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Assessment Procedures for the Suicidal Student

Two key concepts for assessment of potential suicide are that inquiry must be direct and clear, and that it will not plant the idea of suicide in the mind of a student!

Students are often ambivalent about suicide; one minute they want to die and end what they believe to be unendurable pain, but the next minute, there is a glimmer of hope and they want to live. The intervention of any one person can make all the difference. Many students, after being questioned about suicidal thoughts and plans, have felt relieved that someone is there to help them.

It is essential to respond immediately when a student is believed to be suicidal. At the point that the counselor/suicide risk prevention specialist determines that the student is at-risk of suicide, FERPA requirements will take a back seat to securing emergency assistance and consultations for the health and well-being of the student. FERPA, in fact, states that in an emergency situation that information should be shared with all pertinent staff so they are alerted to the potential suicidal behavior the student has expressed. (Refer to Texas Suicide Safer Schools, 2015 for more details.)



In addition to the Columbia Suicide Severity Rating Scale that is referred to in Tool #14, suicide assessment, which covers risk factors (RF), warning signs (WS), and protective factors(PF), for suicidal students can be determined by asking the following questions.

- What is the method of any previous suicide attempt(s)?(RF)
- Does the student have a current suicide plan or plan to harm him/herself (the more specific of a plan, if applicable, the higher the risk)? (RF)
- What method does he/she plan to use and does the individual have access to the means (higher risk when either or both of those are affirmed)? (RF)
- Have they been exposed to a suicide? (RF)
- Do they have history of engaging in Non Suicidal Self-injury (NSSI)? (RF)
- Is there are history of alcohol or drug use? (RF)
- What are his/her current problems and stressors at home and at school? (RF)
- Is there a history of bullying, victimization, loss, and/or trauma (any affirmative response might indicate a higher risk)? (RF)
- What is the student's current mental health status? Is there a history of mental illness? (RF)
- What is the individual's current and past level of depression? (RF/WS)
- What are the current feelings of the student? (WS)
- What were the warning signs that initiated the referral? (WS)
- What are the student's current and past levels of hopelessness? (WS)
- Has the student currently, or in the past, thought about suicide (either directly or passively)? (WS)
- What are the student's perceptions on burdensomeness and belongingness? (WS)
- Is the student sleeping too much or not sleeping enough? (WS)
- Has the student demonstrated any abrupt changes in behaviors? (WS)
- What is the student's current support system and what protective factors are in place (higher isolation might indicate higher risk)? (PF)

- What are the student's reasons to live (more healthy answers to this question might indicate lower risk)? (PF)

Many of these questions and an overview on suicide risk assessment, including documentation forms, are available free of charge under E-resources in Suicide in Schools by Erbacher, Singer, and Poland, 2015. (Tool #15).

A thorough interview with a suicidal student, with trust established, is essential, and standardized assessment scales can be a valuable addition to the interview, as they have been published and validated by research. One such scale, the Columbia Suicide Severity Rating Scale, is already being used by school and community personnel in Texas with favorable reviews. (Tool #14)

- The following scales are listed in the SAMHSA Preventing Suicide: A Toolkit for High Schools, which can be found at
- <http://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669>
 - Beck Scale for Suicide Ideation
 - Suicide Ideation Questionnaire
 - Suicide Probability Scale
 - Inventory of Suicide Questionnaire
 - Columbia Suicide Severity Rating Scale

The Suicide Prevention Specialist will be the person who determines the risk level. This could be the Student Support Counselor, Nurse, Academic Counselor, or SRO, depending on the school policy and training.

Low Risk (ideation only)

- Develop a safety plan with the student
- Notify the parents of their child's suicidal ideation



- Refer the suicidal student to community mental health treatment and persuasively request that parents sign a release of information form so that designated school personnel can directly communicate with community mental health professionals
- Document all actions, including having parents sign an emergency notification or parent acknowledgment of suicidal concern form (Tool #17)
- Note that the risk level can change to medium or high within a matter of hours.
Monitoring needs to continue

Medium Risk (current ideation and previous suicidal behavior)

