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School Counselors' Vital Role in Suicide Intervention: A Response to Gallo and Wachter Morris

Carolyn Stone

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School counselors have a critically important role in suicide intervention, one that provides the greatest chance to ensure student safety. In this response article, I clarify the intent of the American School Counselor Association magazine column "Suicide Assessments: The Medical Profession Affirms School Counselors' Truth" to underscore the critical role that school counselors play in suicide intervention. School districts are requiring school counselors to quantify suicide and make a judgment based on the student's self-report. The intended message of the column was not to diminish school counselor training in suicide assessment and intervention; instead, it was to provide school counselors a tool in their advocacy efforts to move from district requirements to quantify suicide to the more powerful role of information gatherer. Working within this role, school counselors assist parents/guardians in seeking external counseling professionals who can provide tools not available in schools, such as family therapy, residential treatment, medication, hospitalization, treatment plans, and intensive therapy.

Keywords: suicide, assessments, school counselors, mental health providers

The authors (Gallo & Wachter Morris, 2022) of "Suicide Intervention in Schools: If Not School Counselors, Then Who?" reacted to a July/August 2021 column I authored. Appearing in the *ASCA School Counselor* magazine on the topic of school counselors and suicidality, the target audience for the bimonthly column is school counselors. The intent of the column was muddled for these authors and, therefore, very likely for other readers. Using "school counselor" throughout the column was intended to address the readership of the magazine and not as a comparison to other counseling professionals regarding qualifications, skills, talent, or training. The intention was to underscore the dangers of quantifying suicide as low risk, which is the case for any counseling professional (Large et al., 2016), but went unaddressed as to focus on school counselors.

School counselors have a vital role in suicide prevention and intervention (Wachter Morris et al., 2021). School counselors' systemic prevention role comes in many forms, to include contributions to a safe and respectful school climate, antibullying efforts, parity in mental health support, diversity training, safe spaces for all students (especially

those marginalized), and staff training (Wachter Morris et al., 2021). Prevention includes school counselors' multi-tiered system of supports in direct and indirect service delivery across all three tiers, such as classroom curriculum, small group counseling, behavior modification, and individual counseling (Breux & Boccio, 2019; Singer, et al., 2019). School counselors' intervention role includes a number of possible responses, including conducting risk assessments or asking protocol questions (e.g., probing about a means or plan, looking at environmental and/or psychosocial stressors, precipitating incidences, triggers). As stated in Stone (2021), school counselors "gather as much information to relay to parents as possible, notify parents, involve others to keep the student safe until parents arrive, provide resources, and try to determine if parents are taking the report seriously" (p. 9).

In addition to the prevention and intervention roles described previously, school counselors have a critically important role in connecting families to additional mental health resources (American School Counselor Association [ASCA], 2021). The value of school counselors to refer students who are

experiencing suicidality to external mental health and medical professionals is not about school counselors' training, qualifications, and skills, as the column has been misinterpreted. It is about the difference in tools. The mental health and/or medical practitioner can recommend or provide family therapy, residential treatment, medication, hospitalization, long-term intensive therapy, a therapeutic alliance that spans across academic years and sometimes schools, and other approaches unavailable in a school setting. An external practitioner can provide more confidentiality away from the closed setting of a school, a critical consideration if social stressors within the school are present. Important for families in crisis situations is the ability to have a choice of practitioners that specialize in their child's presenting concerns, such as depression, anxiety, and obsessive-compulsive related disorders along with providing culturally responsive considerations (National Alliance on Mental Illness, 2018).

Quantifying Suicide Risk

My original column rewritten with mental health professionals (MHP) as the target audience would have provided a clearer statement about the difficulty that a counselor of any stripe, mental health or school, has in knowing with certainty that a child is safe based on the child's self-report (Large et al., 2016). Unfortunately, school counselors are asked to do just that (Stone, 2022). The zealotry with which I wrote to school counselors in Stone (2021) was in response to once again finding school counselors in the crosshairs of court cases for doing what their districts required them to do: ask questions from an assessment and give a quantified response to parents/guardians. I am currently serving as a witness in my eighth and ninth court cases, and the column was meant to provide school counselors with a tool they could use to further their stance against having to quantify a youth as low risk for suicide (Copelan, 2020; Hadlaczky, 2020).

The urgent tone of the column was also a reaction to the increase in suicidal ideation and to the findings of a recent study that 71.4% of suicides among youth occurred on the first attempt (McKean

et al., 2018). The window of intervention for families is tight, and action on behalf of families is acutely important. If a school counselor reports a student as low risk and is wrong, there may not be a future opportunity to reassess. Knowing what hangs in the balance, the ethical imperative is to never negate the risk of harm even if the assessment reveals a low risk (ASCA, 2022).

