

**Chapter 6**  
**PEER SUPPORT PROGRAMS**

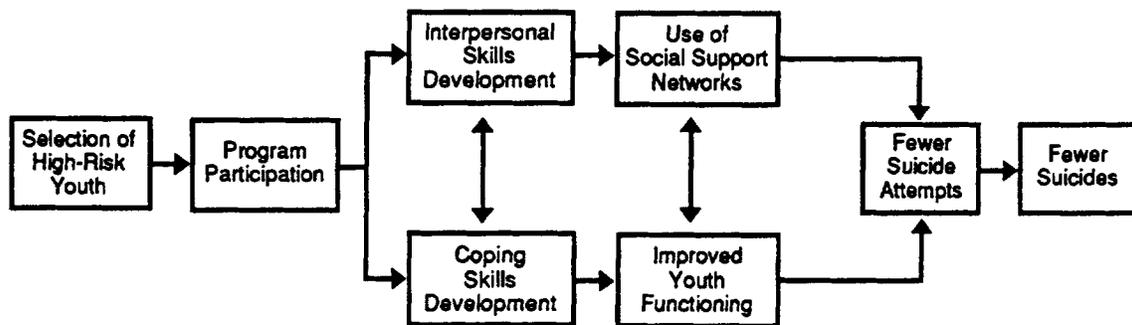
**Overview and Rationale**

Peer support programs, which can be conducted in either school or nonschool settings, are designed to foster peer relationships, competency development, and coping skills among high-risk youths as a method of preventing suicide among them. The goal of peer support programs is to provide a setting in which young people who may be at risk for suicide can receive the support of their peers and develop interpersonal and coping skills. (These programs are not intended to be therapeutic programs or psychiatric treatment programs, which are better considered as treatment efforts and are not covered in this document.)

The rationale for peer support programs, as illustrated in Figure 6, is to enhance the interpersonal and coping skills of participants, allowing them to increase their use of natural social support networks and to improve their school attendance and school and job performance. Peer support programs might help to reduce antisocial behavior and substance abuse, factors associated with suicide. Finally, a peer support program that improves the functioning of youths and increases their use of social support networks might be expected to reduce their rates of suicide and premature death from other causes (such as alcohol-related traffic fatalities and homicide).

**FIGURE 6.**  
**Rationale for Peer Support Programs to Prevent Youth Suicide**

**Processes and Outcomes:**



**Key Issues/Activities:**



### Research Findings

The effect of peer support programs in preventing youth suicide has not been evaluated. Preliminary data from the Link-Up program in St. Paul, Minnesota, indicate that students who participate in the peer support program show improvement in academic performance, school attendance, and self-esteem. The relationship between these behaviors and suicide has not been established, and the effect of the Link-Up program on suicidal behavior has not been measured.

Although not designed as suicide prevention efforts, other peer support programs have been developed to prevent such adolescent problems as substance abuse, delinquency, school failure, and school dropout. Among adolescents, these various types of high-risk behaviors are often interrelated (Barnes and Welte, 1986; Donovan and Jessor, 1985; Elliott, Huizinga, and Menard, 1988; Kandel, 1978). For instance, results of a national survey of high school seniors (Johnston, Bachman, and O'Malley, 1986) showed a high incidence of delinquency and school problems among drug users. The seniors who abstained from drugs did not completely avoid other problems: a fifth of these students reported committing minor theft, receiving traffic tickets, cutting classes, or drinking heavily. These problems, however, occurred among a third of marijuana users and among almost half of students who frequently (four or more times) used illicit drugs (other than heroin). The relationship of these behaviors to youth suicide is unknown.

