

Professional Issues in School Counseling and Suicide Prevention

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Abstract

Suicide is the second leading cause of death for adolescents and has become a public health concern in the United States. In addition, certain groups of students are more at risk for suicide than others. School counselors have an ethical obligation to protect their students and are in an ideal position to educate students and staff about the risks and warning signs of suicide. Ethical issues such as counselor competence, school responsibility, and community buy in are important considerations for educators. Lastly, implications for practicing school counselors in preventing suicide are provided.

Professional Issues in School Counseling and Suicide Prevention

Internationally, almost one million people die from suicide every year (International Association for Suicide Prevention, 2014). This number roughly corresponds to one death every 40 seconds (International Association for Suicide Prevention, 2014). In the U.S., there is an average of one suicide every 13 minutes (Drapeau & McIntosh, 2014). Suicide has become a public health concern for people in the U.S. and across the world. Within the 14-24 year age group, suicide is the second leading cause of death (International Association for Suicide Prevention, 2014). This correlates to one young person killing themselves every hour and 48 minutes (Drapeau & McIntosh, 2014).

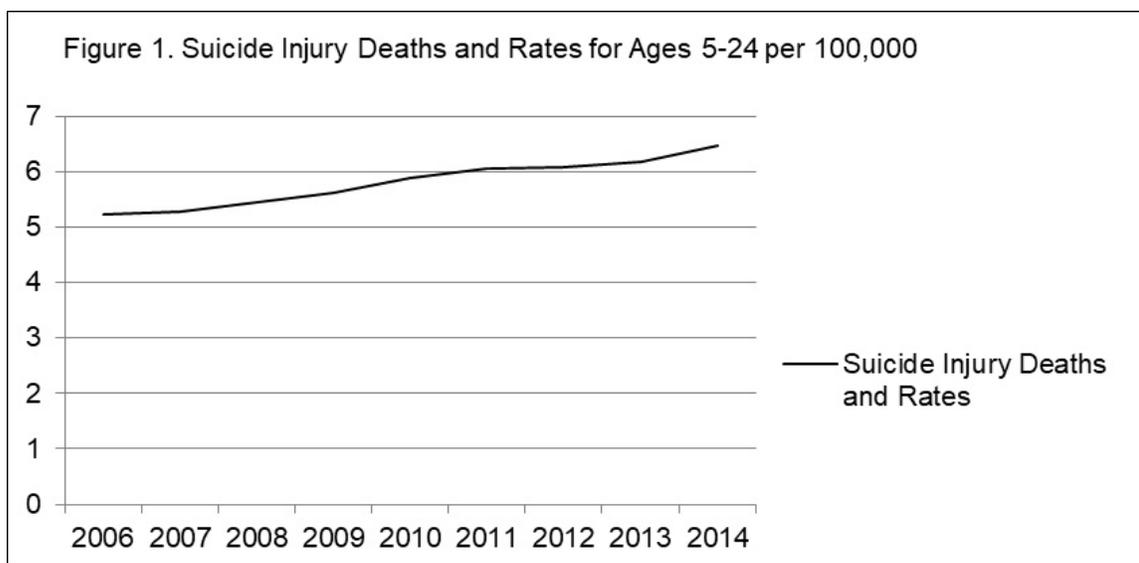


Figure 1. Suicide Injury Deaths and Rates per 100,000 in the United States from 2006-2014. All races, both sexes, ages 5-24. Data taken from National Center for Injury Prevention and Control, CDC, 2015.

