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School Counselor Suicide Intervention Needs: A National Survey

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Abstract

Suicide continues to be a leading cause of death for youth in the United States. However, school counselors across the country struggle with how to support students experiencing suicidal ideation (Granello & Zyromski, 2019). We conducted an embedded mixed methods needs assessment with practicing school counselors across twenty-four states and one U.S. territory regarding their suicide risk assessment needs, incorporating descriptive statistics and thematic analysis. Participants identified areas of concern relating to suicide risk assessment protocols, risk assessment tools, and a need for more professional development. We provide findings, strategies, and resources related to suicide assessment training, suicide risk protocols, and understanding the legal and ethical implications of suicide assessment tools.

Keywords: suicide prevention, school counselor, risk assessment, embedded mixed methods, needs assessment

School Counselor Suicide Intervention Needs: A National Survey

School counselors are well-positioned to address student needs within the school environment, particularly changes in their mental and emotional well-being (Granello & Zyromski, 2019). Understanding how best to align with the American School Counselor Association Professional Standards and Competencies (2025; B-SS 3.b.; B-SS 3.f)

while meeting the needs of their students can vary district-to-district and state-to-state. Research pointing to school counselors' experiences working with student suicide (Gallo et al., 2020; Haugen et al., 2023) may point to implications when working with suicidal youth; however, we lack information regarding specific needs in the area of suicide intervention. Therefore, the purpose of this study was to examine the current needs of

school counselors across the United States in the area of suicide intervention.

Suicide rates for youth continue to be a cause for alarm for educators and mental health providers trying to combat the number of children and adolescents attempting to end their own lives. Suicide is the third leading cause of death for youth ages 10-24 (Centers for Disease Control [CDC], Web-based Injury Statistics Query and Reporting System [WISQARS], 2024). In 2021, 7,135 young people (aged 5—24) died by suicide at a rate of one suicide every hour and twenty minutes (CDC, WISQARS 2024; Drapeau & McIntosh, 2023). Additionally, statistics from 2021 indicate that 30% of female-identifying and 14% of male-identifying high school students in the United States reported considering suicide (Gaylor et al., 2023). Approximately one-fourth (23.6%) of female-identifying students and 11.6% of male-identifying students reported creating a suicide plan in 2021. There was also an increase in the number of students identifying as female who attempted suicide, increasing from 11 to 13% in 2019 to 2021, while the rate remained unchanged for students identifying as male at 6.6% (Gaylor et al., 2023). In addition, according to the CDC (2019), more than one in three high school students experienced persistent sadness or hopelessness in 2019, a 40% increase since 2009.

Role of School Counselors in Suicide Intervention

Children and adolescents spend a significant amount of time in the school setting, providing school counselors with frequent opportunities to interact with and observe their behavior (Schimmel et al., 2023). Additionally, school counselors have training to help identify mental health issues and conduct suicide assessments as identified in the Council for Accreditation of Counseling and Related Educational Programs (CACREP) Standards (2024; Section 3, Standard .E.19, Section 3, Standard G.13). Professional

organizations, such as CACREP and the American School Counselor Association (ASCA, 2024), provide crucial leadership and guidance in training school counselors, as well as in addressing topics like suicide prevention and intervention. According to ASCA's (2022) Ethical Standard A.9, school counselors take appropriate steps whenever there is a situation of serious and foreseeable harm to self and others. In addition, ASCA's (2020) Position Statement on Suicide Risk Assessment also clarifies the school counselor's role of creating a collaborative relationship with a student, keeping them safe, and informing parents in almost all situations when suicidal ideation is present. Despite the guiding voices of the profession providing direction, confusion remains.

However, as noted by Levy and Lemberger-Truelove (2021), there has been some tension around the role of school counselors; specifically, ASCA (2025) directs school counselors to "take appropriate action" when working with a student identified at risk for suicide, but suggest that risk assessments should be used to "gather information to assist parents/guardians in taking action" rather than providing a level of suicidal risk (para 1.). Students' increasing mental health challenges have played a part in this issue, as we have asked school counselors to take on more of a counseling role. However, both educator and counselor are essential aspects of the role and should not be considered hierarchical (Levy & Lemberger-Truelove, 2021). School counselors are responsible for delivering comprehensive programming, including preventative (educational curriculum) and responsive services. Regarding suicide prevention, Wachter Morris and colleagues (2021) highlighted the importance of using a data-informed approach to suicide prevention and how this approach fits well within the educator-counselor identity of a school counselor. School counselors can use data to inform decisions, ranging from individual to

school-wide intervention levels. While data can assist in making decisions, confusion remains regarding the specific types of training provided in school counselor preparation programs.