The results of evaluations of these programs (reviewed by Dryfoos, 1990) suggest that peer support programs may be useful in reducing high-risk behaviors among youth. For instance, in a metaanalysis of 143 adolescent drug prevention programs, Tobler (1986) found that, although programs had a greater impact on knowledge than on attitudes, they did appear to reduce the frequency of substance abuse (the reduction being much greater for cigarette smoking than for the use of other substances). Of particular interest was the finding that peer-influence programs, which focused on such areas as developing refusal skills and enhancing interpersonal competency, were more effective than other program models (such as knowledge-oriented programs and affective-education programs that focused on building self-esteem). Although all the program models appeared to reduce cigarette use, only the peer-influence programs reduced the use of alcohol and marijuana. Similarly, results of a metaanalysis of data from 14 studies of school-based drug education programs showed that programs taught by peers were more successful than those taught by adults (Bangert-Downs, 1988).

The applicability of these studies to suicide prevention needs to be established. However, the success of peer support programs with other high-risk behaviors suggests that the programs have potential as an intervention approach to preventing youth suicide.

### Illustrative Programs

We identified a small number of peer support programs, though other programs may exist that were not identified as suicide prevention efforts. Two examples of peer support programs illustrate the nature of this type of suicide prevention program.

**Link-Up in St. Paul, Minnesota.** This school-based program is aimed at junior and senior high school students who are identified as at risk on the basis of prior problems of absenteeism, marginal academic performance, and personal problems identified by school staff. The

program involves a series of small group sessions in which participants are taught to give each other support by listening and providing friendship. The groups help students to orient themselves with the resources of the school, to develop friends, and to better cope with a new school environment. Preliminary data indicate that students show improvement in academic performance, attendance, and self-esteem (though without a comparison group, these findings are difficult to interpret).

**The Youth Suicide Prevention Project in Bothell, Washington.** This is a peer support program for youths who have made a prior suicide attempt. The program offers weekly group meetings that give participants an opportunity to develop peer support and improve their coping skills. The groups are designed to reduce the alienation and isolation felt by participants. None of the 350 youths who have participated in the program have died from suicide as of the fall of 1991. This project has not been formally evaluated.

These programs are described at the end of this chapter.

### Evaluation Needs

Although staff in these programs give positive reports about the effects of the programs, the efficacy of such programs in terms of suicide prevention must be formally evaluated. The most important question, of course, is whether these programs result in changes in suicidal behavior. It would also be useful to determine whether participants' levels of suicidal ideation change.

Short of measuring these changes, studies could be used to evaluate whether the program affects what are postulated as "high-risk" behaviors. Although changes in such behaviors will not necessarily reduce suicide, they do provide useful indicators of other, positive program effects. Potential indicators include:

- **Changes in school performance**
  - Changes in attendance
  - Changes in academic performance
  - Changes in antisocial behavior
  - Graduation from high school
- **Changes in vocational performance**
- **Changes in interpersonal behavior**
- **Changes in psychological mood and outlook**
  - Changes in depression
  - Changes in self-esteem
  - Changes in attitude toward the future
- **Changes in drug and alcohol use**

Almost all of these indicators are addressed by the programs mentioned, and data exists in the form of questionnaire results and personal observations. To more rigorously evaluate the effects of the programs, researchers would need to identify and collect data from a comparable group of youths who did not participate in the program and ultimately to relate changes in these intermediate indicators of risk to suicide prevention. With such a comparison group, we could better understand the cause of changes that may be observed among program participants.

### Summary

Peer support programs are designed to help youths who may be at risk of suicide develop peer relationships and coping skills. Peer support programs may also help reduce antisocial behavior and substance abuse (factors that may be associated with suicide risk). Efforts must be made to assure that youths do not feel "labeled" because they are participating in these programs. Furthermore, the programs should not be viewed as a substitute for professional counseling. Finally, we believe that great care should be taken to ensure that there are no adverse effects from involving troubled or suicidal youths, or youths with a history of such problems, in peer support programs.

In this study, we identified two peer support programs, each with a distinctly different approach to identifying at-risk youth:

- Link-Up in St. Paul, Minnesota, provides a series of small-group sessions for students identified by school staff on the basis of absenteeism, marginal academic performance, and personal problems. Preliminary evaluation data indicate improvement in attendance, academic performance, and self-esteem. The effect of the program in preventing suicide is not known.
- The Youth Suicide Prevention Project in Bothell, Washington, offers a peer support program for youths who have made a prior suicide attempt.

