



Suicide Screening Brief for School Counselors

The purpose of this brief is to increase **clarity for school counselors who are planning and implementing suicide intervention in Oregon schools**. This brief is meant to be a starting point for the conversation to provide some initial answers to specific questions that OHA has been asked. OHA collaborated with ODE partners in the development of this brief. At the end of this document, you will see an invitation to join the conversation directly and provide essential feedback to support guidance and shape a more comprehensive toolkit.

All Oregon school districts and all school buildings are unique; each can and should adapt their suicide prevention work to **fit the needs and context of their community**. This brief is meant as guidance, recognizing that the work will look unique in each context.

Equipping Staff

All school staff play an important role in suicide prevention, intervention and postvention. Each staff member has a responsibility within each school's suicide prevention protocol. It is important that staff are **trained and equipped** to recognize potential warning signs and refer to appropriate and identified personnel (i.e., school counselors, school social workers, school psychologists, school nurses, administrators) who screen for suicide.

Here are [current trainings](#) offered in Oregon for evidence-based and best practice for suicide screening and safety planning.

Equipping School Counselors

School personnel identified as responsible for suicide screening (i.e., school counselors, school social workers, school psychologists, school nurses, administrators) need to be equipped to have in-depth conversations about suicide with individual students and their families within a building and district suicide care plan. This means ensuring that those identified personnel have:

1. Awareness of resources and supports for students and families for referrals (e.g. local crisis supports, counseling options),
2. Access to clear policies and procedures named in their district's [Adi's Act](#) plan around suicide screening and safety planning, including district office awareness and support for the Adi's Act plan, and
3. Availability of a second trained person to consult with in determining which supports, resources, and referrals a student and family needs.

Suicide Screening: Purpose, Process, and Tools

- For schools, screening tools capture a moment in time and are meant to help identify what level of support is needed for a student and to connect them to the most appropriate level of support **at the time** the screening tool is used. The purpose for a school is NOT to be predictive of the **future risk** of suicide for students; often suicide ideation is episodic.
- When screening for suicide and developing a safety plan, how someone approaches it matters. All screening tools require a student-centered, trauma-informed, culturally-responsive approach in order to be effective in meeting student needs.
- The questions in a suicide screening tool help staff to know how to guide the conversation rather than being read as a checklist of interview questions, while ensuring all the pieces of the screening tool are addressed.
- How that conversation happens and how the questions are asked is important. It is essential to ask the question **directly** about suicide when a potential concern regarding suicide has been identified, and to support students and their families throughout the process.
- OHA **strongly recommends** school districts use evidence-based screeners for suicide risk such as the Columbia-Suicide Severity Rating Scale ([C-SSRS](#)) or the Ask Suicide-Screening Question ([asQ](#)) when responding to an individual student where a potential suicide concern has been identified.
 - The C-SSRS screener provides clear, concise, accessible, evidence-based tools for school counselors, administration, and others in school settings **to determine appropriate levels of support for students**. The C-SSRS is available in many languages and adaptations and can be adapted to fit within a more robust screening and safety planning conversation. There is free, accessible training for this screening tool which is essential for equipping schools to provide suicide-safer care.

Role of School Counselors

There has been some discussion nationally around whether it is in scope of the role of school counselors to screen for suicide as screening tools involve some level of assessing risk. Teachers Standards and Practice Commission (TSPC) Oregon Administrative Rules (OARs) state that, in Oregon, school counselors must be equipped and ready to assess for suicide. The school counselor's pre-service training requirements according to [TSPC's OARs in Chapter 584, Division 435](#) (Section 4 (e)(5)(M) and Section 4 (g)(7)(C), includes preparation program standards and competency areas or school counseling personnel to be trained in models and strategies for assessing risk of aggression or danger to others, self-inflicted harm, or suicide.

School counselors are essential team members in the work of creating safety for students in Oregon schools and are strongly encouraged to be equipped to screen and assess for suicide risk. Always this work can and must be done in a student-centered way throughout the process with careful communication with student's family and trusted adults. Minimizing concern and **predicting future risk** are not best practice.

American School Counselor Association's (ASCA) Information Gathering Tool (IGT)

Some Oregon districts have asked OHA's suicide prevention team about whether OHA recommends the use of the ASCA IGT. If school districts are using the ASCA IGT, OHA recommends **adding** a screening tool as outlined above **OR** extensive training for those using the IGT to include how screeners are determining next steps, as well as seek strong consultation as part of their process (Training Model: Salem/Keizer School District).

If schools are using the ASCA IGT, OHA suggests **adding language to clarify how to determine** appropriate levels of care. If not comfortable using the levels of risk language in the C-SSRS (low, medium, high), OHA suggests using MTSS language of Tier 1, 2 or 3 supports. Screening tools are **not** predictive of future risk, nor is that their purpose.

Next Steps & Invitation

The OHA and ODE suicide prevention and school counseling teams would like to invite your participation in the development of a more comprehensive toolkit around this topic. If you are interested in being a part of that conversation, or want to be kept informed of the progress of that toolkit, please indicate that by email jill.baker@oha.oregon.gov.

We anticipate this future toolkit might contain:

- An example of added language to the IGT and example screening tools
- Possible language to use when calling a student's adult/guardian/parent
- Examples of Suicide Intervention Training and Protocols from school districts in Oregon
- Clarification on terms such as suicide screening, risk assessment, and mental health assessment
- How to access training for suicide screening and assessment

For questions, concerns, thoughts, ideas:

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