Gibson (2022) also noted some confusion regarding the school counselor's professional identity, particularly in their role as educators and leaders addressing mental health needs. Even though CACREP made changes to the 2009 standards, and now in the CACREP 2024 standards (Standard 3, Section E.19; Standard 3, Section G.13), for all counselors to have adequate training in this area, there has been tension around how much of a role the school counselor plays in the suicide risk assessment process. As highlighted by Gibson (2022), there may be a disconnect between how school counselors are trained versus the direction they receive once they are on the job (idealism vs. realism). Of course, not all training programs are CACREP accredited, nor do they incorporate suicide assessment coursework. Numerous studies have highlighted how the lack of suicide prevention training can be detrimental to a school counselor's self-efficacy (Becnel et al., 2021; Gallo, 2018; Schmidt, 2016). What may contribute to higher self-efficacy, according to Becnel et al. (2021), is time spent on the job combined with exposure to those who have had suicide attempts, as it motivates school counselors to learn more about risk and protective factors, especially if they feel their training was insufficient.

Suicide Assessment in School Counseling

Researchers indicate that structured assessments offer a more consistent approach to addressing individuals with risk factors for suicide (Oquendo & Bernanke, 2017; Rudd, 2021). Furthermore, the use of validated and evidence-based instruments enables practitioners to address risk and protective factors that are crucial for understanding the client's current

status (Oquendo & Bernanke, 2017). That said, it is important to note that previous research has highlighted the challenges school counselors face in finding suitable resources to assess students at risk of suicide (Gallo, 2018; Gallo et al., 2021; Stutey et al., 2021).

Research to date reveals few suicide risk assessment tools specifically designed for the school setting, and those that have been evaluated in schools often are copyrighted and have a fee (Erbacher et al., 2024). The National Institute of Mental Health reviewed current suicide screening tools or programs and found that most are designed to increase help-seeking behavior, rather than to have a direct impact on suicidal behavior. Additionally, only two of these tools or programs reported suicide attempt reduction (Peña & Caine, 2006). Erbacher and colleagues (2024) designed a suicide risk assessment for youth called the Suicide in Schools (SiS) model, which includes screening tools, risk assessments, and monitoring forms, and is available with the purchase of their book. ASCA (2023) has created the Information Gathering Tool: Suicide Concern toolkit, and though it is not called an assessment, it includes similar questions (e.g., frequency, severity, plan, means) as a typical assessment. However, both tools lack empirical evidence. There are other evidence-based suicide risk assessment tools, appropriate for children and adolescents, and commonly promoted within school counseling, but they lack specificity to the school setting (Barrio Minton & Bruner, 2016; Erbacher et al., 2024). These assessments include the Columbia Suicide Severity Rating Scale (Posner et al., 2009) and the Suicide Assessment Five-Step Evaluation and Triage (SAFE-T; SAMHSA, 2009).

There are also precautions to observe when using any tool, particularly in terms of cultural appropriateness and the way results are interpreted and communicated to

parents/caregivers (ASCA, 2022). It is crucial to avoid relying on suicide risk assessment tools to predict suicide; instead, school counselors should view the risk assessment process as an opportunity to build a rapport with the student, using empathy to collaborate with them on their current mental status (Pisani et al., 2016). Viewing the tool as just one part of the conversation, including items that could be relevant, is important (Jobes, 2020; Sommers-Flannagan & Sommers-Flannagan, 2021).

Study Objectives

Understanding the generalizable and specific needs of school counselors may provide insight and awareness for school counselors, counselor educators, and administrators. Quantitatively, we aimed to understand the current protocols and tools for assessment, including the adequacy and validation of the current suicide assessment tools. Qualitatively, it was important to explore the perspectives of school counselors regarding their specific needs for tools, protocols, and suicide assessment within their own districts. By examining both the broad statistical data, along with specific needs for school counselors across the United States, we aimed to create a strong understanding of the current state of suicide assessment across the country.

The purpose of the current needs assessment study was to evaluate the needs of practicing school counselors regarding their use of suicide risk assessment tools or protocols and their perceptions of these tools and protocols, in order to better understand current trends across the nation. A needs assessment is a systematic set of procedures used to determine the needs (discrepancies or gaps) and identify priorities for future action (Cuiccio & Husby-Slater, 2018). Cuccio and Husby-Slater (2018) described the needs assessment process as working to improve the effectiveness of education through “systematic examination of the gap that exists

between the current state and desired state of an organization and the factors that can be attributed to this gap” (p. iv). By identifying, working to understand, and then prioritizing ways to improve, school districts can choose investments that lead to more positive outcomes for their students (Cuccio & Husby-Slater, 2018).

Method

We used an embedded mixed-methods methodology, which was appropriate to best understand the needs of school counselors on both broad and specific levels (Syed & Westberg, 2025). For this study, participants completed a needs assessment survey, followed by optional open-ended questions to provide greater detail and insights into participant experiences. We utilized descriptive statistics and thematic analysis guided by Braun and Clarke (2022) to provide broad and specific insights regarding school counselor suicide risk assessment.