The number of young people lost each year through suicide exceeds the number of deaths due to homicide and war combined (International Association for Suicide Prevention, 2014). The rates of suicide between 2002 and 2012 have steadily increased for both children and young adults (Drapeau & McIntosh, 2014). These figures do not

include suicide attempts, which can be many times more frequent than completed suicides (10, 20, or more times according to some studies; International Association for Suicide Prevention, 2014). Among young adult's ages 15 to 24 years old, there are approximately 100-200 attempts for every completed suicide, more than any other age group (International Association for Suicide Prevention, 2014). In a 2011 nationally representative sample of youth in grades 9-12, 15.8% of students reported that they had seriously considered attempting suicide during the 12 months preceding the survey and 12.8% reported that they made a plan about how they would attempt suicide during those 12 months (CDC, 2012). As Juhnke, Granello, and Granello (2011) report, these statistics are most likely an underestimation of the actual number of suicides and suicide attempts that take place each year. Many suicides are not reported and instead are considered accidental deaths. Suicide rates for adolescents have doubled since 1950 (Juhnke, Granello, & Granello, 2011).

There are many consequences to the tragedy of suicide. In addition to the emotional costs, suicide deaths cost \$44 billion annually in the U.S. (CDC, 2015). There is also the loss of potential; our nation loses what these individuals could have contributed to society throughout their lives. According to Juhnke, Granello and Granello (2011), the government labels this as "Years of Potential Life Lost" and each year the U.S. loses 270,000 years of potential life because of the number of young people committing suicide. In addition, each suicide intimately affects at least 6 other people (Drapeau & McIntosh, 2014). Family and friends are left to grieve, trying to understand the reasons for the loss, and having to move forward with their lives. There is the additional impact of enduring the social stigma, secrecy, and blame that often

accompanies suicide. Family and friends may also be at risk for their own mental health struggles, such as depression, dealing with complicated grief, and even future suicides (Drapeau & McIntosh, 2014). Suicide affects more than just the victim, including family and friends. Nevertheless, focusing efforts on preventing suicide could help decrease these numbers and even help family members become more knowledgeable about who is at risk.

Groups at Risk for Suicide

It is important to understand the breakdown in demographic groups of who is most at risk for suicide. Boys are more likely than girls to die from suicide and are more likely to use lethal means such as firearms (Drapeau & McIntosh, 2014). Girls are two to three times more likely to attempt suicide and are more likely to choose methods such as pills or poisons (Drapeau & McIntosh, 2014). Native American/Alaskan native youth have the highest rates of suicide (CDC, 2015). In a nationwide survey, Hispanic youth were most likely to attempt suicide when compared to other racial and ethnic groups (CDC, 2015). Youth who identify as lesbian, gay, bisexual, transgender, and questioning are also at higher risk for suicide (CDC, 2014). Many studies have reported LGB youth may be up to twice as likely to attempt suicide as their heterosexual peers (CDC, 2014). Transgendered students are also at risk, in one study, the authors found that 25% of transgendered students reported suicide attempts (CDC, 2014). Other groups who are at higher risk for suicide are those who have attempted suicide in the past, have a family history of suicide, have a history of depression or other mental illness, are abusing drugs or alcohol, have access to lethal means, are exposed to the suicidal behaviors of others, or who have stressful life events or loss (CDC, 2015).

A more recent group of young people receiving attention for suicidal concern are victims of cyberbullying. With the increase in social media usage, the influence of the internet on suicide behavior is worth considering. Cyberbullying has become an anonymous way to harass and victimize others and studies have shown victims of cyberbullying are more at risk for depression and suicide (Juhnke, Granello, & Granello, 2011; King, Foster, & Rogalski, 2013). Young people readily seek out the internet to communicate, interact with their peers, and form connections. Unfortunately, these interactions are not always positive, and when left unmonitored, may cause great psychological harm to victims. Unfortunately, children and adolescents who feel victimized or isolated may also use the internet to search for solutions or support for ways to end their suffering, and this includes accessing websites that support suicide (Juhnke, Granello, & Granello, 2011). Information can be found encouraging suicide with tips and methods for carrying out suicidal acts (Juhnke, Granello, & Granello, 2011). Although there are resources available online that can help young people who are at risk for suicide, more needs to be understood regarding how to protect young people from the potentially harmful content that can be located on the internet.