These programs seem promising; however, we need to evaluate whether they improve the psychological and emotional health of those participating or reduce their suicidal behavior, and whether there are any unforeseen adverse consequences from such programs.

### References About Peer Support Programs

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**Peer Support Programs:  
Program Descriptions**

## Link-Up

**Location:** St. Paul, Minnesota

**Contact:** Don L. Keys, Ph.D., (612) 699-2657

**Targets:** Junior and senior high school students.

**Years in operation:** 7

**Source of funding:** Schools and donations. Schools provide the initial funds; once the program is up and running, students keep it going at very low cost.

**Amount of funding (per year):** The initial start-up cost is \$300, which includes the cost of materials for up to 16 youth facilitators and the training of 1 adult facilitator. After this initial start-up expense, the cost is about \$2.50 per child per year.

**Program description:** This is a school-based peer support group for students perceived as potentially at risk for suicide. The focus is peer-helping and peer friendship; the goal of the program is not to build junior counselors but to help youngsters establish friends and to identify resources that are available when a friend needs more help or has problems that need adult intervention. Link-Up builds skills in three areas that are commonly lacking among high-risk youth: peer support, coping skills, and self-esteem.

**Exposure:** Five training sessions are conducted at the senior high level and four at the junior high level. The extra session in high school is used to identify resources outside the school setting, but at the junior high level, emphasis is on in-school resources only.

The initial training for setting the program in place includes the training of up to 16 youths and 1 adult facilitator. After this initial training, the facilitator, who will complete four to five sessions, will be able to facilitate the program.

**Coverage:** By 1989, several thousand adolescents in 9 Minnesota cities had participated. By 1991, Link-Up programs were operating in 26 states.

**Content/topics:** Many of the topics covered in the training are geared to help the participants in the group get to know each other. Group members are taught how to support each other by listening, caring, and providing friendship; they need to develop healthy self-concepts, enhance their self-esteem through positive peer support, develop coping skills, and learn how to communicate effectively with their peers and family. They need support from their peers, family, teachers, and others, and they need to learn how to ask for help when they need it. The program is designed to provide ongoing reinforcement for the youth.

**Referral/selection procedures:** Youths at the junior high level are selected for participation in Link-Up by the school staff in consultation with the Link-Up advocate. The class is selected to include a balance of both high academic achievers and those who are not doing as well in school. Some senior high participants are recruited during lunch periods; others are referred by school counselors, teachers, or other school personnel.

**Evaluation:** Students are tested at the beginning and the end of each program segment and at the beginning and end of school quarters (trimesters). Testing is done by using an instrument specifically designed for Link-Up that covers self-esteem, coping skills, and networking skills. The test measures the self-image of the students and how they believe that others see them.

## **Youth Suicide Prevention Programs: A Resource Guide**

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**Findings:** An average of at least 84 percent of the students have shown improvement in at least two of the three tested areas. Students who regularly attend Link-Up have improved their academic performance and attendance.

The University of Minnesota did an independent study of risk factors among junior and senior high school students throughout the State of Minnesota. The study covered a 5-year span that coincided with the pilot tests of the Link-Up Program at Patrick Henry Senior High School and at Franklin Junior High School. The results available for the high school indicated a 67-percent decrease in absences and school performance problems among the students who participated in the program. The Link-Up program was the only significant change in student activities during this period. Results for the junior high school are not yet available.

**Data available:** Data were maintained on pilot program students for 5 years. Individual schools may collect data for extended periods if the students are available and willing to provide data.

**Special population outreach:** The Link-Up program is especially designed to provide easy access and aggressive outreach to high-risk youngsters. It addresses the needs of gay and lesbian youth and youth who are considered "near drop-out," and it reaches those students who are perceived as "most popular" by others but who identify themselves as lonely and isolated. The program helps new and re-entering students adjust to the school environment.