Researcher Description

The researchers used a variety of methods to establish trustworthiness. First, researchers used bracketing to acknowledge their biases and assumptions regarding suicide prevention work before and during the research process. The first author consistently researches suicide prevention and worked as a high school counselor for many years. A bias going into the study was that based on conversations with students and site supervisors, more students needed to be assessed for suicide. An additional bias, based on the literature, state list-serve, and conversations, was that school counselors were sometimes unsure what to use to assess for suicide. The second author completed two clinical placements in schools during her doctoral studies and worked as a crisis counselor for three years, mainly serving individuals with severe suicidal ideation. Her biases and assumptions arose from her experiences with school faculty, staff, and

counselors who expressed fear and a lack of confidence when presented with a student expressing ideation. The third author does not research suicide prevention or youth. She primarily works as a research professor in the athletic arena; however, she obtained training in clinical mental health counseling. The fourth author is a doctoral candidate and graduate assistant. While she has not personally worked directly within the k-12 setting, she has experienced the impact that suicide has on her clients, students, and community.

Participants

Participants for this assessment consisted of 237 school counselors working in a P-12 setting across the United States. We were unable to calculate an accurate response rate due to the lack of information provided by the state-level associations regarding the total number of individuals on their list-servs. Demographic characteristics of the participants are provided in Table 1.

Table 1

Participant Demographics

Characteristic	<i>n</i>	%
<i>Region of United States</i>		
West	71	30
Southwest	2	.8
Midwest	44	18.6
Northeast	105	44.3
Southeast	12	5.1
U.S. Territory	1	.4
<i>School location</i>		
Rural	86	36.3
Suburban	85	35.9
Urban	58	24.5
Other	8	3.4
<i>Grade level</i>		
PK-6	48	20.3
6-8	49	20.7
9-12	97	40.9
Other	43	18.1
<i>Student to counselor ratio</i>		
≤250:1	96	40.5
251-500	117	49.4
501-1000	24	10.1

Data Collection

The principal investigator obtained approval from their university's institutional review board. The research members recognized that the topic of suicide can be challenging for participants. Therefore, we took extra precautions by including information about the National Suicide Lifeline within the survey. An online survey was distributed to state-level school counseling associations across the United States during the spring of 2022. We sent an email invitation to the identified representative on each school counseling association website requesting they send out the participation link to all counselors in their listservs. The representatives from eight state-level associations replied to the initial email stating they would share the link to the survey; 29 did not respond to the first or second email invitation, six declined, and the remaining seven offered the possibility of sharing. The use of these associations and electronic listservs provided a convenience sampling of school counselors across the United States. To help maintain confidentiality, the research team members did not distribute emails directly to the school counselors and did not collect participant names and other identifiable information. The school counselors who participated in the needs assessment were directed to an informed consent page, followed by an online survey that included demographic questions and a mixture of closed and open-ended questions. At the end of the survey, participants could enter their e-mail addresses into a drawing for a gift card; we directed them to a separate link that was not attached to the survey responses if they opted for this. Upon completion of the drawing, we discarded the e-mail addresses.

Needs Assessment

The needs assessment included three phases. The first phase of the needs assessment involved identifying concerns and considering relevant data sources. We reviewed the current literature

and the most recent suicide rates, recognizing concerns over suicide prevention issues in schools. The authors searched the literature through EBSCOHOST and APA PsycINFO using the terms "suicide assessment" and "school counseling." They did not find any articles specifically documenting what K-12 schools had in place for suicide protocols or suicide risk assessment tools.

The second phase involved gathering and analyzing data. The researchers identified practicing school counselors as the target group for soliciting participation and gathered data through a survey. We then collected and analyzed the data.

The third and final phase involved setting priority needs and identifying possible solutions. We outlined the needs and potential solutions in the implications section (Cuccio & Husby-Slater, 2018). The primary research question guiding the needs assessment was: What are the current needs of school counselors in the area of suicide risk assessment? To answer the research question, the authors asked the participants about their current suicide risk assessment practices, tools, and protocols as a way to frame their identified needs. See Appendix A for the Needs Assessment.

Measures

The first part of the needs assessment included demographic questions about state, grade level, counselor-to-student ratio, setting (i.e., rural, urban, suburban), enrollment, and the number of students who qualify for free and reduced lunch. The second part of the needs assessment addressed the school counselor's needs and perceptions of their suicide intervention efforts. We provided definitions for the following terms at the beginning of the survey: protocol, tool, validated. We asked participants about protocols, tools, training, and best practices. The final portion of the assessment consisted of closed and

open-ended questions related to the school counselors' views of their suicide assessment needs and of the protocols and tools in place. We created the questions after a review of the literature to capture school counselors' perceptions and current practices (Witkin & Altschuld, 1995). See the Appendix for the study questions.

Data Analysis

Initially, 302 participants opened the survey link. After removing any participants who did not give consent or did not answer any questions, we included 237 participants in the analysis. We used convenience sampling but mitigated sampling error with a larger sample size (Esbensen & Julius, 2009) and clearly defined the target population of practicing school counselors (Pannucci & Wilkins, 2010). We calculated descriptive statistics to characterize the respondents' use of suicide risk assessment tools and protocols and their perceptions of them and reported all percentages from the multiple-choice responses. During the analysis, we looked for patterns related to the missingness of data and the types of unanswered questions. We used pairwise deletion for the missing data since there were few cases of missing data (Kang, 2013). To achieve the desired confidence level ($\alpha = .9$), with a 5% margin of error, and population size of 128,693 school counselors in 2022 (U.S. Department of Education, 2023), the targeted sample size was 271. While the number of participants fell short of this goal, we felt confident moving forward with the study as we had 87% of the targeted sample size.