Lastly, to understand the current status of suicide, it is important to recognize that many experts believe that approximately 90% of the adolescents who completed suicide gave warning signs beforehand (Capuzzi, 2002). This leaves friends, families, and educators wondering if something may have been done to prevent a suicide from occurring. If a system was in place to help identify warning signs or a program incorporated into the curriculum that offered supports, would the adolescent have received the help they needed before considering suicide as their only option?

Adolescent Development and Risk Factors for Suicide

More than 13 adolescents commit suicide every day in the U.S. (Drapeau & McIntosh, 2014). Therefore, it is evident adolescents are capable of thinking about ending their own lives. Adolescents have the ability to think abstractly and it is a normal part of development for them to consider issues of life and death. Manor, Vincent, and Tyano (2004) believe there are two different ways adolescents think about the wish to die. The first, the suicidal act, is an expression of suicidal thoughts. The second, a death wish, can exist, but does not necessarily manifest as a suicidal expression. The authors stress the idea that adolescents may see the act of suicide as reversible. At this stage, and with their pathology, the focus may be on the act itself and not the unalterable consequences. Some experts believe suicide is not about death, but rather severe emotional pain (Juhnke, Granello, & Granello, 2011).

In addition, adolescents encounter problems just as adults, however they often have not developed the coping skills needed to adequately deal with these problems. Significant characteristics can be identified within the adolescent stage of development that are important for adults to consider when working with them. For example, teens are more impulsive, more susceptible to black and white thinking, and may struggle with finding options for dealing with stress or depression. Adolescents do not always possess the sophistication and experience of adults, who have acquired coping skills throughout their lives. According to Juhnke, Granello, and Granello (2011), adolescents today may face situations or be exposed to information that is beyond their ability to comprehend. Because they are minors, they may also have little control over their lives at home and school, which can add to their stress and hopelessness.

According to the CDC (2012), 26.1% of high school students reported feeling sad or hopeless almost every day for 2 weeks in a row. The criteria for major depression is reported in 8% of the adolescent population on any given day, yet one in five teens are reported to have had depression at some time (Pratt & Brody, 2014). Students who have been diagnosed with mental health disorders are at risk for suicide but those who have not yet been diagnosed may be at a higher risk. A reported 90% of adolescents who commit suicide suffered from some type of mental health problem, such as depression, anxiety, drug/alcohol abuse, or behavior issues (American Academy of Pediatrics, 2011). If a young person is also experiencing hopelessness and having feelings that life will not get better, they are at a great risk (Juhnke, Granello, & Granello, 2011).

In order to understand how to best approach and educate adolescents about handling stress, anxiety, depression, and thoughts of suicide, it is important to understand more about their thoughts and behaviors. Casey and Caudle (2013) examined adolescents' self-control and how this varies at different ages and in different circumstances. They stated that adolescents' impulse control is comparable to or even better than some adults in neutral situations but becomes quite strained in emotional situations when compared to children or adults (Casey & Caudle, 2013). How well an adolescent adapts to the demands of their changing environment is a product of genetic factors and environmental influences (Casey & Caudle, 2013). In other words, though adolescents are known for poor impulse control, this is more evident in times of distress and how well they adapt to this stress depends on both their innate ability and their environment. In fact because of this tendency to be impulsive, adolescents may spend

less time planning a suicide, which provides even less warning for adults to intervene (Juhnke, Granello, & Granello, 2011). It is important for adults who work with teens to understand they are not always out of control or will make the wrong choice; it is about their ability to make healthy choices during strong emotional situations. Casey and Caudle's (2013) study also emphasizes the importance of environmental influences, which can come from home, school, and other areas of a young person's life. Spending time talking with an adolescent can help an adult understand the adolescent's current level of judgment. If the teen has limited judgment, it is important to recognize they may be less likely to find positive ways of coping with their feelings and seeing their options, because of limited experience, which can increase their risk. King, Foster, and Rogalski (2013) note the importance of assessing an adolescent's insight and judgment, which varies greatly at this age. One could ask themselves, do they have good insight and recognize their risk and the need for treatment? Taking the time to interview the adolescent can help understand their level of risk.

