

Additional Resources:

- American Foundation for Suicide Prevention www.afsp.org
- Centers for Disease Control <http://www.cdc.gov/violenceprevention/pdf/suicide-datasheet-a.pdf>
- National Center for the Prevention of Youth Suicide www.suicidology.org/ncpys
- Society for the Prevention of Teen Suicide <http://www.sptsusa.org/educators>
- Suicide Prevention Resource Center www.sprc.org
- Trevor Project <http://www.thetrevorproject.org/>

IDENTIFICATION/ASSESSMENT STRATEGIES

Professional school counselors are likely to be interested in both suicide screening and assessment (Suicide Prevention Resource Center [SPRC], 2014). Screening activities are focused on identification of youth who are at risk of thoughts of suicide and may include activity with an entire student body or a subgroup of individuals believed to be at higher risk (e.g., youth who identify as Lesbian, Gay, Bisexual, or Transgender). Assessment activities are focused on evaluating risk and ensuring appropriate treatment for specific students who show warning signs related to suicide. Although dated, Goldston (2000) presented a comprehensive summary of screening and assessment tools for assessing child and adolescent suicidal behaviors and risk.

Screening Tools

The Substance Abuse and Mental Health Services Administration (SAMHSA) Lessons Learned Working Group recommended that school-based screening programs be developed only after sufficient training, referral, and follow-up care procedures are implemented so that the system is prepared to respond to individuals identified as at risk for suicide in a timely and effective manner (SPRC, 2014). Broad-scale screening may have limited utility in the school setting because it produces a large number of false positives (O'Connor et al., 2013a; O'Connor et al., 2013b; SPRC, 2014). In fact, the U.S. Preventative Services Task Force concluded "the current evidence is insufficient to assess the balance of benefits and harms of screening for suicide risk in adolescents, adults, and older adults in a primary care setting" (LeFevre, 2014, p. 719).

Despite controversy and lack of precision, Horowitz, Ballard, and Pao (2009) evaluated two screening instruments as possibly useful for school settings in which there are both a comprehensive suicide prevention program and adequate resources for timely follow-up. The Columbia Suicide Screen (CSS) (Shaffer et al., 2004) includes 11-items embedded within a broader self-report measure and assesses lifetime history of suicide attempt, suicidal ideation within past three months, and other factors related to suicide risk. Approximately 30% of youth screen positive on the instrument, half of whom have thoughts of suicide (Horowitz et al., 2009). Thus, the CSS must be used in context of a more complex suicide prevention program; recent adaptations to the CSS may make it more appropriate for school-based screening (Scott et al., 2010). The Suicide Risk Screen (SRS) (Hallfors et al., 2006) is a 20-item self-report tool designed to identify high school students at risk for suicide. In a high school setting, the instrument identified 29% of students as at risk for suicide and in need of timely follow-up care, a level of demand researchers identified as not feasible for responsible follow-up.

Assessment Tools

When students are believed to be at risk of suicide, school counselors can conduct suicide assessment activities within current district structure and policy. Although Goldston (2000) outlined a number of formal suicide assessment tools, the clinical interview remains the primary assessment tool used in practice. A strong clinical assessment will incorporate essential counseling skills and include focused attention to the presence and nature of suicidal thoughts, other suicide warning signs, risk factors, and protective factors. SAMHSA (2009) offers a free Suicide Assessment Five-step Evaluation and Triage (SAFE-T) resource card and mobile app which includes guidance to: identify risk factors, identify protective factors, conduct suicide inquiry, determine risk level/intervention, and document actions. In addition, school counselors may use the Columbia-Suicide Severity Rating Scale (C-SSRS), a semi-structured interview designed to help distinguish suicidal ideation and behavior (Posner et al., 2011). The C-SSRS includes two questions asked of all individuals, four follow-up domains, and recommended triage points. Individuals who wish to use the C-SSRS should first view the training video listed in the resources.

Additional Identification/Assessment Resources:

- Columbia Suicide Severity Rating Scale <http://www.cssrs.columbia.edu/> and C-SSRS Training Video <https://www.youtube.com/watch?v=01P6id9wvig&feature=youtu.be>
- SAFE-T http://www.integration.samhsa.gov/images/res/SAFE_T.pdf
- SPRC Suicide Screening and Assessment http://www.sprc.org/sites/sprc.org/files/library/RS_suicide%20screening_91814%20nal.pdf
- Assessment of Suicidal Behaviors and Risk among Children and Adolescents <http://www.sprc.org/sites/sprc.org/files/library/GoldstonAssessmentSuicidalBehaviorsRiskChildrenAdolescents.pdf>
- Recommendations for School-Based Suicide Prevention Screening <http://www.sprc.org/sites/sprc.org/files/library/Recommendations%20for%20School-Based%20Suicide%20Prevention%20Screening.pdf>

INTERVENTION STRATEGIES

School-based suicide intervention includes attention to three primary considerations: prevention and preparation, intervention with at-risk students, and postvention. Although there is a relative lack of evidence-based intervention strategies focused specifically on immediate response to students at risk of suicide, there is a plethora of research-informed practice guidelines for each step of the process. The Youth Suicide Prevention School-Based Guide (Lazear, Roggenbaum, & Blasé, 2012) provides a series of issue briefs focused on each element of creating a suicide prevention and intervention plan in schools. These include attention to messaging, development of supportive community frameworks, and composition of crisis response teams.

Prevention & Preparation

Prevention and preparation activities may be targeted toward enhancing coping and resourcefulness among students or preparing staff and students to respond to students showing warning signs for suicidal behavior. The National Registry of Evidence-Based Programs and Practices (NREPP), a service of SAMHSA identified seven evidence-based interventions appropriate for children and adolescents in school settings and focused on suicide.

- Officially classified as a prevention program, CAST (Coping and Support Training) is a group-based program designed to provide support for high school students identified as at significant risk for suicide. The program includes attention to mood, school performance, and substance risk and has demonstrated outcomes related to suicide risk factors.

- Applied Suicide Intervention Skills Training www.livingworks.net

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