Of the 237 school counselors who participated in the needs assessment, 172 provided some response to at least one of the seven open-ended questions which were not required due to participants who may be unsure of how to answer the specific questions about assessment tools and suicide protocols or may be unsure of their

current needs or how to articulate them. The open-ended questions on the survey were analyzed using thematic analysis. Thematic analysis was chosen due to its flexible and accessible nature and was an appropriate choice for analyzing survey responses versus in-depth interviews (Braun & Clarke, 2012).

Methodological Integrity

The authors completed a six-step process to increase methodological integrity. We followed Braun and Clarke's (2012) six-phase approach to thematic analysis—the first step involved familiarizing ourselves with the data through multiple readings and highlighting items of special interest. The first and third authors independently identified emergent codes from all the responses in the second step. The first and third authors then built a codebook from these emergent codes to guide the allocation of data to potential themes (Braun & Clarke, 2022). After the first and third authors independently coded the data, they met, reviewed, and built consensus around each code's meaning and solidified possible themes (third step). We calculated frequency counts of each of the codes and themes to help identify saturation within the data. The authors were cognizant when creating codes and potential themes, strived to stay close to the participants' words, and were intentional in noting the nuance of words and phrases and in considering their context (i.e., participants' description of their role). In the fourth step, the two team members reviewed potential themes before defining and naming them in the fifth step. The themes were determined after careful review when the two team members believed they accurately captured the essence of the data and when they could be clearly defined. The fourth author audited the findings and had a few clarifying questions but provided no additional suggestions.

Next, the research team members used peer debriefing during the analysis to help reduce bias and ensure trustworthiness, especially during the initial phases of identifying codes and possible themes (Lincoln & Guba, 1985). We used reflexivity through group discussions and reflective writing to promote continuous self-awareness and critical self-reflection (Lincoln & Guba, 1985). Lastly, an audit trail was used to record data, notes, codes, and the researchers' analysis (Lincoln & Guba, 1985). The audit trail also allowed the fourth author (auditor) a clear record of the decision-making process.

Findings

The findings of this needs assessment are organized based on quantitative and qualitative findings. Quantitatively, participants noted the need to address two gaps: suicide risk protocol and a suicide risk assessment tool. Qualitatively, participants stressed the need for additional focus on professional development, suicide risk assessment concerns, and suicide risk protocol needs. Neither set of data would provide a thorough examination of the current needs of school counselors in the suicide risk assessment; therefore, the embedded mixed-methods design

includes qualitative data within the quantitative data. This allowed the team to understand school counselors' needs at a broad level initially, then better understand the depth of their needs with the thematic analysis (Creswell & Clark, 2007).

Quantitative Findings

Protocol

Participants provided information regarding the suicide risk protocol utilized within their school or district. We defined the protocol for the school counselor as "an official set of procedures agreed upon by the school and the school counselors." Almost 70% ($n = 165$) reported that their school or district had a suicide risk protocol in place (out of 229 reporting). A small percentage (3.4%, $n = 8$) did not respond to this question. When asked about the adequacy of their current protocol, 47.3% ($n = 112$) of the participants felt it was either Somewhat Adequate or Extremely Adequate (see Table 2). A smaller percentage (7.6%, $n = 18$) responded that their current protocol was Somewhat Inadequate or Inadequate. Nearly half 45.1% ($n = 107$) of participants did not respond to the question regarding adequacy. For participants who had no protocol in place, 98% believed one was needed.

Table 2

Protocol and Tool Adequacy

Survey Item	Not adequate	Somewhat inadequate	Somewhat adequate	Neutral	Extremely adequate	Missing
How adequate is the current protocol?	0.4%	7.2%	26.2%	5.5%	15.6%	45.1%
How adequate is the current suicide risk assessment tool?	1.3%	5.9%	20.7%	3.4%	14.3%	54.4%