Counseling professionals cannot negate risk based on a client/student's self-report alone (Large, 2017; Steeg et al., 2018). The medical profession is conducting longitudinal research by examining decades of risk assessments and comparing what took place during and after the assessment (Berman & Silverman, 2017). Risk stratification is likely to miss many cases with a very high false-positive rate. In a study of 40 years of suicide risk assessments, 95% of clients assessed as high risk likely will not die by suicide (Large et al., 2016). Conversely, in a study of 157 clients who died by suicide, Berman (2018) found that 67% of the deceased had denied suicidal ideation during an assessment given within 2 days of their death. Franklin et al. (2017) conducted a meta-analysis of risk assessments and concluded, "Experts' ability to predict if someone will attempt to take his or her own life is no better than chance and has not significantly improved over the last 50 years.... Our analyses showed that science could only predict future suicidal thoughts and behaviors about as well as random guessing" (p. 187). Those who require school counselors to quantify a student as low risk to parents/guardians are in jeopardy of a negligence lawsuit (Zirkel, 2019). More importantly, they risk lulling families into what may be a false sense of security.

Principles From the Courts

There have been a number of negligence court cases involving school counselors for students who died by suicide after meeting with the counselor. Commonalities among these court cases are that the school counselor judged the student to be low risk for suicide and in some cases also neglected to fully communicate with parents/guardians. When working with minors, parent(s)/guardian(s) are contacted unless parental abuse is the precipitating

stressor, thus warranting a call to child protective services. Communicating with parents/guardians is key because they are in the best position to unpack clues in areas where the MHP does not have access e.g., social media account, text message, writings (Suicide Prevention Resource Center, 2019). Each of these cases provides different guiding principles from the courts, but the strand running through all cases is that the counselors made a judgment that the student was not at risk for completing suicide.

Eisel v. Montgomery County Board of Education (1991). Two school counselors responded to peer reports that Nicole Eisel was involved in occultism and was planning a murder suicide. The counselors listened to Nicole's denial, believed her, and failed to call her parent/guardian. Nicole and another middle schooler consummated the murder/suicide pact. The *Eisel* case strengthened a school counselor's legal obligation to students by satisfying for the first time "duty owed," the primary element of negligence (Alexander & Alexander, 2019). The court stated, "The consequence of the risk is so great that even a relatively remote possibility of a suicide may be enough to establish duty" (p. 391), meaning there is a legal duty to act on behalf of a student even in the face of a remote possibility such as an assessed low risk. In the *Eisel* case, the counselors made a judgment that the student was not at risk. The judge also questioned why a school counselor would use a student's denial of risk to negate peer reports that Nicole was planning a murder/suicide.

Mikell v. School Administrative Unit 33 (2009). A school counselor conducted the district's required suicide risk assessment and informed the student's mother that because her child came out low risk on the assessment she did not have to come to school and pick him up. When her child completed suicide, Mikell argued that the school counselor took over custody and control to keep her child safe.

Rogers v. Christina School District (2012). Finney, an intervention specialist referred to in court documents as a school counselor, spent 4 hours with Roger Ellerbe, who admitted to having attempted suicide a few days earlier. Finney assessed Roger and decided he was no longer

suicidal, sent him back to class, did not notify his guardians, and failed to treat it as the emergency that it was. Finney explained in an e-mail to teachers, the assistant principal, and other school counselors that she had met with the student and did not believe he was a threat to himself. Roger left school that day and completed suicide.

Gallagher v. Bader (Balingit, 2016). The counselor was contacted by Jay Gallagher's friend concerning his suicidal ideation. The counselor conducted an assessment and deemed Jay not at risk and did not call Jay's parents, in part because he did not know Jay's friend and because Jay was 18 years of age (Balingit, 2016). The Family Educational Rights and Privacy Act states the parents of an 18-year-old can be notified in health and safety matters. The family of Jay Gallagher elected to sue the school counselor and not the district to avoid the district's shield of governmental immunity.

Conclusion

Suicide assessments, if given at all, are one tool to add to the body of gathered information about a student and should not state or imply to parents/guardians their child's level of risk has been determined. The accuracy of any assessment hinges upon what a person chooses to reveal to the counselor. The overarching role for MHPs is to give families all the information available and from as many sources as accessible to enable them to exercise custody and control over their child, and refrain from predicting a child's future using one assessment based on a youth's self-report.

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