**Related components:** None.

**Address:** Link-Up  
Don L. Keys, Ph.D.  
518 South Saratoga  
Saint Paul, MN 55116

**Reports:** Brochure, articles, background information, and an informational VHS videotape are available on the program. (Materials are available on request, and the program manual is available for \$25.00 from Don L. Keys.)

## Youth Suicide Prevention Project

**Location:** Bothell, Washington

**Contact:** Brian Jung, M.A.; Vicki Jung, M.A., (206) 487-3355

**Targets:** At-risk youth less than 24 years of age.

**Years in operation:** 5\*

**Source of funding:** Corporations, foundations, private donations, service clubs, city and county funds, and fundraising efforts.

**Amount of funding (per year):** Not reported.

**Program description:** The agency served at-risk youths (24 years old and younger) and their families. Besides peer support groups, services provided included survivors' support groups, a parents' support group, emergency services and crisis intervention, educational presentations to schools and the community-at-large, in-service training, and phone crisis counseling during business hours.

**Exposure:** The following groups were ongoing and met on a regular basis: two peer groups and a parents' support group met weekly, and a survivors' support group met monthly. In addition, a newsletter for services of suicide was published monthly; a quarterly newsletter for educating and fundraising was distributed to the community-at-large. Crisis intervention was provided as needed.

**Coverage:** Over 350 youths have attended the peer support groups.

**Content/topics:** The primary topic was suicide and the problems that participants believed contributed to their suicidal ideation. Topics included self-mutilation and self-harm; the grieving process; the identification and expression of feelings; problems with parents, boyfriends or girlfriends, and peers; drugs and alcohol use; parents' drug abuse; sexual abuse; financial problems; employment; self-esteem versus self-identity; eating disorders; problems in school relating to grades, teachers, and "belonging"; and life transitions, such as moving into adulthood.

**Referral/selection procedures:** Groups made up of ideators (youths who held thoughts of suicide), attempters (youths who had made one or more attempt), survivors (youths who had lost a friend or family member to suicide), and concerned friends (youths who were worried about a friend who might be at risk of suicide). Referrals came from concerned friends, parents, schools, hospitals, police, and at-risk youths themselves.

**Evaluation:** Follow-up phone calls were done periodically to determine the suicidal ideation of group members who had not attended for several months. Records were also maintained on suicide attempts of members before and after they joined a group. Follow-up was done with the medical examiners' offices to determine whether any group members committed suicide.

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\*The peer support program is now being continued under private auspices rather than as part of the Youth Suicide Prevention Center.

## **Youth Suicide Prevention Programs: A Resource Guide**

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**Findings:** Information gathered from the King County and Snohomish County Medical Examiners' Offices confirmed that to date one person served through the agency's counseling and intervention program had committed suicide. Whether this represents more or fewer suicides than would otherwise be expected to occur in this high-risk population has not been determined.

**Data available:** Data is available on 450 youths, consisting of some or all of the following:

- Psychosocial history and demographics of client and client's family (intake)
- Risk-assessment sheet
- Suicide Ideation Questionnaire (Reynolds 1987) (intake and postgroup)
- Reynolds Adolescent Depression Scale (Reynolds 1987) (intake)
- Suicide attempt/self-harm history (both before and after joining the group)
- After-group assessment form (weekly)

Self-reports of suicidal ideation or intent were collected weekly in the peer support groups. Variable data sets are available for all participants for the duration of the program.

**Special population outreach:** At-risk youths (12 to 24 years old): ideators, attempters, friends or family members of someone who committed suicide, and "concerned friends."

**Related components:**

- General suicide education
- Community gatekeeper program
- Crisis center and hotline
- Programs for parents
- Postvention
- School gatekeeper training
- Screening
- Survivors' support program

**Address:** Brian Jung, M.A., Vicki Jung, M.A.  
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Bothell, WA 98011