Note. $n = 237$

Table 3

Summary and Frequencies of Themes and Subthemes

Theme	Subtheme	Description	Frequency	Sample Statements
Theme One: Training for self and others	Sub 1.1: Training in suicide assessment;	There is a need for additional training in suicide risk assessments and tools from school districts and/or professional counseling organizations.	<i>n</i> = 63	<ul style="list-style-type: none"> •One-time training is not enough •Not fully equipped to make a decision •How and when to report •Fluidity of suicide
	Use of a tool			
	Sub 1.2: Gatekeeper training and education for school community	There is a need for other faculty, staff, students, and parents to receive suicide prevention training to help meet student needs.	<i>n</i> = 64	<ul style="list-style-type: none"> •All school environment needs to participate •Threat assessments •Follow ASCA guidelines
Theme Two: Suicide risk assessment tool concerns	Sub 2.1: Language	School counselors receive mixed messages around their role in suicide risk assessment from professional organizations and their school districts.	<i>n</i> = 11	<ul style="list-style-type: none"> •Stay within role •ASCA says not to assess risk •Follow best practices and guidelines
	Sub 2.2: Assessing young children	There are less resources available when it comes to suicide prevention and intervention for young children.	<i>n</i> = 9	<ul style="list-style-type: none"> •Modifying risk assessments •Parent follow-through •Validated tools •Ratings are subjective
	Sub 2.3: Validated and reliable tools	School counselors struggle to find appropriate suicide prevention and intervention resources for the school setting.	<i>n</i> = 18	<ul style="list-style-type: none"> •Need more options •Need user-friendly assessments •Need conversational assessments
	Sub 3.1: Consistent practices	School counselors are identifying inconsistencies in communication, procedures, tools, and plans with suicide assessment management in their schools.	<i>n</i> = 47	<ul style="list-style-type: none"> •A protocol consistent for all school counselors and administrators •Protocol for all stages •Be more proactive in identifying students
Theme Three: Suicide risk protocol needs	Sub 3.2: Protocol establishment	School counselors need support in establishing protocols to address suicide at a systems level.	<i>n</i> = 21	<ul style="list-style-type: none"> •Identifying steps in the protocol •Documentation •Helping students return to school •Community resources

Suicide Risk Assessment Tool

Participants also provided information regarding suicide risk assessment tools. Specific questions included whether they used a specific assessment tool, whether that tool is validated, which specific tool they currently use, and the adequacy of that tool to assess suicide risk. (see Table 3). Again, the overwhelming response was that a tool is necessary for participants with no tools to assess in place ($n = 81$). See Table 3 for details.

Qualitative Findings

In addition to the quantitative findings, 172 participants answered the optional open-ended questions regarding their suicide intervention tools, skills, and needs. When analyzing the data, the researchers noted that participants who were not currently using any suicide assessment tools or protocols were less likely to answer the open-ended questions which explains a portion of the participant attrition. Three overarching themes emerged from the data: Training for Self and Others, Suicide Risk Assessment Tool Concerns, and Suicide Risk Protocol Needs (see Table 3).

Training for Self and Others

The overarching theme of training for self and others includes two sub-themes: training in suicide assessment and the use of a tool, gatekeeper training, and education for the school community.

Training in Suicide Assessment and Use of a Tool. Participants noted the importance of increased comfort when conducting suicide risk assessments, noting a desire to practice asking questions and recognizing signs to look for in student responses. Multiple school counselors described discomfort around the topic of suicide, which led to difficulty of decision-making on issues such as clearance for previously hospitalized students, how to refer families to therapists, and pre-and postvention methods. In

addition, the need for training on specific assessments was apparent. One participant stressed, “We got a one-time training on the Columbia scale because we begged for it...and given how intense suicide assessment can feel, if we were doing continual PD [professional development], we’d all feel more prepared to handle it.”

Some participants also mentioned having discomfort with assessment tools and the desire for a standard tool across the district. Specifically, there was a common concern regarding how to navigate student responses to assessment questions. For example, if the students’ thoughts and feelings of suicide were relatively new or if they were chronic, if the thoughts/impulses were strong or just ruminating and subtle. One individual mentioned, “I do not feel fully equipped to make a decision as to whether or not a student is safe to go home at the end of a school day when their answers are unclear.” Additional responses reflected a need for “how and when to report” and how to convey the severity of the issue to others.

Gatekeeper Trainings and Education for District Faculty and Staff. Participants described a desire for staff to have greater comfort when having tough conversations with students. One participant wrote that they needed “Continued education on how to help teachers feel comfortable and support their students who are considering suicide and experiencing ideation.” Other participants echoed this desire to decrease discomfort. They asked for help instructing teachers and parents on how to speak with students experiencing ideation and the steps to take if parents do not “seek help.” Participants expressed the importance of all members of the school environment participating in professional development.

Participants in this needs assessment also reflected the need to answer questions regarding

suicidality and the increased need for threat assessments. One participant mentioned, “I would appreciate more conversations around the ‘why.’ What is the reason we are seeing an increase in threat assessments? Especially at the elementary level?” Other participants felt that despite seeing an increase in student suicidal ideation, the suggestions provided by ASCA were confusing. One participant stated, “According to ASCA, school counselors are not to assess the risk, yet it appears most schools are asking that of us. There needs to be joint professional development for school counselors and administration.” Another participant agreed, “[The] [d]istrict needs information that follows the ASCA policy guidelines.”

Suicide Risk Assessment Tool Concerns

The participants commented on several issues related to suicide risk assessment tools, noting significant concerns about what language to use, finding tools that are appropriate to use with younger children, and using tools that are evidence-based and more user-friendly.

Language. School counselors identified confusion about language from professional organizations around the use of suicide risk assessment tools. Participants noted the need for, or pressure to, assess suicidality yet worked to balance this need and pressure with their professional organizations' best practices and guidelines. One participant suggested the need for "staying within my role as a school counselor," while another mentioned "using professional discretion," and another stated, "As school counselors, we shouldn't assess risk." Finally, participants wrote, "...language discouraged by ASCA such as labeling a student at 'high' or 'low' risk" and, "According to ASCA, school counselors are not to assess the level of risk, yet it appears most schools are asking that of us."

