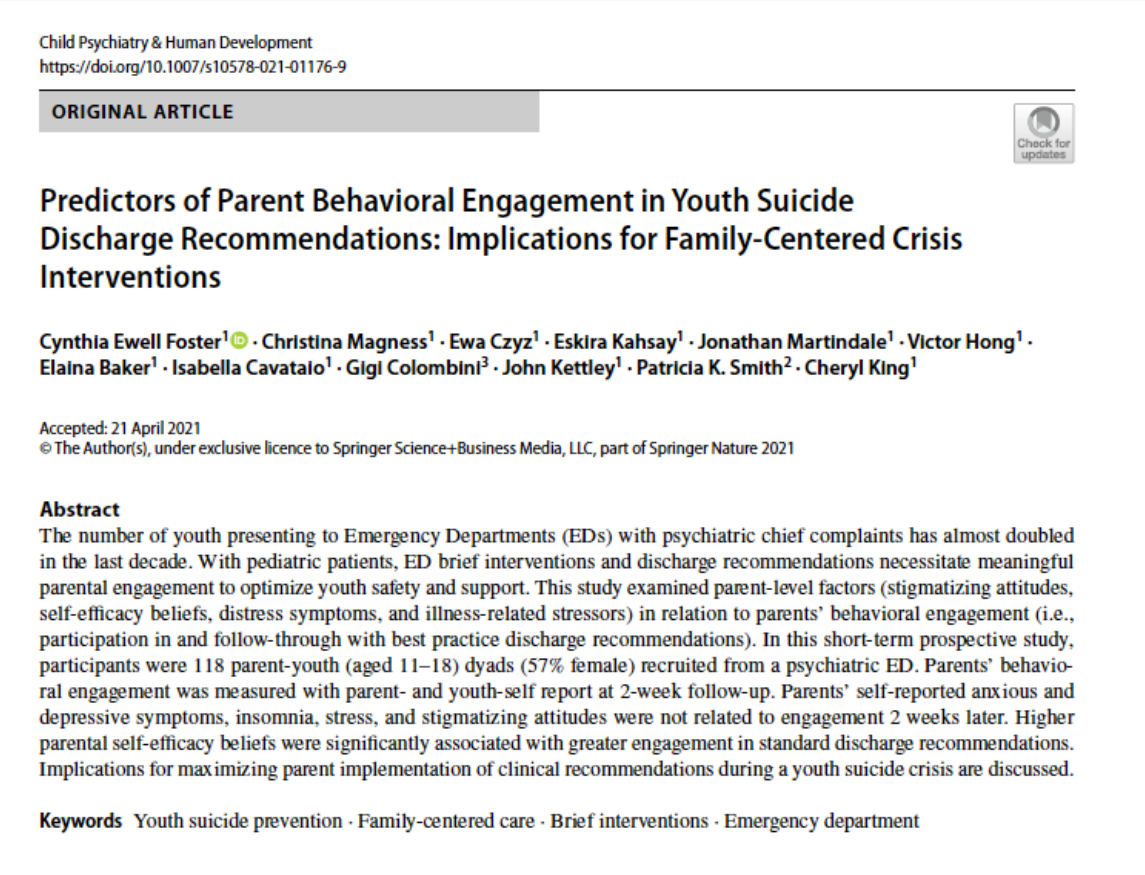
Qualitative themes from parent focus group sessions • N = 12–14 parents per group

Core Findings: Phase 2
Parent Behavioral Engagement

Parent Implementation of Post-Discharge Recommendations



What Predicts Parent Behavioral Engagement?



Child Psychiatry & Human Development
https://doi.org/10.1007/s10578-021-01176-9

ORIGINAL ARTICLE

Check for updates

Predictors of Parent Behavioral Engagement in Youth Suicide Discharge Recommendations: Implications for Family-Centered Crisis Interventions

Cynthia Ewell Foster[1] · Christina Magness[1] · Ewa Czyz[1] · Eskira Kahsay[1] · Jonathan Martindale[1] · Victor Hong[1] · Elaina Baker[1] · Isabella Cavataio[1] · Gigi Colombini[3] · John Kettley[1] · Patricia K. Smith[2] · Cheryl King[1]

Accepted: 21 April 2021

Abstract
The number of youth presenting to Emergency Departments (EDs) with psychiatric chief complaints has almost doubled in the last decade. With pediatric patients, ED brief interventions and discharge recommendations necessitate meaningful parental engagement to optimize youth safety and support. This study examined parent-level factors (stigmatizing attitudes, self-efficacy beliefs, distress symptoms, and illness-related stressors) in relation to parents' behavioral engagement (i.e., participation in and follow-through with best practice discharge recommendations). In this short-term prospective study, participants were 118 parent-youth (aged 11–18) dyads (57% female) recruited from a psychiatric ED. Parents' behavioral engagement was measured with parent- and youth-self report at 2-week follow-up. Parents' self-reported anxious and depressive symptoms, insomnia, stress, and stigmatizing attitudes were not related to engagement 2 weeks later. Higher parental self-efficacy beliefs were significantly associated with greater engagement in standard discharge recommendations. Implications for maximizing parent implementation of clinical recommendations during a youth suicide crisis are discussed.