When considering other common adolescent characteristics, risk taking is another notable area of concern. Galvan, Hare, Voss, Glover, and Casey (2006) conducted a study that looked at risk-taking during adolescence and found young people who are already prone to risky behavior experience greater risk during this time because neural systems are undergoing significant development. In other words, young people already at risk because of a genetic predisposition or negative environmental influences should be assessed even more closely. For this reason, the authors stress the importance of looking at individual variability when considering how brain behavior

corresponds to risk taking behavior. Adults, especially mental health providers, need to take the time to work with young people and consider their needs on an individual basis.

King, Foster, and Rogalski (2013) reported on the tensions that may arise for practitioners when working with adolescents. Counselors may struggle with the ability to establish rapport and create a therapeutic environment while also taking control and managing the teen's safety. Working with adolescents is different than working with adults. Adolescents are still minors and adults have a responsibility to keep them safe. Working with students who are a danger to themselves can create anxiety and fear in a counselor, prompting them to hastily suggest hospitalization without taking the time to complete a more thorough assessment of the child (King, Foster, & Rogalski, 2013). This haste can damage a relationship between the student and counselor, with the student no longer trusting the counselor and ending an opportunity for long term support within the school.

As adults encounter adolescents and attempt to help them through the turmoil of this developmental stage, it is important to consider that while there are common markers of this stage, each child is different and deserves individual consideration. Adolescents do not have the sophistication of refined coping strategies or even the awareness such strategies are needed. They may fuddle their way through everyday problems and not realize when these problems are interfering with their everyday lives, and have begun to take a toll on their mental functioning. The adults in their lives have the responsibility of helping identify the warning signs of children who are at risk and need some type of intervention. It is important adults who have regular contact with children and adolescents are knowledgeable and ready to assist them.

The Role of Schools and School Counselors

When considering the adults who have frequent contact with adolescents, it is reasonable to assume those who work in schools would be a likely choice. Many scholars and experts believe our public schools serve as an ideal location to provide the programming necessary to help find students at-risk for suicide (Granello & Granello, 2007; Joe & Bryant, 2007; Katz et. al, 2013). Students are in daily contact with staff and spend a large portion of their day in school.

Schools are also a logical place to identify suicidal students because their problems with academics, peers, or other issues are more likely to be evident and warning signs may appear more frequently at school than at home (Granello & Granello, 2007). In addition, students have the greatest access to multiple helpers (teachers, counselors) in their schools (Granello & Granello, 2007). Schools are ideal places for prevention activities because students are already in the environment where they are interacting with their peers and learning is taking place. Over twelve years ago, President Bush recognized the need for suicide prevention efforts in readily accessible settings such as schools and advocated for regularly scheduled mental health screenings to help prevent suicide (President's New Freedom Commission on Mental Health, 2003). The President's initiative raised awareness of mental health concerns across the country and provided the impetus the mental health care community needed to mobilize efforts (Iglehart, 2004). Thirteen large mental health organizations, including the National Alliance for the Mentally Ill and the National Mental Health Association joined efforts to create the Campaign for Mental Health Reform (Iglehart, 2004). The

campaign worked to implement the commission's recommendations as well as other federal policy issues related to mental health services and funding (Iglehart, 2004).

With this increased attention on mental health, the next steps are to look for leadership within schools in carrying out these efforts. School counselors can provide leadership in suicide prevention through the facilitation of gatekeeper trainings with staff and implementation of suicide prevention programs (Granello & Granello, 2007; Gibbons & Studer, 2008). These types of trainings can describe what staff, faculty, or students should do if they suspect that a student may be potentially at risk for suicidal ideations and/or behavior (Doan, Roggenbaum, & Lazear, 2003). Identifying criteria for assessing the lethality of a student potentially at risk for suicidal behavior may help prevent future suicide attempts and help students get the mental health support they need.