Assessing Young Children. The school counselors in this study noted the need for assistance with assessing young children for suicide and asked for assistance in finding validated tools for young children. One school counselor noted a need for “continuous refreshers/practice since it is not really something we see or deal with often in elementary school.” Additional participants reflected a need for “How to modify protocols and tools to address our younger populations” and “...access to a validated tool that was designed for children—not one that was designed for adults and adapted for children,” and also, “Needs to be updated with age-appropriate verbiage.” Other participants commented on working with parents and the systemic impact of scarce mental health resources, stating, “For elementary students the level of severity is not always taken seriously by the parents,” and “Young kids, how to support hurting kids with a broken mental health system and no services available.”

Validated and Reliable Tools. The school counselors in this study also noted the need for risk assessment tools that were user-friendly and flexible. One participant noted a desire for “options for different screening tools.” One participant noted a need for “A reliable/consistent tool.” Other responses included, “Which tools are the most effective to use? What questions to ask and which questions not to ask,” “the tool is clunky and not user friendly,” There was also a request, “To have a tool in place that would guide the process, be researched base[d], but also allow you to have a natural conversation, not holding a clipboard and checking off boxes.”

Suicide Risk Protocol Needs

The participants identified a need for assistance with procedures/organization and communication of suicide risk protocols in their districts and buildings. Assistance with outlining, organizing, and communicating protocols

provides an opportunity for all individuals to gain knowledge and apply best practices when it comes to suicide in the school environment. Subthemes that emerged under the umbrella of suicide risk protocols included needing consistent practices and help establishing protocols within the district.

Consistent Practices. A common request from participants included a common tool for assessment used throughout the district, including “being consistent with all school counselors and administrators.” Participants also mentioned creating a suicide risk protocol for actions both before, during, and following an intervention. One participant suggested, “Making sure all standards and learning experiences about it are consistent” while another mentioned “be more proactive.”

Protocol Establishment. School counselors need resources to assist with creating suicide risk protocols. Although some participants mentioned already having a protocol within their school districts, other participants requested a "protocol establishment" for both "school based mental health professionals and administrators." Specific items needed within the protocol included safety planning, sensitivity to student wishes, informing students how to help friends/report, whom to contact, teacher initialization of process with a counselor, language to use in protocol, documentation, and training on how to work with a student once they have returned to the school environment.

Discussion

The results of this needs assessment correspond with numerous conversations occurring within the school counseling profession regarding the role of a school counselor when it comes to assessing suicidal ideation with students (Gallo & Wachter Morris,

2022; Gibson, 2022; Stone, 2021). School counselors reported many concerns ranging from professional development needs to suicide risk assessment tool concerns and protocol inconsistencies.

The majority (70%) of school counselors in this needs assessment responded that they had a suicide risk protocol in place. Having a protocol in place has been identified by experts as being essential for every school when it comes to the best way to respond to a student identified for suicide (ASCA, 2020; SAMHSA, 2012). Currently, there is no existing literature documenting what schools have in place for suicide protocols or suicide risk assessment tools. This was shown in a lack of consistency within participant districts in this study and mirrors what we see across the profession. According to this assessment, the responding participants have almost one-third of schools without a formal plan for how they will address a student who has brought up issues of suicide. In addition, 45% of respondents did not answer the question regarding the adequacy of the protocol. It is possible that participants do not feel qualified to assess the “adequacy” of their protocols and, therefore, left the item unanswered. This lack of qualification may also correspond to the open-ended questions on the survey, where participants identified numerous training needs such as assistance with establishing suicide risk protocols, training staff in the use of the protocol, and documentation. Although professional organizations such as CACREP (2024) and ASCA (2024) provide leadership and guidance in the training of school counselors, they do not provide any specifics about how or what to teach in crisis work, for example, how to create or establish suicide risk (or crisis) protocols. This lack of guidance often leaves school counselors without training and possibly confused about which questions to ask.

Approximately half of the respondents (50.6%) reported using a specific tool to assess suicide risk. A tool can provide a more reliable method of assessing and integrating risk and protective factors and is more likely to provide relevant client information (Oquendo & Bernanke, 2017). The value of the standardized assessment is it can serve as a reminder of topics to address (means, access, plan, risk and protective factors, etc.), while also providing the foundation from which to build a conversation on how the student has been coping with their suicidal thoughts and behaviors. Through the risk assessment process, there is an opportunity to build connections with students (Erbacher et al., 2024).

Of those respondents, 27.4% noted that their tool was validated. Most of the participants used either the Columbia Suicide Severity Rating Scale or the SAFE-T assessment. Though these are validated tools (Joint Commission, 2023; SAMHSA, 2009), and while can be used within the school environment, they are not solely designed for the school setting. A validated tool can help those doing the assessment gather critical information that is otherwise overlooked (Joint Commission, 2023; National Institute of Mental Health, 2023). However, it is important to note that there were many missing responses from participants on the items specific to the name of the tool, the adequacy of the tool, or whether the tool was validated. The participants' qualitative responses corresponded with their multiple-choice answers. Many school counselors requested assistance identifying appropriate tools for the school setting. Some participants referred to concerns regarding using tools appropriate for the age or developmental level of the students, while others referred to the appropriateness of assigning risk "levels" in combination with the tool. These findings are similar to what Gallo et al. (2021) and Stutey et al. (2021) found, it is difficult to find appropriate

suicide risk assessment tools to use with school-age children. The participants' concerns around suicide risk assessment tools within this study signifies the importance of addressing this gap within the profession.