- Supervise student at all times (including rest rooms)
- Develop safety plan with the student
Notify and release student ONLY to:
 - Parent or guardian who agree to increase supervision and seek an immediate mental health assessment and treatment
 - Law enforcement
 - Psychiatric mobile responders or crisis team
- Persuasively request that parents sign a release of information form so that designated school personnel can speak directly with community mental health professionals
- Document all actions, including having parents sign an emergency notification form or parent acknowledgment of suicidal concern form (Tool #17)
- Develop follow up plan at school that includes a re-entry plan if the student is hospitalized. All students returning from mental health hospitalization should have a re-entry meeting where parents, school, and community mental health personnel make appropriate follow up plans to support the student
- Note that the level can change to low or high within a matter of hours. Monitoring needs to continue

High Risk (current plan and access to method)

- Supervise student at all times and places (including rest rooms)
- Develop safety plan with the student
- Notify and release student ONLY to:
 - Parent or guardian who commits to increase supervision and seek an immediate mental health assessment and treatment
 - Law enforcement/SRO
 - Mobile Crisis Outreach Team (MCOT)
- Persuasively request that parent sign a release of information form so that designated school personnel can speak directly with community mental health professionals
- Document all actions, including having parents sign an emergency notification or parent acknowledgment of suicidal concern form (Tool #17)
- Develop follow up plan at school that includes a re-entry plan if the student is hospitalized. Sometimes the attendance clerk or nurse will know about hospitalization and should notify counselors. All students returning from mental health hospitalization should have a re-entry meeting where parents, school (nurses, student support counselors), and community mental health personnel make appropriate follow up plans to support the student.

“In a crisis, according to [Tex. Family Code § 32.004](#), a licensed or certified physician, psychologist, counselor, or social worker having reasonable grounds to believe that a child has been sexually, physically, or emotionally abused, is contemplating suicide, or is suffering from a chemical or drug addiction or dependency may:

- counsel the child without the consent of the child's parents or, if applicable, managing conservator or guardian;



- with or without the consent of the child who is a client, advise the child's parents or, if applicable, managing conservator or guardian of the treatment given to or needed by the child; and
- rely on the written statement of the child containing the grounds on which the child has capacity to consent to the child's own treatment under this section. “
- Unless consent is obtained as otherwise allowed by law, a physician, psychologist, counselor, or social worker may not counsel a child if consent is prohibited by a court.
- A physician, psychologist, counselor, or social worker counseling a child under this section is not liable for damages except for damages resulting from the person's negligence or willful misconduct.
- A parent, or, if applicable, managing conservator or guardian, who has not consented to counseling treatment of the child is not obligated to compensate a physician, psychologist, counselor, or social worker for counseling services rendered under this section.”

Safety Plans (Texas Suicide Safer Schools, 2015)

The safety plan focuses on identifying coping strategies, peer and adult support for the student, and local and national suicide prevention resources and hotline numbers. Students are given a copy of the plan they helped develop and are encouraged to review it when they have suicidal thoughts. Texas school personnel are strongly encouraged to follow best practices and create safety plans with suicidal students. Information on safety planning is available at the Zero Suicide in Texas website: <https://sites.utexas.edu/zest/> More extensive information including a sample safety plan is available from the Suicide Prevention Resource Center at the following link: <http://www.sprc.org/resources-programs/patient-safety-plan-template>

Notifying Parents of Child At-Risk of Suicide

Parents are a key to helping the suicidal student. The following suggestions are offered for engaging and supporting parents of a suicidal student. It is strongly suggested that a conference with parents be held in person rather than via the telephone and that a suicidal student not be allowed to leave school on their own even if that is what his/her parents have requested.

(Texas Suicide Safer Schools, 2015)



- 1) Begin with asking parents how their child has been doing and if they have noted any changes in their child's behavior
- 2) State what you have noticed in their child's behavior and ask how that fits with what they have seen in their child
- 3) Advise parents to remove lethal means from the home as their child is possibly suicidal. You can equate this with how you would advise taking car keys from a youth who had been drinking. The Texas Suicide Safer Home App is available at the websites for the Texas School Safety Center <https://txssc.txstate.edu> and <https://TexasSuicidePrevention.org>. (Tool 2)
- 4) Please clarify that Texas law requires guns be locked away from minors under the age of 17 (Tex. Penal Code 46.13)
- 5) Provide empathy for this situation and comment on its scary nature for parents
- 6) Acknowledge the emotional state of the parents
- 7) Acknowledge that it is essential for schools, parents and community services to collaborate to help a suicidal child, as no one can do this alone
- 8) If the parent is angry that you have provided counseling to their child without their consent, advise the parents of Texas legislation clarifying parental permission is not needed for counseling a child by a licensed or certified physician, psychologist, counselor, or social worker having reasonable grounds to believe that a child is contemplating suicide (Tex. Family Code 32.004).
- 9) If the parent appears to be uncooperative or unwilling to take certain actions, find out their beliefs about youth suicide risk/behavior and see if there are unfounded facts they believe that are blocking them from taking proper action
- 10) Acknowledge and explore any cultural or religious concerns, or any other concerns, that might reduce the parent's acceptance of mental health treatment
- 11) When possible, align yourself with the parent. It is important for them to understand the stress and likely depression their child is experiencing and to discuss with them ways to alleviate stress and source of mental health assistance