Granello and Granello (2007) described the importance of universal approaches, selective interventions targeted towards groups of students who demonstrate risk factors, and individual interventions targeted at students who screened positive for a risk factor. Universal approaches have many positive components, including the education and awareness of suicide for all students in the school. This aligns well with a school counselor's role of incorporating curriculum that benefits all students (ASCA, 2013). With universal approaches, it is more likely educators will create a culture that promotes discussion of problems and encouragement for seeking out adults. Most teens will confide in their peers before coming to an adult. But if those peers are concerned about their friend, they may encourage them to seek help or tell the adult

themselves. Therefore, adults in the school need to be prepared when a student approaches them.

Examining what is happening in schools across the country may provide insight for school counselors and counselor educators. Crepeau-Hobson (2013) conducted a study to look at suicide risk assessment practices in three large school districts over a three year period. The author found that following implementation of prevention and intervention efforts, each district had either a decrease or small increase well below the rising numbers in suicides. In addition, of the 3,443 students who underwent a suicide risk assessment, none followed through with taking their own life. This study provides important empirical support for the use of suicide assessment procedures in the school setting.

When considering the professionals qualified to lead suicide prevention efforts, school counselors are in the ideal position to work with students, identify warning signs, and inform parents (Erickson & Abel, 2013; King, Price, & Telljohann, 2000; Ward & Odegard, 2011). School counselors are employed in most schools across the country and more importantly, have been trained in suicide risk assessment (CACREP, 2009). The American School Counselor Association (ASCA) created a role statement for school counselors related to crisis prevention:

Through the implementation of a comprehensive school counseling program, professional school counselors promote school safety, assist students engaging in unhealthy or unsafe behaviors and make referrals as needed. Professional school counselors are familiar with the school community and knowledgeable about the roles of community mental health providers and first responders such as law enforcement officials and emergency medical responders (ASCA, 2013, p. 43).

Legal/Ethical Obligations for School Counselors

School counselors operate within the ethical standards developed by their professional organizations. The American Counseling Association lists the primary responsibility of counselors as an obligation to respect the dignity and promote the welfare of clients. (A.1.a. ACA, 2014).

School counselors are also trained to identify and promote social justice issues with their clients (CACREP, 2009). Traditionally marginalized groups of students, such as Lesbian/Gay/Bisexual (LGB) students, are at a higher risk for emotional distress, bullying, depression, and suicidal ideation because of a negative and harmful school climate (Hatzenbuehler, Birkett, Van Wagenen, & Meyer, 2014). LGB students are between two and seven times more likely to attempt suicide than their heterosexual peers (Hatzenbuehler et. al., 2014). In a study by Hatzenbuehler et al.(2014), the authors found that school climates that protected sexual minority youth reduced their risks of suicidal thoughts. Counselors have an ethical obligation to protect all students, but have the additional incentive to seek out more vulnerable populations of students and offer support. School counselors should also have a thorough understanding of gender differences, ethnic differences, methods, and risk factors related to suicide found in the literature (Capuzzi, 2002). Incorporating suicide prevention programs helps schools and school counselors more readily assist students who may be struggling emotionally and contemplating suicide.

In addition, ASCA identifies the school counselor's obligation to inform parents/guardians of risk assessments (ASCA, 2010, Standard A.7b). School counselors should understand the legal and ethical liability for releasing a student who

is in danger to self or others without proper and necessary support for that student. (ASCA, 2010, Standard A.7c). This is more likely to happen if the school counselor and school have not made efforts to understand the warning signs and risks of suicide. According to ASCA, school counselors have an ethical obligation to not only inform parents when their child is suicidal, but also to make referrals when necessary or appropriate to outside resources for student and family support (ASCA, 2010, Standard A.5a). In some cases, schools are adopting policies that require documentation and assessment from a mental health provider before the child can return to school (Capuzzi, 2002). Enforcing this type of policy may help the student get the necessary attention and support they need during this difficult period. There are times when parents may not feel their child is suicidal and refuse treatment, schools should consult with legal counsel in these situations and follow best practices (Capuzzi, 2002). Unfortunately there can be negative stigmatization of those needing services, which may prevent parents from seeking services (Erickson & Abel, 2013). School counselors can also help educate parents and families about suicide and mental health issues in general to help lessen the stigma. The incorporation of suicide prevention programs may help with many of these issues and provide an avenue for discussion with families.