Keywords Youth suicide prevention · Family-centered care · Brief interventions · Emergency department

- What can we learn that would help us to maximize parent engagement and thereby optimize youth safety?
  - We examined
    - Parental psychopathology
    - Stigma
    - Illness-related stressors
    - **Self-efficacy**

Parental Self Efficacy

How confident are you that you can…	Not at all Confident					Somewhat Confident					Completely Confident
1. Ask your child about his/her mood?	0	1	2	3	4	5	6	7	8	9	10
2. Ask your child if he/she is experiencing thoughts of suicide?	0	1	2	3	4	5	6	7	8	9	10
3. Respond in a helpful manner if your child discloses thoughts of suicide?	0	1	2	3	4	5	6	7	8	9	10
4. Identify suicide indicators or warning signs in your child?	0	1	2	3	4	5	6	7	8	9	10
5. Obtain a commitment from your child not to attempt suicide?	0	1	2	3	4	5	6	7	8	9	10
6. Limit your child's access to things your child could use to hurt him/herself (such as pills, razors/knives, firearms)?	0	1	2	3	4	5	6	7	8	9	10
7. Work with your child on a plan for his/her safety?	0	1	2	3	4	5	6	7	8	9	10
8. Assist your child to access treatment services for his/her difficulties?	0	1	2	3	4	5	6	7	8	9	10
9. Encourage your child to cope with his/her difficulties in ways that have been helpful in the past?	0	1	2	3	4	5	6	7	8	9	10

Family Centered Care in the ED is Related to What Happens at Home

Linear regressions predicting parent readiness to support youth safety and engagement with safety plan recommendations with youth

	B	SE(B)	β
Parent Readiness to Support Youth Safety			
Safety Plan Completeness	-0.32	0.41	-0.11
Safety Plan Quality	0.12	0.23	0.07
Developmentally Tailored Family-Centered Care	0.35	0.08	0.67***
Parent Engagement in Safety Plan Recommendations with Youth			
Safety Plan Completeness	-0.1	0.4	-0.004
Safety Plan Quality	-0.14	0.23	-0.096
Developmentally Tailored Family-Centered Care	0.24	0.08	0.51**

R2 = Adjusted R^2. *p < .05. **p < .01. ***p < .001.

Ewell Foster et al., 2024

Phase 3
TESP: Text-based Support for Parents

Ewa Czyz, Ph.D.

TESP: Text-based Support for Parents

- Leverage the family's role in post-crisis care.
- Employs what we have learned.
- Utilize mobile technology to promote feasibility and scalability.[1-4]
- Develop TESP, to support parents in implementing key post-discharge recommendations (lethal means safety, crisis resources, safety planning, parent-child communication) and to promote caregivers' own well-being.
- TESP aims to **enhance family support** during the high-risk post-discharge period and to **promote safer transitions** in care.

1) Pew Research, 2024; 2) Berrouiguet et al., 2016; 3) Donker et al., 2013; 4) Head et al., 2013

TESP Iterative Development

Parent Focus Groups (Phase 1)
(4 groups + 2 interviews; 14 parents)

Initial “bank” of messages based on:
parent focus groups & expert input

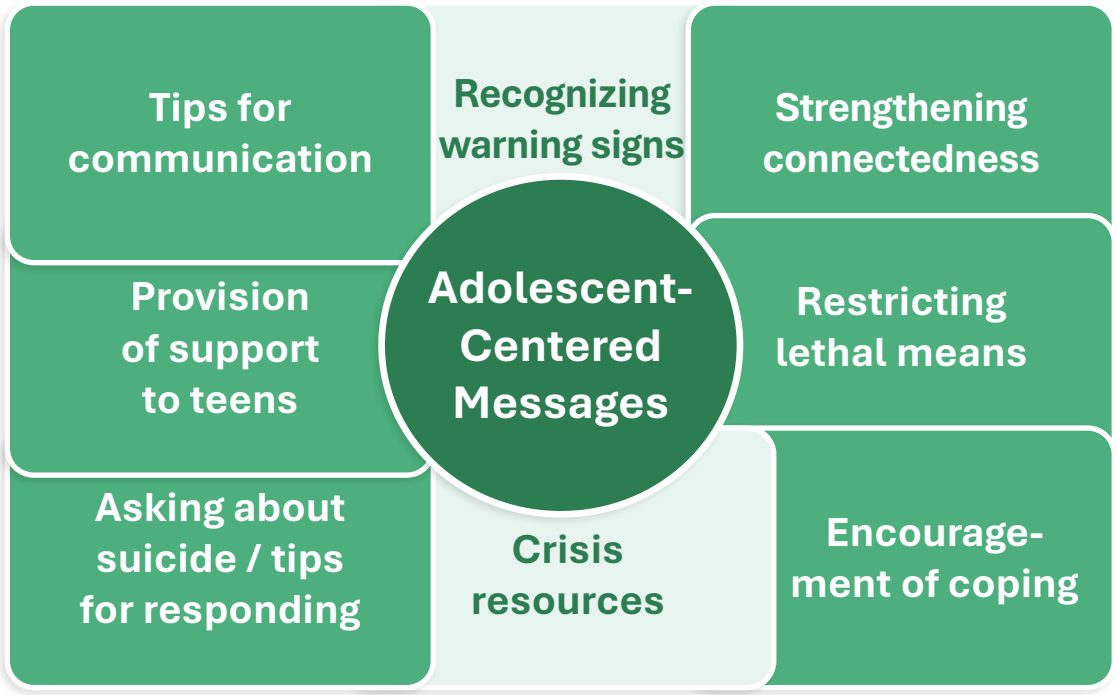
Parent feedback (N=60)

Advisory group (N=11)