The participants identified professional development needs for themselves and the staff in their buildings as a high priority. The motivation for more education is similar to what researchers found, that school counselors will identify more training needs once they are out practicing in schools and their graduate training may not be enough (Becnel et al., 2021; Gallo, 2018; Gibson, 2022). School counselors were looking for training in how to conduct suicide risk assessments and how to use a tool. There were several responses related to the specific questions that can be asked during a suicide risk assessment, indicating that school counselors feel nervous about the appropriate questions to pose to a student. As practicing school counselors, this eagerness for application may coincide with Becnel et al.'s (2021) findings that school counselors may become more motivated to learn more about risk and protective factors, especially if they felt their training was insufficient.

Regarding conducting risk assessments, several participants noted conflicting messages around their role, with more than one school counselor stating that the school counselor does not, or should not, assess risk. Part of the confusion may be in part to the message that ASCA outlines in the Ethical Standards (2022) regarding using caution when/if assigning a level of risk; however, it may also stem from the professional identity issue Gibson (2022) referenced regarding the educator versus counselor role discussed previously. ASCA's messaging promotes responding to any student who has been identified as at-risk for suicide (ASCA, 2022), however with the recent messaging on the increased liability with the use

of tools (Stone, 2021), there may be some confusion among school counselors regarding the way they carry out their role in suicide risk assessment.

Implications

Participants identified areas of concern relating to suicide risk assessment protocols, risk assessment tools, and a need for more professional development. School counselors recognize the need to have well-documented and thorough suicide risk protocols in place, of training all the staff in the school building in identifying students at risk of suicide, as well as the steps involved in following through with the protocols. School counselors also recognize the need for their training related to conducting a suicide risk assessment, which includes the questions to ask and what tools to use. ASCA's Ethical Standards (2022) advised caution when utilizing risk assessment tools, and research points us towards using a validated tool for carrying out best practices (Oquendo & Bernanke, 2017; SAMHSA, 2012). This caution and research lead us to a greater need for training in using a validated tool for all school counselors. Future work to validate the newer Information Gathering Tool: Suicide Concern (ASCA, 2023) will be important moving forward.

We also found several implications related to suicide risk assessment tools. In addition to many of the participants looking for more training in how to use tools, many noted a need for user-friendly, flexible tools that allowed for some "autonomy." This finding coincides with much of the literature around best practices in suicide assessment, which call for a collaborative and strengths-based approach versus a simple checklist (American Academy of Pediatrics, 2022; Sommers-Flanagan & Sommers-Flanagan, 2021). This approach might allow for a more genuine connection with the student, garnering

more information and creating a more accurate picture of their symptoms (Sommers-Flanagan & Sommers-Flanagan, 2021). Both ASCA's "Information-Gathering Tool: Suicide Concern" (2023) and Erbacher et al.'s "Suicide In Schools" (SiS) model (2024) include this type of flexible tool, however neither have been validated yet. As mentioned previously, there are other suicide risk assessment tools that are evidence-based, appropriate for children and adolescents, and commonly promoted within school counseling, but they are not specific to schools (Barrio Minton & Bruner, 2016; Erbacher et al., 2024). Assessments commonly mentioned by school counselors include the Columbia Suicide Severity Rating Scale (Posner et al., 2009) and the Suicide Assessment Five-step Evaluation and Triage (SAFE-T) assessment (SAMHSA, 2009).

Regardless of the assessment used, as Pisani et al. (2016) noted, the suicide assessment process is an opportunity to identify points of prevention rather than as a tool of prediction. We can best serve students by relying on sound ethical and clinical decision-making, utilizing best practices, and consulting when needed. Decisions about students' well-being are never made in a vacuum and can never be made alone; parents/caregivers and the students are an essential part of the process.

School counselors also need tools that are appropriate for younger children. As rates for younger children attempting and dying by suicide continue to rise (Verlenden et al., 2024), school counselors (including these participants) have an intense desire to find resources that will help them assess a younger population. They may need to rely on alternate ways of assessing children, such as play therapy, drawing pictures, using sand trays, or simply asking questions differently (Huibing et al., 2025). In addition, unstructured clinical interviewing may be a good first step- but then following up with observations

of children's spontaneous activities such as play, fantasy, storytelling, and drawing to identify suicidal themes (Baker & Cross, 2025; Barrio Minton, 2007). However, Barrio Minton (2007) advised using caution when utilizing these methods and not jumping to conclusions without further exploration. School counselors may find resources from SAMHSA, including their mobile app, helpful for providing guidance in identifying risk and protective factors, conducting suicidal inquiry, and documenting their actions (2025).