Another important consideration for school counselors and other educators when advocating for suicide prevention programs is the myths surrounding the topic of suicide. For example, some individuals believe suicide programs lead to contagion and copycat suicides will befall the school. The truth is copycat suicides occur with individuals who are already vulnerable (Granello & Granello, 2007). It is not the prevention program that leads to suicides; in fact, the programs are intended to mitigate the already existing

danger of copycat suicides by helping vulnerable students more readily access help (Granello & Granello, 2007). Another myth found in the literature is the notion that asking students if they have had thoughts of suicide or educating them about suicide will somehow increase suicidal thoughts or behaviors (Joe & Bryant, 2007). There is no evidence to support the myth that iatrogenic risks increase an adolescent's likelihood to attempt suicide, rather the opposite is true (Joe & Bryant, 2007). A final myth worth mentioning is that incorporating suicide prevention programs would then allow the school to be sued in the event of a suicide. According to Granello and Granello (2007), the opposite is true; schools are more likely to be successfully sued if they ignore this area of students' lives. Educators who spend time debunking many of the common myths about suicide may help garner community support and help naysayers understand the ethical, and often legal necessity, of addressing suicide in schools.

Nevertheless, there are those who are critical of suicide prevention efforts in schools. Some parents do not feel school is the appropriate place to discuss suicide. They may feel suicide should be discussed at home where issues of spirituality and beliefs about life after death can be considered. Other critics believe mental health issues should not fall under the umbrella of public education and suicide prevention efforts will be costly (Juhnke, Granello, & Granello, 2011). In addition, there are no government funds allocated for suicide prevention efforts within schools, leaving individual school districts to cover the costs associated with any programs implemented.

As mentioned earlier, schools are more likely to be held liable by the courts for failing to include suicide prevention efforts (Capuzzi, 2002; Milsom, 2002). Capuzzi (2002) suggests using "best practices" in the process of implementing suicide

prevention programs. He describes best practices as “the aspirational standards an ethical and well-informed school counselor should strive to attain in the process of planning and implementing school-based prevention, crisis management, and postvention efforts” (Capuzzi, 2002, p. 37). This includes an awareness of the guidelines that theory and research provide related to suicide prevention (Capuzzi, 2002). The American School Counselor Association’s ethical standards include the guideline that school counselor’s strive to stay current with research, looking for best practices, and to incorporate this new knowledge into their work in schools (E.1.c ASCA, 2010).

Other considerations include the need for stakeholder support (Whitney, Renner, Pate, & Jacobs, 2011), funding issues (Erickson & Abel, 2013; Miller, Eckert, & Mazza, 2009), parent refusal to consent (Miller et al., 2009), and the risk of false positives or false negatives (Erickson & Abel, 2013). In addition, as mentioned earlier, some disagree with providing mental health services in schools and most schools do not have enough mental health professionals in their buildings to meet all the needs of their students (Juhnke, Granello, & Granello, 2011). School counselors and administrators may need to research the needs of their schools, provide opportunities for community input, and educate stakeholders (including parents) about the prevalence of mental illness in children and adolescents to help diminish the stigma (Whitney et al., 2011). Miller et al. (2009) advocated for a public health approach to strengthen support and address ethical and legal obligations for suicide prevention programs in schools. This model includes aspects such as using evidence-based programs, strengthening positive behavior, and emphasizing community collaboration and services (Miller et al., 2009).

Utilizing a public health approach may help school and community members understand the enormity of suicide within the United States.