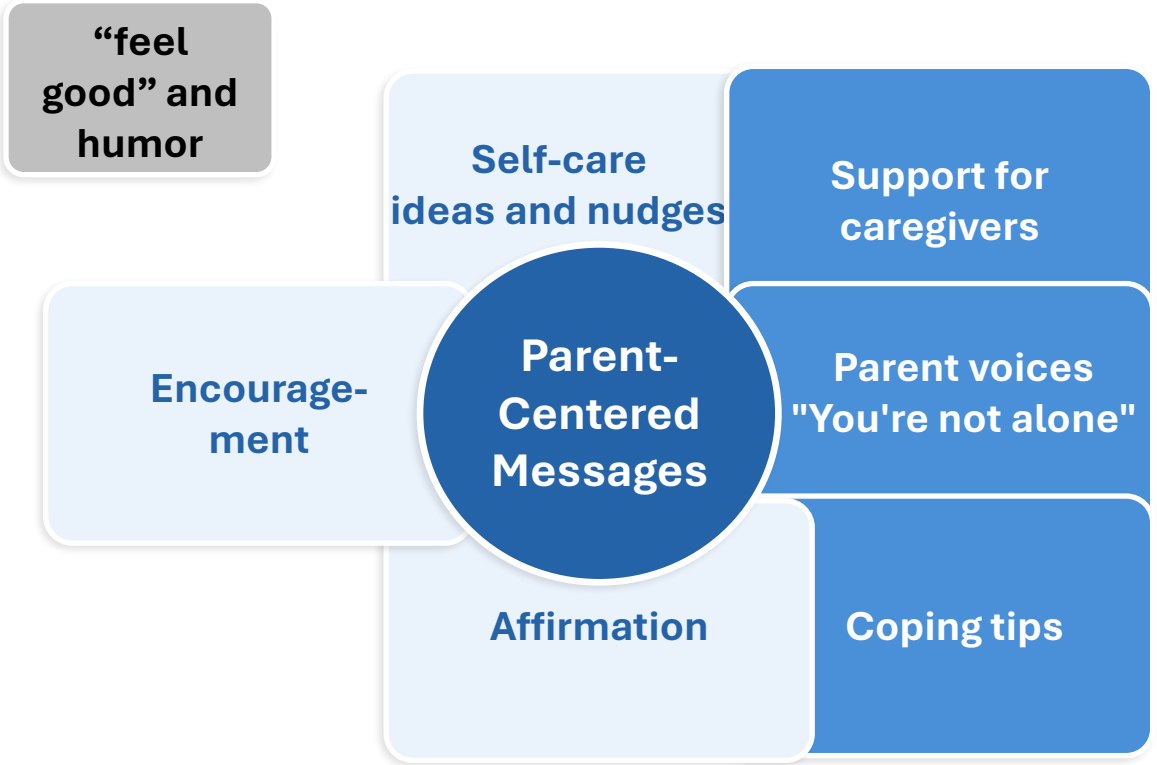
TESP Pilot RCT (N=120)

TESP Intervention Messages

Adolescent-Centered (A-C)



Parent-Centered (P-C)



Guided by MI principles (autonomy-supporting language; reflections; open-ended)
Messages: standardized; images; links to resources/videos

Phase 3 Parent Feedback

Qualitative Themes — What Parents Valued

You're Not Alone

> *I remember feeling overwhelmed and lost and so scared…The messages would be helpful and a constant reminder that [parents] are not alone*

Support & Information

> *You don't leave [the ED] with much support. It takes a long time to get things started with psychiatry/therapy. Having some information during that time would be helpful*

Comfort & Encouragement

> *They were comforting and encouraging at a time when our worlds are rocked. Sometimes that may be the only comforting message they receive that day/week*

Flexibility

> *It doesn't require anything extra from [parents] — they can read the text if they need support or ignore it*

Phase 3 Parent Feedback

Qualitative Themes — Concerns & Barriers

Nix the Humor*

"The silly ones would have upset me during my daughter's darkest days"

"I didn't like some of the silly joke ones. I found them trite"

Barriers to Engage

"Parents are busy. This might be just one more thing"

"Sometimes you need to just get away from all things related to it"

