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Multi-Tiered Systems of Support (MTSS) for Suicide Prevention and Intervention: Considerations for School Counseling Preparation

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Youth mental health concerns have reached crisis-level, with the American Academy of Pediatrics (2021) reporting a 51% increase for reported suicide attempts for 12–17-year-old youth. School counselors play a pivotal role within the conversation on mental health and suicide specifically (ASCA, 2020). In this article we outline how school counselors can organize their suicide prevention and intervention efforts with Multi-Tiered Systems of Support (MTSS), grounded in a model by Dr. Rebecca Pianta, as well as prioritizing culturally sustaining, antiracist practices, data, prevention, and screening in all tiers. Specifically, at Tier 1, school counselors educate stakeholders, including students, on the warning signs. While at Tier 2 and 3, school counselors identify and support students at risk of suicide. We highlight ethical considerations throughout, in the context of the article “Suicide Intervention in Schools: If Not School Counselors, Then Who?”

Keywords: suicide, multi-tiered systems of support, school counseling

Youth mental health concerns have been on the rise and have reached crisis-level, which, according to the U.S. Department of Education (2021), have been exacerbated by the COVID-19 pandemic and ongoing racial injustices. According to a report from the National Alliance on Mental Illness (2020), a third of youth and young adults have experienced mental health concerns, with 10% reporting serious mental health concerns and 3 million youth had serious thoughts of suicide. The American Academy of Pediatrics (AAP, 2021) declared a state of emergency for youth mental health as a result of the COVID-19 pandemic and racial injustices; thus, the AAP noted a 51% increase for reported suicide attempts for 12–17-year-old youth, with higher statistics for youth of color.

According to the American School Counselor Association (ASCA, 2020), school counselors serve students’ mental health needs through a comprehensive school counseling program (CSCP). Specifically, comprehensive programs include prevention by way of instruction on mental health awareness, short-term counseling and crisis

intervention, as well as referrals to community agencies. In addition, school counselors are charged with educating relevant stakeholders, including school staff, families, and community members, about mental health to facilitate greater awareness and reduce stigma. Finally, school counselors work as advocates — removing barriers to access and for ethical mental health screening.

Within the conversation on mental health is suicide specifically. ASCA (2018) calls on school counselors to understand the signs of suicide and to educate school staff, families, and community stakeholders on the warning signs. School counselors should be ready to refer students to outside resources, which requires an awareness of community resources specifically related to suicidality. According to Granello and Zyromski (2019), school counselors should use their roles as advocates, collaborators, leaders, and systemic change agents to design and implement school-wide suicide prevention programs. They outline a five-step process, which includes gaining administrative support, deciding on and training key stakeholders, and choosing and evaluating an intervention.

Overall, throughout this article, Granello and Zyromski (2019) highlight how a CSCP aligns with the components of the ASCA National Model (2019).

The ASCA (2022) Ethical Standards help school counselors navigate the ethical implications involved in suicide prevention and intervention and are outlined in the article *Suicide Intervention in Schools: If Not School Counselors, Then Who?* School counselors are called to provide students with a comprehensive program that provides social/emotional support (A.3). As such, we contend that school counselors are best able to meet student mental health needs through the alignment their CSCP with Multi-Tiered Systems of Support (MTSS) and specifically with the integration of suicide prevention into their CSCP/MTSS.

Multi-Tiered Systems of Support (MTSS)

MTSS is a continuum of prevention and intervention supports widely implemented in K–12 public schools in the United States (Goodman-Scott et al., 2019, 2020; Sugai et al., 2019). Specifically, MTSS is a framework aiming to address the whole child within the context of education: academics, career, social emotional learning (SEL), and mental health. MTSS offers Tier 1 prevention to all students (e.g., science academic instruction, school-wide social emotional curriculum), as well as advanced supports for students with higher needs in specific areas (e.g., Tier 2 and 3 supports, such as small group reading instruction or individual counseling). In the context of the current discussion on COVID-19 pandemic and the racial justice movement, MTSS offers a vehicle to prioritize mental health and a trauma-informed lens for all students preventatively (Tier 1), with more targeted and intensive supports for those who need supports beyond primary prevention (Tier 2 and 3). In addition to tiered practices, including evidence-based practices, MTSS uses data to guide decisions, and incorporates a system's perspective within K–12 education. Further, MTSS is called to be culturally sustaining and antiracist — celebrating and including students' and family members' cultures, using data to interrogate racism within the school's systems and advocating for the elimination

of oppressive barriers, and prioritizing racial equity (Better-Bubon et al., 2022; Edirmanasinghe et al., in press; Fallon et al., 2021; Mayes & Byrd, 2022). As MTSS is used by K–12 educators nationally, we've seen a host of professionals, including school counselors, utilize an MTSS lens (Goodman-Scott et al., 2019) to braid, or weave, current initiatives together. Examples of such initiatives include trauma-informed practices (Rumsey & Milson, 2019), restorative practices (Smith et al., 2017), school counselors' COVID response (Pincus et al., 2020), SEL (Harrington et al., 2016), college and career readiness (Hines et al., 2021), and the school counselor–principal collaboration for mental health (Geesa et al., 2022).

Given the mental health crisis and the frequent use of MTSS in schools nationally, several authors have described suicide risk assessment and intervention within this three-tiered lens (e.g., Briggs, 2015; Miller et al., 2019; Singer et al., 2019). Granello and Zyromski (2019), for example, suggested school counselors consider suicide prevention within a MTSS lens. Our article outlines Pianta's model (Pianta, 2021; Pianta et al., in preparation) for suicide prevention, intervention, and postvention, which will be described subsequently.

