

Information-Gathering Tool: Suicide Concern

Rationale:

School counselors report multiple challenges when implementing district-required suicide risk assessments or screenings, including:

- Requirements are paperwork-centered vs. student-centered.
- Extensive protocols are nearly impossible to implement with fidelity in a school setting.
- Students may have:
 - denial
 - rationalization
 - intellectualization
- Students may employ conscious defenses that lead to inaccurate information, including:
 - the student not wanting to be stopped
 - the student not wanting to go to a hospital
 - personal beliefs that suicide is wrong, immoral or a sign of weakness
 - the student not wanting to be perceived as “crazy”
 - the student not believing anyone can help
- Additionally, because suicide attempts can be impulsive, suicidal ideation may not be present (Shea, 2009).

Research:

Research shows risk assessment screening and protocol cannot accurately predict suicide outcomes.

- In a press release for 2016 meta-analysis of 365 studies spanning 50 years, lead researcher Joseph Franklin, Ph.D., of Harvard University stated that “science could only predict future suicidal thoughts and behaviors about as well as random guessing. In other words, a suicide expert who conducted an in-depth assessment of risk factors would predict a patient’s future suicidal thoughts and behaviors with the same degree of accuracy as someone with no knowledge of the patient who predicted based on a coin flip” (American Psychological Association, 2016).
- In a 2017 study examining 40 years of suicide risk-assessment research, 95% of patients assessed as high risk did not die by suicide; however, 50% of patients assessed in lower-risk categories did die by suicide (Large, M., et al., 2017).
- In a study of 157 patients who died by suicide, 67% of the deceased had denied suicidal ideation during an assessment given within two days of their death (Berman, 2018).
- A 2018 study found that 13 individuals, nearly 20% of those studied, who attempted or died by suicide were assessed as low risk (Mamrol, 2018).



View the School Counselor’s Ethical Responsibility

[ASCA Ethical Standards
A.9 – Serious and
Foreseeable Harm to Self
and Others](#)

Suicide Information Conversation Guide

(Adapted from Salem-Keizer Public Schools)

Suicide Questionnaire

The suicide informational questionnaire is a guide for having a conversation with a student, not an interview. The priority is to connect with the student and the student's immediate concerns and needs. Always consult with a knowledgeable colleague when making decisions about how best to support a student; if at all possible, avoid working in isolation. Involve supportive family members who are available in the household to help ensure safety.

MOST IMPORTANT IS TO DIRECTLY ASK THE STUDENT ABOUT SUICIDE, ACCESS TO MEANS, AND SAFETY AND SUPPORT PLANNING BETWEEN THE STUDENT AND PEOPLE IN THE STUDENT'S LIFE. If that is the only information that emerges from the conversation, that is enough to start.

Information to be Collected:

School and district staff should use an existing information system or school platform that complies with school district confidentiality standards, if possible, to collect information, including:

- Student name and ID number, grade level, gender and race/ethnicity
- Why the student was referred
- Risk and protective factors

Student Suicide Conversation:

- Ask questions through open-ended inquiry to any student who may be a threat to self.
- Do not ask the student to read and complete the questions alone. Have a conversation with the student about any incident of self-harm or perceived threat of suicidal ideation. The intent is to connect with the student, as opposed to merely having the student answer questions.
- Connect with the student, assure them they did not do anything wrong and describe the identified concern. Consider this example: *"Ms. Smith shared your English paper with me where you wrote that you think about dying every day. I really appreciate how you shared what you are feeling. These are hard things to talk about. Thank you for telling us. I just need to ask you a few more questions."*
- Explain your obligation and responsibility to learn about the student's concerns and situations that may be dangerous for students and/or staff.
- Explain confidentiality and the limits of confidentiality in developmentally appropriate terms with the student.
- If the student expresses concerns, reassure them they are NOT in trouble nor are they burdening you.
- Although students can provide crucial information regarding intent, if they are unwilling or deny intent, consider gathering information from other sources, including parents/guardians.

Concepts to Emphasize:

1. All people have emotional highs and lows. Problem-solving is possible, one issue at a time. (Do not minimize student feelings.)
2. People care about you, and you are not a burden.
3. There is hope for the future.
4. You are not alone.