Some Parents May Not Be Receptive

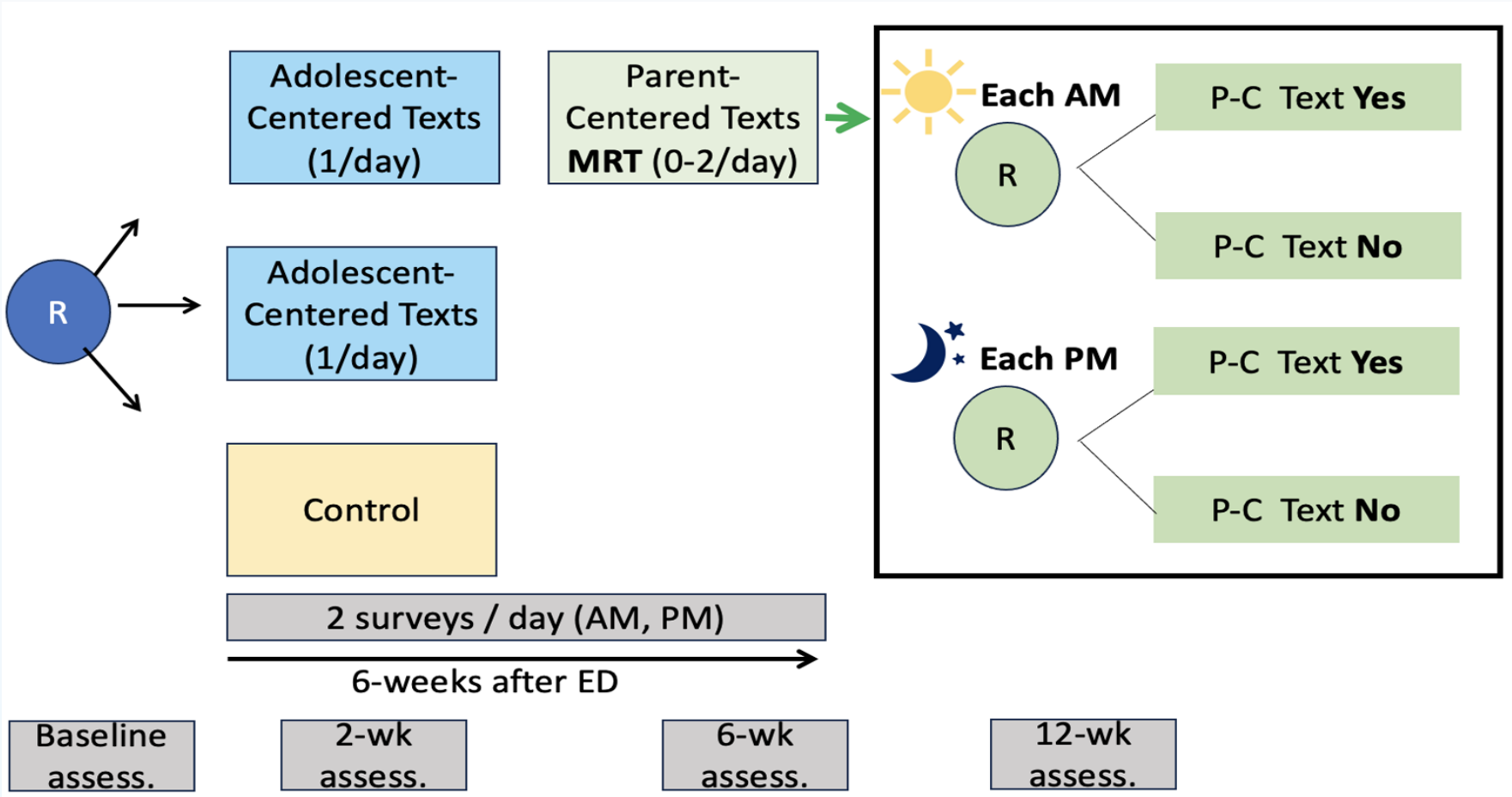
"I personally think it's important, but after your child's crisis it can be hard to 'do more'"

TESP Pilot RCT

Q1: *Feasible/acceptable?* **Q2:** *A-C texts support parent & teen post-ED outcomes?*
Q3: *P-C texts support parents' well-being?*

6-week TESP vs. Control

- 120 youth-parent dyads
- Youth ages 13-17 with suicidal ideation or attempt
- Caregivers (83.3% mothers)



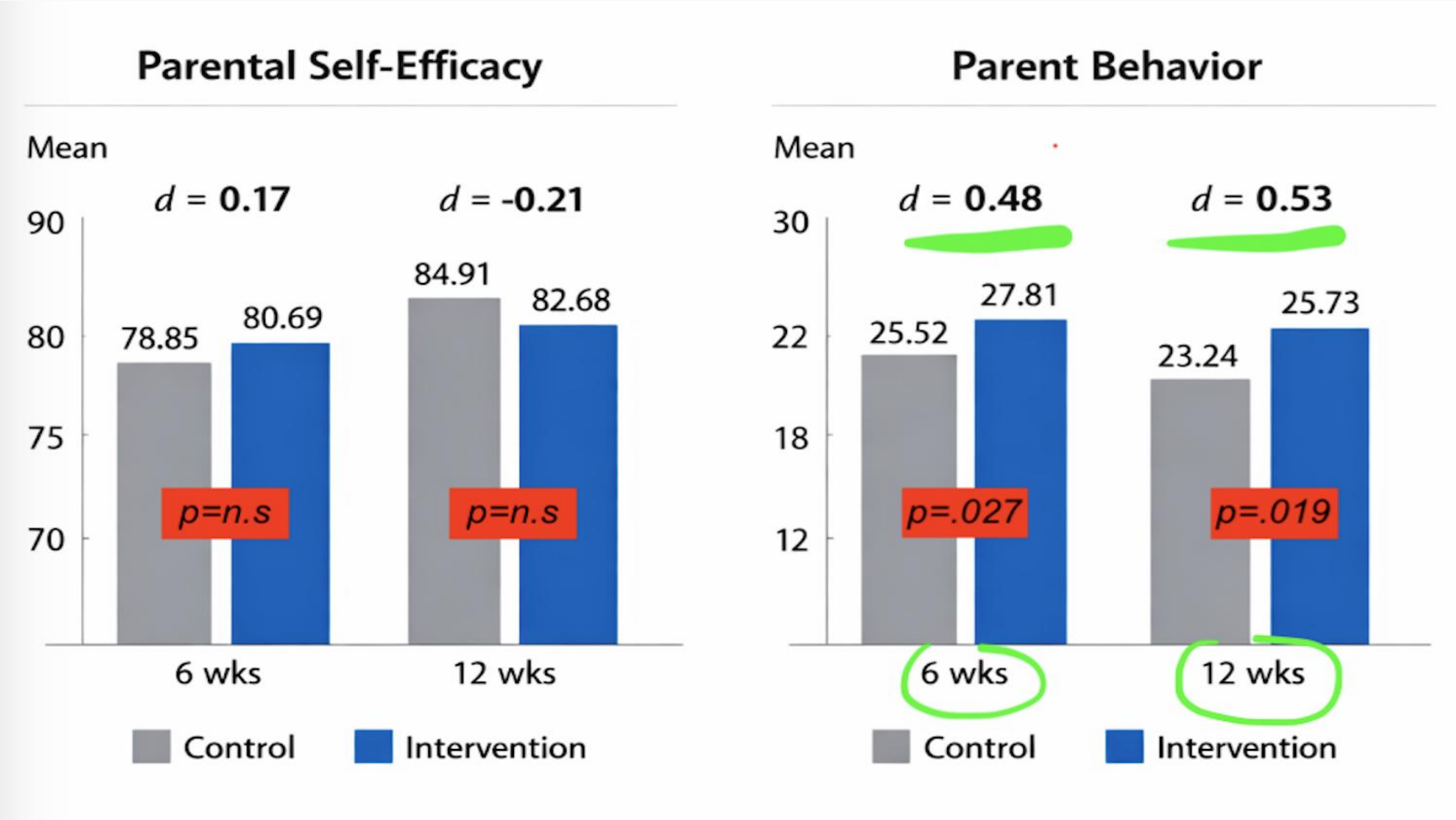
TESP Pilot RCT:
Feasibility / Acceptability