With the increasing rates in suicide, and a gap in the literature about the school counselor's role in suicide prevention and intervention, Pianta's model was specifically developed to outline the school counselor's role in suicide prevention and intervention within the MTSS framework (Pianta, 2021; Pianta et al., in preparation). Tier 1 involves promoting a positive school climate and gatekeeper training for suicide prevention. Tier 2 and 3 include intentionally screening for students high at risk, conducting suicide risk assessments for those at risk, and providing necessary supports to address their needs. Also inherent in Pianta's model is the focus on culturally sustaining, antiracist practices; data; prevention; and screening. Thus, we will include these concepts in each tier (in the sections that follow) and provide a specific section on screening, which will be discussed comprehensively across tiers.

Tier 1: Suicide Prevention

First, Tier 1 MTSS efforts prioritize creating a positive school culture and climate for all students, which can be done through school-wide initiatives and classroom-level supports (e.g., school counseling classroom lessons). This positive culture must prioritize the affirmation and love for all students (Mayes & Byrd, 2022), which requires staff self-reflection on biases, and overall cultural proficiency (Better-Bubon et al., 2022). Next, with respect to suicide prevention specifically, school counselors engage in gatekeeper training, educating individuals (e.g., families, school staff, students) on signs and risk factors related to suicide. Gatekeeping can start with all students within the school and extend to individuals outside of the classroom (Briggs, 2015; Shannonhouse, 2017; Singer et al., 2019; Stutey, 2021). One example of an evidence-based program geared toward students includes Signs of Suicide (SOS), to identify and dispel common myths about suicide, and explore suicide risk factors and warning signs, approaches for responding effectively, community mental health resources, and coping strategies (Aseltine et al., 2007). School counselors can be integral in providing this content to students through directly delivering classroom lessons and/or school-wide assemblies; conducting family and staff trainings; and consulting with school staff (e.g., teachers) who can provide this content directly in their classrooms and/or through school-wide events (Pianta, 2021; Pianta et al., in preparation). It is important to note that vulnerable populations are at increased risk for suicide attempts and completions (e.g., runaway or homeless youth; students who identify as lesbian, gay, bisexual, and/or transgender; foster youth; youth in the juvenile justice system; and American Indian and Alaska Native youth). Thus, primary prevention efforts should reduce the impact of addressing the prevention of racism, sexism, and ableism in schools.

Screening

Screening for suicide and related risk factors is a key approach to increasing the identification and referral of youth at risk of suicide and is a crucial aspect of MTSS at Tier 1. Universal mental health

screening (UMHS) involves all students completing a screener for suicide and often depression (Pianta, 2021; Pianta et al., in preparation). For an example from the field, please see Erickson and Abel's (2013) case study of UMHS for suicide and depression in one high school over a 10-year period, including school counselors' unique role and reflection. In addition to screening at the universal tier, schools, including school counselors, typically complete a two-step screening process. After UMHS identifies students as having elevated risk for suicide, school/community teams should further interview or screen students to gather specific information and guide intervention (Singer et al., 2019), which we describe more next.

Tier 2 and 3: Suicide Intervention

At the advanced tiers (e.g., Tier 2 and 3), school-based teams, including school counselors, work together to identify students at high risk of suicide, and then provide supports to these students with increased risk (Pianta, 2021; Pianta et al., in preparation). Shea (2002) suggested the following elements be concluded in the risk assessment: (a) identify students' protective or resilient factors; (b) identify suicidal ideation, intent, and plan; and (c) combine this information into a risk formulation. In addition, assessments can assess for fearlessness about death, persistence through pain and distress, knowledge about and access to lethal means, and experience with self-injury due to their increased risk level (Singer et al., 2019). School-based teams may consider a suicide assessment tool with validated measures (e.g., the Columbia Suicide Severity Rating Scale; Posner et al., 2008). Students who screen for suicide risk should be referred for a comprehensive risk assessment.

ASCA (2022) ethical guidelines state that school counselors cannot accurately quantify the level of suicide risk, and when reporting risk-assessment results to parents/guardians, school counselors do not negate the risk of harm to self. Thus, determining students' risk level should be done in consultation with a team, with the goal of providing support, not diagnosing or labeling students (Granello, 2010). Throughout, efforts should be made to empower the student by explaining the

limits of confidentiality and giving the student a choice to be a part of the conversation when the parent/guardian is notified. Further, risk assessment must take into account the cultural context of the student, acknowledging differences in attitudes about suicide, asking for help, and appropriate interventions (Granello, 2010).

For students who screen for high risk of suicide, school-based teams, including school counselors, partner with the student, their families, and community providers to provide supports, such as individual and group counseling, hospitalization, wrap-around supports, and possibly reentry planning meetings (Pianta, 2021; Pianta et al., in preparation). In all cases, school counselors can provide a list of mental health agencies that work with suicidal youth to ensure additional supports. Detailing specific supports is beyond the scope of the present article; however, we recommend using evidence-based approaches grounded in student and family members' cultures and unique needs.

Implications for School Counselor Preparation

In examining suicide prevention and intervention within the MTSS lens, in the context of counselor education, the present article underscores the importance of counselor educators incorporating recent trends and timely information in the preparation and supervision of preservice school counselors. For instance, counselor educators should include content on the impact of the COVID-19 pandemic and racial injustices on youth mental health, new ethical codes from professional organizations, as well as timely initiatives in K–12 education, such as MTSS. Further, counselor educators can utilize Pianta's Suicide Prevention and Intervention MTSS framework to describe the school counselor's role in suicide, highlighting the ethical concerns and guidelines, to ensure prevention and intervention efforts are coordinated and comprehensive.

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