School counselors look to their professional organizations for guidance in these areas, but the messages must be clear. School counselors have an ethical obligation to look for and assess students who are at risk for suicide. As highlighted by Gibson (2022), school counselors embrace their identity as counselors and leaders who address the mental health needs of their students. If a school counselor does not feel qualified to conduct the assessment, they must seek additional training. Professional organizations such as ASCA can deliver more straightforward messages that outline best practices and advocate for more proactive measures when it comes to seeking out students who may be at-risk for suicide. School counselors can also look to other professional organizations, such as the American Foundation for Suicide Prevention (2025) and the Suicide Prevention Resource Center (2018), which offer invaluable resources and toolkits to use with students and parents. Lastly, counselor education programs can incorporate competencies promoted by suicide prevention organizations and supported by research.

Cramer and colleagues (2013) evaluated the core competencies of multiple researchers/organizations. They developed a list of 10 core competencies that counselor educators can integrate into their curriculum to help future school counselors feel more prepared to assess

students struggling with suicide. Specifically, there were six competencies that directly connected to themes identified within this study:

Subtheme 1.1 Training in suicide assessment related to four competencies:

- "1. Know and manage your attitude and reactions toward suicide when with a client" (p. 2)
- "4. Focus on current plan and intent of suicidal ideation" (p. 6)
- "6. Develop and enact a collaborative evidence-based treatment plan" (p. 7)
- "8. Document risk, plan, and reasoning for clinical decisions" (p. 7)

Subtheme 2.3 using validated and reliable tools related to one competency:

- "3. Know and elicit evidence-based risk and protective factors" (p. 6)

Subtheme 1.2 Gatekeeper training and education for school community related to one competency:

- "7. Notify and involve other persons" (p. 7)

Subtheme 3.2 Protocol establishment related to one competency:

- "7. Notify and involve other persons" (p. 7)

Counselor educators can also consider the importance of self-awareness activities that will help school counselors become aware of their values and biases that impact their ability to work with a student struggling with suicide (Gallo & Wachter Morris, 2022). Lastly, integrating experiential activities, such as role-playing, allows students to build self-efficacy in asking others directly about suicide and to get more comfortable with a challenging topic (Cross et al., 2011; Gallo & Wachter Morris, 2021).

A future study that is larger in scope examining specific risk assessment practices and including in-depth questions could provide

valuable information about additional needs and training issues. Lastly, a future direction for the school counseling field could be the identification of a more formalized best practices document that school counselors and counselor educators could utilize to guide them in the suicide assessment process.

Limitations

One limitation of survey research is that participants are sometimes inclined to provide socially desirable responses. To help participants feel more comfortable, the principal investigator used an online self-administered survey distributed through a third party (state-level school counseling associations). Additionally, as the informed consent form indicated, the surveys were anonymous, and we did not link participant information to IP addresses. As indicated by Aday (1996), individuals are more likely to respond to sensitive questions given adequate assurances of anonymity. Given the study is exploratory convenience sampling and a limited number of participants from all areas of the United States, it may be difficult to make generalizations regarding the results of this study. An additional limitation is the number of missing responses, specifically regarding knowledge about the validity of the assessment tool. This lack of responses may limit drawing some conclusions from the study. We were unable to include a response rate due to the unknown quantity of emails originally sent. However, including the qualitative responses allowed the participants' voices to come through and added a data collection layer. A final limitation would be to account for sampling error and drawing conclusions based on a subset of school counselors.

Suicide prevention is a priority for all those who work with students, especially school counselors (Wachter Morris et al., 2021). School counselors in this study noted concerns regarding

suicide risk assessment procedures and their knowledge and application of tools. They asked for professional development for themselves and other school staff in how to work with students experiencing suicidal ideation. Lastly, the participants in the study identified some confusion around their role in the suicide assessment process and their ethical obligations to carry out this role. Luckily, ASCA's (2022) Ethical Standard A.9 clearly states that school counselors take appropriate steps whenever there is a situation of serious and foreseeable harm to self and others. However, there may need to be more structure and resources provided by professional organizations to assist school counselors. It is important to recognize that we have many students in need of assistance for their suicidal ideation, and we have many school counselors struggling to meet those needs.

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Appendix

Needs Assessment Questions

Please use these definitions for the following questions:

Demographic Questions

1. What grade levels do you work with?
2. What region of the United States are you located in?
3. Is your school physical location rural, suburban, urban, or other?
4. What is your student to counselor ratio?
5. What is the number of students enrolled in your district?
6. What percentage of students receive free or reduced lunch?

Quantitative Questions

1. Is there a protocol in place for suicide risk assessment at your school/in your district?
2. Is there a tool that is used to assess suicide risk at your school/in your district?
3. Is the tool used to assess suicide risk validated?
4. Which tool do you currently use?
5. In your opinion, how adequate is the current protocol?
6. If you do not have a protocol, is one needed?
7. How adequate is your current tool?
8. If you do not have a tool, is one needed?

Qualitative Questions

1. What are your biggest needs in the area of professional development related to suicide assessment?
2. What, if anything, could be done to improve the current tool?
3. What, if anything, could be done to improve the current protocol?