Parents who received TESP perceived it **positively** (M=4.18; 1-5 scale) and expressed **satisfaction** (M=3.45; 1-4 scale)

Vast majority **94.6%** would **recommend** **TESP** to other caregivers

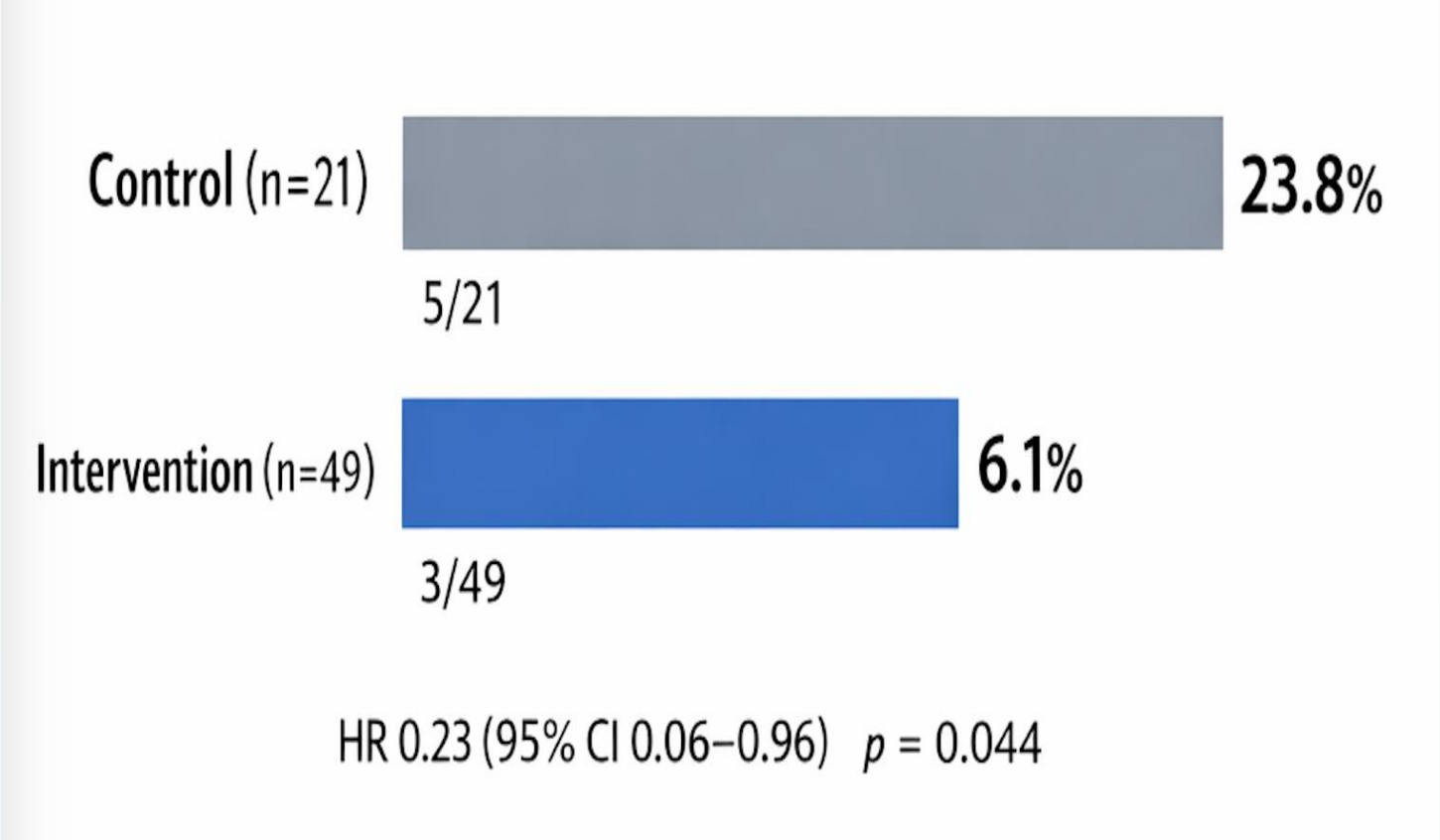
Czyz et al (2025) J Consult Clin Psychol