- 12) Refer parents to local community mental health treatment that the school has previously worked well with and explain what they can expect for treatment of their child. Clarify the role of the schools and the follow up that will be done at school
- 13) Persuasively request that parents sign a release of information form so designated school personnel can speak directly with community mental health professionals
- 14) Document all actions that include having parents sign an emergency notification or parent acknowledgment of suicidal concern form (Tool #17).

Transfer of Responsibilities to Parents: Notification and Making the Call

The failure of the school to notify parents/guardians when there is reason to suspect the student is suicidal is the most common source for lawsuits, as evidenced by the discussion of *Wyke v. Polk County* (liability section of Texas Suicide Safer Schools, 2015). If there is reason to believe that a student is contemplating suicide, the confidentiality must be broken and the parents should then be notified.

School personnel have an obligation to report any child who is suspected to be at-risk for suicide based on foreseeability, and the challenge for school personnel is to get a supportive reaction from parents, increase supervision of the student, and obtain needed mental health services for the student. Even if a student denies suicidal ideation/intent, it is the duty of the school to notify the parents of suicidal concerns reported by others but denied by their child. (Refer to Texas Suicide Safer Schools, 2015)

- If the parents are believed to be abusive or if they refuse to obtain recommended mental health treatment in the community, then Child Protective Services should be notified.
- If parents are uncooperative and refuse to come to school to talk and/or personally pick up child, school staff cannot allow the suicidal student to walk home or take transportation home regardless of parent directive. Parent or guardian must pick up the child and engage in a conference with the designated school staff member who will



provide details of school assessment and community mental health resources. If parents emphatically refuse to come to school, then law enforcement and mobile crisis teams need to be notified and utilized.

Confidentiality and Exceptions Regarding FERPA

Although mental health personnel are to always uphold confidentiality, there are exceptions to this rule. If a school staff member suspects suicidal ideation or behavior, it is an exception to confidentiality for the need-to-know staff. Students should be aware of the limits of confidentiality. While it may upset the student that you are notifying either their parents or (CPS) Child Protective Services (if parents are believed to be abusive or refuse to obtain recommended treatment) of their suicidal behavior, it will be less difficult to repair trust with a student who is alive than to deal with the potential outcomes if he/she does attempt and/or die by suicide. The vast majority of parents will be cooperative and their children will be receptive to parent notification.

Community Resources

School counselors would likely be the appropriate personnel to follow up with the family and student to inquire if outside services are being rendered. It is strongly recommended that a counselor or psychologist on the school staff be identified as the suicide prevention risk specialist. It is also strongly recommended that a release of information form be signed by the parents to allow the school counselor to communicate with outside practitioners such as therapists and medical personnel. (Tool #17) Parents may be reluctant to sign a release of information form and school counselors are encouraged to explain thoroughly and persuasively why it is in the best interest of the student for the release to be signed so that information may be shared.

One of the challenges for school personnel and especially school counselors, or designated suicide prevention risk specialists, is to refer suicidal students to private practitioners, agencies and hospitals where the professionals are well trained in suicide assessment and management.



A task force of the American Association of Suicidology addressed serious gaps in the training of mental health providers concerning suicide assessment (Schmitz, Allen, Feldman, Gutin, Jahn, Kleespies, Quinett & Simpson, 2012). The task force called for accrediting bodies, training programs, and licensing organizations to improve training through coursework, required continuing education, and examination questions for licensure to improve competency in suicide assessment.

Few changes are expected in the near future to address the lack of training that many mental health professionals have in suicide assessment, but Texas school counselors should refer to professionals who they know are well trained and competent in suicide assessment and management. The local mental health authority for your area may also be able to help with this process. This is why every school district needs to screen, approve, and compile a list of well-trained health care providers. Remember, the district is not responsible for the cost of a suicidal student undergoing outside assessment and treatment. The parent notification form signed by the parent will reinforce this practice (Tool #17).