Student Conversation

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| <p>Document the student’s description of the problem (i.e., school, home, friends, recent withdrawal, depression, etc.)</p> | <p>Notes</p> |
| <ul style="list-style-type: none"> • Are there people or things stressing you, harming you (bullying, harassment, family issues, a sense of loss or failure, pregnancy, gang issues, schoolwork) or that are threats to you? • Have you experienced any recent changes, such as difficulty sleeping, changes in your appetite, withdrawing from your friends or family, or a lack of interest in your preferred activities? | |
| <p>Have you been thinking about dying by suicide?</p> | <p>Notes</p> |
| <ul style="list-style-type: none"> • Have you ever had thoughts about wishing you were dead or could go to sleep and not wake up? • Do you wish you weren’t alive anymore? • Have you had thoughts about killing yourself in the past few weeks? | |
| <p>If yes, how do you envision dying? Do you have any intention to carry out your plan?</p> | <p>Notes</p> |
| <ul style="list-style-type: none"> • Have you decided how or when you would kill yourself? Have you planned out how you would do it? <u>If yes, when?</u> <u>What is your plan?</u> • Do you have access to any of the things in your plan? | |
| <p>What makes you happy? What are you looking forward to in the future?</p> | <p>Notes</p> |
| <ul style="list-style-type: none"> • What is going well? • Are there supportive people at home? • How about your teachers? • Are you in touch with your friends? • What do you like to do in your free time? • What activities, organizations, community, religion, etc., are you involved in? | |
| <p>Who are people you feel comfortable reaching out to if you are having a hard time? [Collect names and phone numbers, if possible.]</p> | <p>Notes</p> |
| <ul style="list-style-type: none"> • Which adults do you know who you can trust and talk to and are available? What are their names and phone numbers? • Are there other people in your life, such as friends, siblings or relatives who are supportive and/or helpful distractions? How do you contact them? (Do not collect minors’ names and phone numbers.) | |

Parent/Guardian Conversation

When there is concern about suicide risk, informing a parent/guardian is an integral part of the process. Parents/guardians are key partners in supporting students who are experiencing suicidal ideation, providing crucial information and connecting the student to outside resources. Every effort should be made to partner with the parents/guardians regarding their student.

Nonnegotiable:

Call parents/guardians and/or child protective services if applicable. Do not minimize the situation.

AVOID ASSESSING OR QUANTIFYING LEVEL OF RISK WITH PARENTS/GUARDIANS, PARTICULARLY THE URGE TO COMFORT OR ASSURE PARENTS/GUARDIANS THE STUDENT IS LOW-RISK. Focus on the facts and behavior unique to the situation, avoiding assumptions. Ensure the conversation is in the parents'/guardians' primary language if possible.

Other considerations:

- Students may be concerned about their parents/guardians hearing of this ideation for a variety of reasons. (Parents/guardians may have a negative experience with formalized mental health interventions. Parents/guardians may treat the student differently after hearing of this information. Parents/guardians may not know the student's gender identity, etc.)
- For older students concerned about their parents/guardians being notified, it is essential to give students as much control as possible in how that conversation is to happen.
Example: "What would be helpful for me to know about your parents/guardians before I talk with them? Do you want to be on the call when I talk with them so you can hear what I say? Do you want to lead the conversation? Who do you consider the most supportive adult in your household?"
- The parents/guardians may feel overwhelmed by this information and/or may not be interested in talking about formalized services at this time. If they do not appear to be taking the concern seriously, make a note to reach out to them again soon. It is important the family understands your school district's protocol (if applicable) if a student expresses suicidality and if/when the district is required to notify child protective services.
- To be culturally responsive, it is essential to understand and incorporate relevant cultural factors while avoiding stereotypes. Be open-minded and engaging.
- Establish rapport before launching into questions, including mentioning a couple of facts about the student that indicate you know the student beyond this incident.
- Depending on the conversation, it might be more effective to have an initial and/or follow-up conversation in person.
- Emphasize to parents/guardians that peer reports should be considered reputable sources. Discuss with parents/guardians that peer reports may contain information that a student is unlikely to report to an adult because students often confide in peers rather than adults regarding personal or sensitive information.

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| Summarize the student conversation with the parents/guardians. | Notes |
| <ul style="list-style-type: none"> • Is this surprising to you, or have you had some similar concerns? Please explain. | |
| Has your child ever mentioned thoughts of suicide or dying? If so, when and how often? Is there a history of self-harm or suicide? | Notes |
| <ul style="list-style-type: none"> • Have you noticed any experiences, expressions of feelings or behaviors that occur specifically when the student starts thinking/talking about suicide? • How do you feel your child is doing? Have you had concerns about your child's mental health? | |
| Have you noticed any changes in behavior, sleep patterns, engagement or stress levels? Any major life changes or stressful events? | Notes |
| <ul style="list-style-type: none"> • Some people experience sleeplessness or irritation when they are feeling emotional distress or suicidality. Some people feel disconnected or hopeless. Some have trouble getting out of bed or getting dressed. Have you noticed any warning signs in this regard? • How has the past year been for your family and your student? Sometimes even small life changes can affect one's ability to cope. | |
| Talk through access to lethal means and safety proofing the home. | Notes |
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Suicide Informational Questionnaire Sample

This tool can be adapted to your school or district. Include local resources and available school services. It is recommended that all school staff receive training on suicide prevention, and it is recommended that staff designated to use this tool receive training and practice using the tool.