TESP Pilot RCT: Impact on Parent Behavior



Czyz et al (2025) J Consult Clin Psychol

TESP Pilot RCT:
Impact on Youth Suicide Attempts



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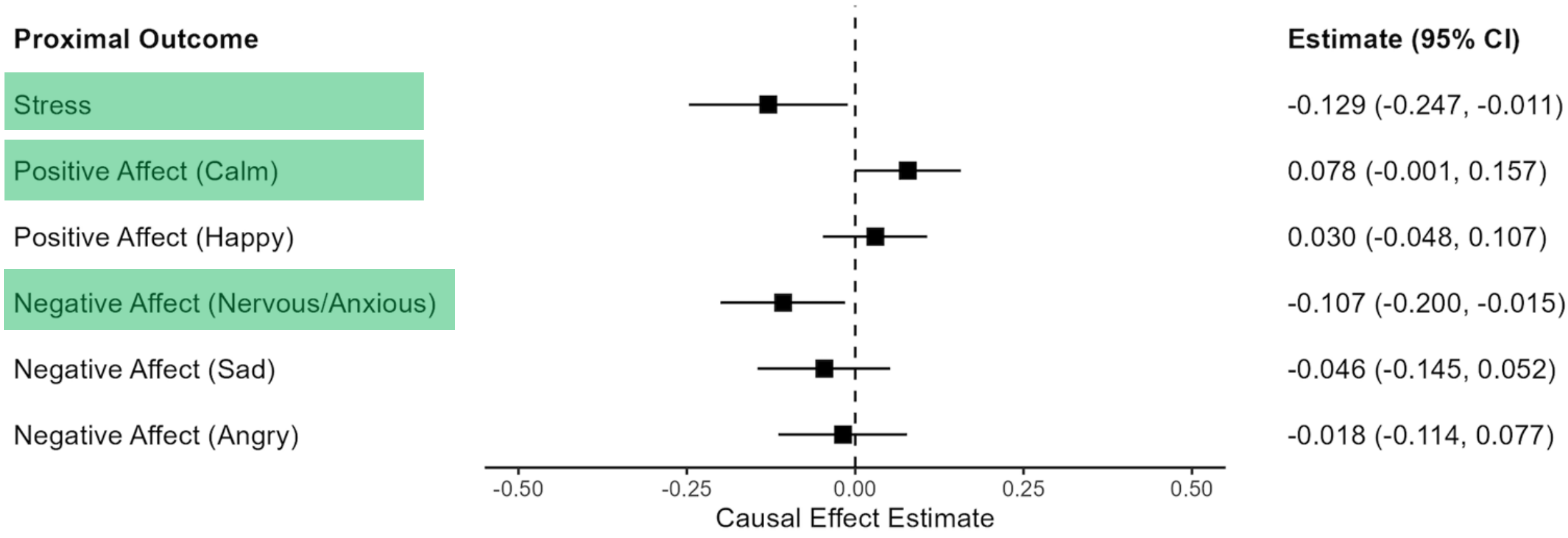
BRIEF REPORT

Building Toward a Text-Based Intervention for Parents of Suicidal Adolescents Seeking Emergency Department Care: A Pilot Randomized Controlled Trial

Ewa Czyz[1], Inbal Nahum-Shani[2], Cynthia Ewell Foster[1], Valerie Micol[1], Amanda Jiang[1], Nadia Al-Dajani[1], Alejandra Arango[1], Maureen Walton[1, 3], Victor Hong[1], Sheikh Iqbal Ahamed[4], and Cheryl King[1]
[1] Department of Psychiatry, University of Michigan
[2] Institute for Social Research, University of Michigan
[3] Injury Prevention Center, University of Michigan
[4] Department of Computer Science, Marquette University

TESP Pilot RCT:
Impact on Parental Wellbeing



TESP Recap

- Offers accessible support to parents during a high-risk period, with the potential to achieve wide reach and scalability.
- Developmental and pilot RCT findings suggest TESP:
  - **Was acceptable** based on *iterative* parent feedback
  - ↑ parental behavioral engagement in suicide prevention and ↓ youth suicide attempts
  - **Improved** parental stress and affect (more calm, less nervous)
- An ongoing large trial (NIMH) focuses on testing TESP effectiveness across two health systems.

Moving to Real World Implementation

GLS Cohort 19

Clinician Perspectives on Text-Based Support for Parents of Suicidal Adolescents

Haadiyah Muhammad[1], Courtney Funk[2], Mai Tran[2], Alejandra Arango[2], Ewa Czyz[2], & Cynthia Ewell Foster[2]

1. University of Michigan, Ann Arbor, MI 2. University of Michigan Department of Psychiatry, Ann Arbor, MI

Background

- Suicide is a **leading cause** of **death** for adolescents [1]
- **Text-based interventions** have emerging evidence in reducing suicide reattempts [2]
- Effective post-discharge **procedures** are necessary to **prevent reoccurence** [3]