Implications for School Counselors

The literature surrounding suicide prevention programs have one general theme in common, the need for evidence-based programs (Joe & Bryant, 2007; Katz et al., 2013; Miller, Eckert, & Mazza, 2009). As Capuzzi promoted, an ethical counselor advocates for best practices, including implementing evidence-based programs in schools (2002). After reading the literature, it is clear more research is needed in program evaluation and finding programs that have proven effectiveness (Joe & Bryant, 2007; Miller, et al., 2009). Nevertheless, there is literature that demonstrates suicide prevention programs work in schools (Balaguru, Sharma, & Waheed, 2013; Ciffone, 2007; Crepeau-Hobson, 2013). Curriculum-based prevention programs, such as the South Elgin High School (SEHS) suicide prevention program, have demonstrated significant positive findings within their schools and can serve as a model for others to follow (Ciffone, 2007). Crepeau-Hobson (2013) evaluated the use of suicide risk assessments in three school districts over three years. The author found no student who underwent a risk assessment during that time went on to attempt suicide. Cooper, Clements, and Holt (2011) also reviewed many suicide prevention programs and found positive results with Signs of Suicide (SOS; Aseltine et. al, 2007) and the Coping and Training Support Program (CAST; Thompson, Eggert, Randall, & Pike, 2001). School counselors will need to do research and spend time finding the program and tools that will best suit the school.

After finding evidence-based programs, it is also important for school counselors to consider appropriate implementation of suicide prevention programs. Stein et al. (2010) conducted a study and found schools that communicated well, utilized a team-based approach, and had explicit policies and procedures were more successful with their suicide prevention programs than those that did not. Part of a counselor's ethical obligation to their students includes securing the necessary support and leadership from administration so that the program is implemented successfully (Balaguru et al., 2013; Scherff, Eckert, & Miller, 2005; Stein et al., 2010). This includes finding the program that fits appropriately with the culture and emotion of the school (Balaguru et al., 2013; Doan, Roggenbaum, & Lazear, 2003). Administrators may have issues with the intrusiveness of some programs (schoolwide screenings), the costs, or be influenced by commonly held myths about suicide education (Scherff, Eckert, & Miller, 2005). Programs that have not been thoroughly studied, understood, or explained by school counselors or staff may not be carried out with integrity, thus, jeopardizing their value in the school.

School counselors can also play an important role through leading evaluations of the implemented programs. Miller et al. (2009) completed a review of 13 suicide prevention programs and found discouraging results. The majority of the programs had methodological weaknesses that needed to be addressed by the program developers. Nevertheless, the authors had some recommendations that can be useful to educators looking for stronger programs to implement in their schools. For example, there was evidence that supported programs that included information for students regarding suicide awareness and intervention, taught them coping and problem-solving skills, and used a strengths-based approach. Incorporating protective factors and addressing high

risk taking behaviors may help improve students' self-efficacy and reduce their vulnerability to suicidal thoughts. If a program cannot be counted on for its effectiveness, it will lose credibility with staff, students, and families, and likely result in terminating the program and possibly suicide prevention efforts. Fiernan (2012) recommended using a variety of evaluation methods, such as interviews, surveys, classroom and small group observation, and case studies to help determine effectiveness of prevention programming.

Lastly, school counselors should continue to keep abreast of the most current research and best practices for suicide risk assessment and crisis management. Engaging in professional development may help school counselors refine their skills in suicide risk assessment and crisis management, as well as offer opportunities for collaboration and consultation when immersed in ethical dilemmas. School counselors may also use the knowledge acquired in professional development trainings to inform the other staff in their buildings of the newest research in crisis programming, offer gatekeeper trainings, or remind staff of warning signs for students at risk of mental health issues.

Suicide has become a growing concern for many groups in this country, but especially for young people. School counselors are in an ideal position to recognize students at risk, educate staff, and gather resources to help prevent the tragedy of losing lives to suicide. Yet, suicide is a difficult topic of discussion for many practitioners because of their fear, the difficulty of asking others about a desire to end their lives, and the stigma attached to mental illness. Increased awareness, courage in starting these conversations, and a willingness to ask the difficult questions are all strategies in

helping prevent suicide and suicide attempts. School counselors have an important responsibility to seek out students who are suffering and help them acquire the tools to cope with life stressors and build strategies to improve their lives.

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