This form can be imported into an information system your school or district uses or other platform that may be district-approved.

Step 1: Student Conversation

THE MOST IMPORTANT INFORMATION TO GATHER IS DIRECTLY ASKING THE STUDENT ABOUT SUICIDE, ACCESS TO MEANS, AND SAFETY AND SUPPORT PLANNING WITH THE STUDENT AND PEOPLE IN THE STUDENT'S LIFE. If that is the only information that emerges from the conversation, that is enough to start. Focus on building a positive relationship that promotes hope and encouragement.

Full name _____ Student ID number _____

Grade level _____ Race/ethnicity _____ Gender _____

Is there prior suicide conversation on file Yes No

Please describe the problem (e.g., school, home, friends, depression, changes to daily functioning)

Have you been thinking about by dying by suicide? Yes No Unsure

Have you had thoughts about suicide in the past 24 hours, few weeks and/or month? (discuss)

If yes, how do you envision dying? Do you have any intention to carry out your plan? (discuss)

Do you have access to firearms? Other lethal means? (discuss) _____

What risk factors are evident as a result of the conversation? (check all that apply)

Bullying

Previous suicide attempt

Harassment

Family history of suicide

Family issues

Drug or alcohol use

Relationship issues

New medication or medication change

Recent loss or failure

Other _____

What makes you happy? What are you looking forward to in the future? (discuss)

Who are people you feel comfortable reaching out to if you are having a hard time? (discuss)

For Interviewer (not part of interview):

- Based on this initial conversation, do you need to take immediate action to keep this student safe (i.e., imminent risk, major risk factors, access to lethal means, etc.)?

- Ensure there is a plan to seek secondary screening (i.e., clinical mental health support, youth counseling services, hospitalization, etc.).

- Additional information to be noted:

Step 2: Parent/Guardian Conversation

When there is a concern about suicidality, informing a parent/guardian is an essential part of the process. (If a student expresses that the suicidal ideation is a result of abuse or neglect, consult with your team, including your administrator, to make a decision about how to proceed.)

Parent/guardian (Full name of individual contacted) _____

Phone number _____ Email _____

Summarize the student conversation with parent/guardian. Note their responses. Share other sources of information including peer reports, teacher reports/observations, etc.

Has your child ever mentioned thoughts of suicide or dying? If so, when and how often? Is there a history of self-harm? (discuss)

Is there any history of death by suicide of a family member or friend? If so, explain.

What concerns about drugs and alcohol do you have, if any?

Have you noticed any changes in behavior, sleep patterns, engagement or stress levels? Any major life changes or stressful events?

Discuss safety proofing the home and access to lethal means (firearms, medications, etc.). Some schools/districts will have a required statement to read regarding access to firearms (insert required statements regarding firearms, if applicable).

What are the student's positive activities, interests, relationships, reasons for living (sports, faith, clubs, recreation, pets, family, friends)? (discuss)

What other concerns do you have that we have not yet addressed?

Step 3: Student Support Plan

This is an opportunity to synthesize the information collected thus far. Creating a plan for how to respond when notified of suicidal ideation is a way for school counselors, in collaboration with other school-based mental health staff and school administrators, to support students experiencing suicidal ideation.

- Student-identified strengths and protective factors (hobbies, skills, passions, trusted peers and adults in school/community) (note)
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- Student-identified risk factors and warning signs Yes No Other

- Contacted parent/guardian with date/time

- Add Appendix: Possible Support Checklist (if applicable to your school/district). (check all that apply)

Give the student and parent/guardian crisis resources to add in the student's phone

Encourage the student to talk to trusted adult

Provide the student with a pass to see school counselor, school psychologist, school social worker as needed and/or visit breakroom/wellness room as needed

Provide student and family with hard copy and email of community resources

Review crisis and community resources

Encourage student to work with trusted adult to develop a sleep, nutrition and/or exercise routine

Identify designated safe places for potential break times

Alert school staff on a need-to-know basis regarding safety and supervision

Assist student and family in identifying and further developing activities, relationships or experiences of value that increase protective factors

Discuss safety proofing home and all environments that student frequents to secure/remove all lethal means of suicide

Contact emergency or crisis services as needed

Other _____

Step 4: Final Checklist

- Considerations: (check all that apply)

Notified and involved administration

Contacted parents/guardians (nonnegotiable) unless the suicidal ideation appears to be a direct result of abuse/neglect (e.g., incest), at which time you call child protective services

Provided resources to family

Time-stamped and dated communication with parents/guardians

- Administrator notified (name/time/date) _____

- Applicable supporting documents (suicide note, concerned emails, peer or teacher referrals, etc.)

The person completing this document cannot guarantee any outcome, and the purpose is to provide information for parents/guardians to act on behalf of their child.