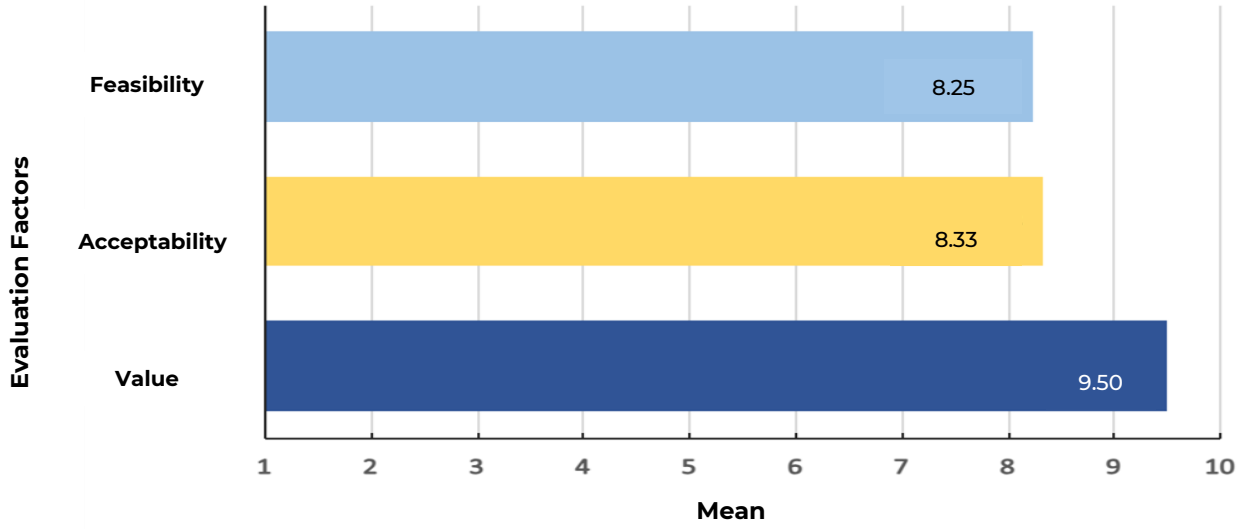
Objectives

- Apply best practices in **implementation science** to translate Text-Based Support for Parents of Suicidal Adolescents (TESP) from a research to "real-world" setting
- Use clinician perspectives to inform **adaptation** of TESP and strengthen suicide **prevention efforts**

Methods

- **MyMichigan Health** clinicians, **(n=12), 100% female**, recruited by Director of **MyMichigan Behavioral Health**
- **60 minute mixed methods** focus groups
- Poll questions measure feasibility, acceptability, value, and barriers to TESP **implementation**
- Interviews recorded and transcribed to highlight **potential adaptations**

Mean Values for TESP Acceptability, Feasibility, and Perceived Value



Feasibility (1=Not at all feasible → 10=Absolutely feasible); Acceptability score range (1=Totally unacceptable → 10=Extremely acceptable); Value score range (1=Not at all valuable → 10=Extremely valuable)

Qualitative Highlights

"If this program performs the way we think it will, and it is as **valued**, as we believe it's going to be, then we want to bring that to **all emergency rooms"**
Participant 5

"I can see, in situations like that… [when] **emotions are heightened**– **who are these people?**–and **do I have to answer** these texts?–things like that that I think would need to be thought about. When you were phrasing the text messages"
Participant 12

"Oftentimes, you know, we have **parents that are split**, and… there's times where the parenting situation isn't good, and **the other parent doesn't know the kid was even in the ER."**
Participant 7

"If they (parents) opt-into these texts, especially if their child is going inpatient, they'll continue to get **education** and help them **prepare** for when the child goes home**"**
Participant 1

Results

- Participants rated all three factors **highly** (Feasibility M=8.25(SD 1.29); Acceptability M=8.33 (SD 0.88); Value M=9.5 (SD 1)
- **Value** for **parents** and emergency department **(ED) professionals** was consistently **highlighted** in discussion
- Potential **adaptations** must account for **custodial arrangements** and providing information to parents in the ED

Conclusion

- Implementation of a **text-based** follow-up for parents **post ED** discharge was considered **feasible, acceptable and of significant value** by behavioral health and ED staff
- Adaptations were recommended to assist translation to a real-world setting
- TESP explicitly acknowledges the role of parents in keeping their child safe after a suicide crisis
- TESP is a low cost, low burden intervention with significant promise to **expand** the clinical **safety net** for suicidal adolescents

This research was funded by cooperative agreement 1H79SM090028 from the Substance Abuse and Mental Health Services Administration to the Michigan Department of Health and Human Services.
This research would not be possible without the contributions and insights of Kathy Dollard, PsyD Amy Hovey, LMSW and the MyMichigan TeleHealth team.

Access References Here

Adaptations for a "Real World" Setting

Frequency:

Move from 6 week to 3-week intervention.

Duration:

Move to 1 message per day.

Content:

Cultural adaptation related to firearm safety (rural area).

Included both AC and PC texts

Enrollment:

Available to multiple caregivers (parents, grandparents, foster parents)

Offered in the ED by Social Worker, Community Health Worker, Patient Navigator.

Follow up phone call and letter, standard care for My Michigan Behavioral Health Telehub

Adaptation for EMR

- **How do we send messages outside of a research platform??**

- An appointment scheduled in EPIC 21 days out. Daily appointment reminder texts. EPIC generates a report with what day/message the parent is on. Using the “Send Update” feature, messages are then sent each day.

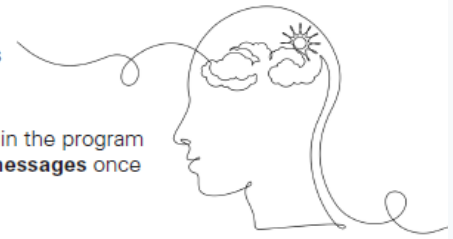
- Parents are able to cancel the appointment in MyChart. EPIC generates a report if an appointment is cancelled. No one has cancelled so far!

- BUT, no capacity for images. Word count limitations.

Week 1	Week 2	Week 3
DAY 1	DAY 8	DAY 15
Hello, this is MyMichigan Health. Thank you for being willing to participate in this texting program. Over the next 21 days, you'll receive a series of messages meant to be supportive to you and your family. Please know that you cannot respond to these text messages. If you have any further questions, need support, or need additional assistance, please call us at 989-839-3538.	You may already know your teen’s personal warning signs that signal a possible crisis. There are also common risk factors and warning signs that parents can be aware of. If you’d like to learn more, click here: https://tinyurl.com/3sxweytj	You may already be on the lookout for changes in your teen’s behavior, mood, or distressing life events that could signal a possible mental health crisis. If you’re concerned, consider following your gut and check in with your teen. Here’s more on suicide warning signs and ideas for how to respond: https://tinyurl.com/2hsucurt

New Program for Your Emergency Department Visit

Support for Families Facing Youth Suicide Risk



MyMichigan Health is offering a new follow-up support service for families after their child has been seen in a MyMichigan Emergency Department for a suicide-related risk.

Families seeking additional support may enroll in the program to receive **supportive and informative text messages** once a day for the next three weeks.

Why is this important?

- Suicide risk is serious, but support and resources can help keep youth safe and support families during a challenging time.
- This text-based program provides ongoing encouragement and evidence-based suicide prevention strategies for families.

How it works?

1. Before discharge, a MyMichigan care team member will talk with you about the program.
2. Families who wish to participate can opt in verbally at that time.
3. Once enrolled, families will receive daily supportive text messages for 21 days.

What kinds of messages will you receive?

- Coping strategies for youth and families
- Crisis and mental health resources
- Encouragement and reminders that support is available
- Tips for creating a safe and supportive home environment

Questions or Concerns?

For questions about the program, please call MyMichigan Health Behavioral Health Telehub at (989) 839-3538.

Mental health support beyond the Emergency Department.

MyMichigan Health
UNIVERSITY OF MICHIGAN HEALTH

Process Data

May 31, 2026

- 72% of parents accepted (138 out of 191)
- 24% declined (46/191)
- Reasons for Decline:
  - We have all the services we need
  - “I think we’re okay. He’s doing better”
  - Lack of a cell phone or texting capability

Parent Feedback

"I enjoyed it, I found it very supportive, program encouraged us to start therapy, which we did." Mom

“The information helped me understand that my kid isn't the only one that is struggling." Dad

"It made me feel not alone while trying to help my adolescent." Mom

"Loved the idea of the program, however, I get pulled in 14 different directions at all times, so I wasn’t able to review them all.”

Parent Feedback Provided to Telehub Clinicians During Follow-Up Calls

"Some of the things didn't pertain.... Overall think it's helpful for parents. One thing she suggested was having the information already in the text versus having to click a link."

"Suggested more role-playing videos vs dialogues you must read."

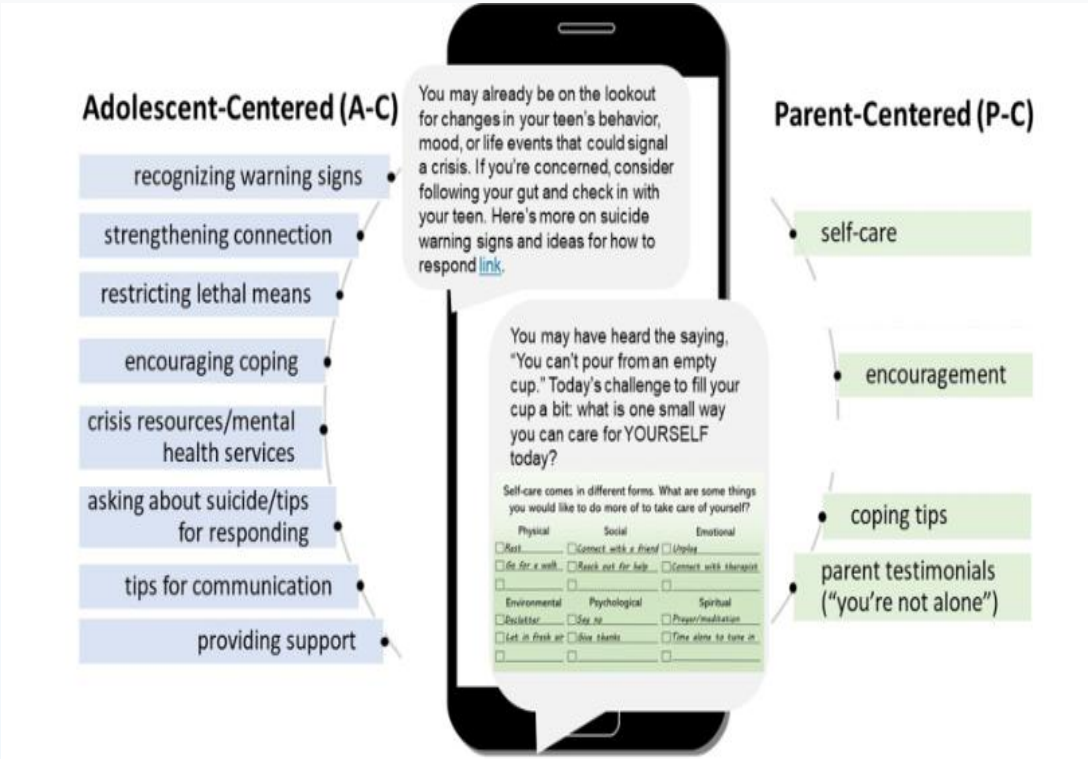
"Included her daughter in reading the texts. Daughter is trying new coping skills, such as journaling. She is more open to trying new skills if she finds the ones she has been using aren't helpful anymore."

Clinician Feedback 6 Months into MyMichigan Pilot

- T2 Perceived Value of TESP? M =9.5 (SD=.7), scale of 1-10
- T2 Support Continued Use? (M=9.9, SD= .3), scale of 1-10
- Time required: 2 minutes per patient.
- Behavioral Health telehub follow-up infrastructure is a facilitator of enrollment; parent receptivity may increase after ED discharge.

Next Steps

- Complete NIMH RO1
- Expand TESP at My Michigan
- Develop Dissemination Toolkit
- Continue to problem solve technological capacity in Epic for images and size.



Lessons Learned and THANK YOU!

- **Listen** to those with lived experience.
    - Parents calling the crisis line in 2008 and those answering the calls; Parents in PES, Clinicians, & Community Partners
- **Evaluate and Iterate**
- **Build and sustain** strong relationships
    - Partners in PES, MDHHS, My Michigan, YDSP research team
- **Plan** for community-based implementation from the beginning.