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## Secondary School Counselors' Experiences with Suicide Screenings and Assessments

Nikki Correa, West Chester University, [NCorrea@wcupa.edu](mailto:NCorrea@wcupa.edu)

Deborah J. Rubel, Oregon State University, [deborah.rubel@oregonstate.edu](mailto:deborah.rubel@oregonstate.edu)

Lucy L. Purgason, Oregon State University-Cascades, [lucy.purgason@osucascades.edu](mailto:lucy.purgason@osucascades.edu)

### Abstract

Suicide rates in adolescents are increasing, and school counselors have an ethical obligation to respond. Although tasked with gathering information on the suicide risk of a student using suicide risk assessment (SRA) tools, little research exists on the experience of school counselors when performing SRAs. This qualitative study examined the experiences of school counselors conducting suicide screeners and assessments with students (N=8). Results from the interpretative phenomenological analysis reveal five key themes: (a) role balance, (b) student-centered focus, (c) emotional impact, (d) collaboration, and (e) preparedness challenges. Findings suggest implications for practice, support and collaboration, and training and counselor education.

*Keywords:* Suicide risk assessment, suicide risk intervention, school counseling

Suicide is a leading cause of death among adolescents in the United States, ranking second for youth aged 10–14 and third for those aged 15–19 (Centers for Disease Control and Prevention [CDC], 2022). Rates are even higher among minority youth, including LGBTQIA+ and BIPOC students, who face disproportionate mental health challenges and barriers to care (Oshin et al., 2022). The COVID-19 pandemic further exacerbated adolescent mental health concerns, yet disparities in access to mental health services persist, particularly for low-income students and Students of Color (Oshin et al., 2022). Schools play a critical role in addressing youth mental health (Hoover & Bostic, 2021). Most youth who receive mental health services do so in a school setting

(Duong et al., 2021), making schools an important context for suicide prevention, intervention, and postvention.

In 2019 the American Foundation for Suicide Prevention (AFSP), the American School Counselor Association (ASCA), the National Association for School Psychologists (NASP), and The Trevor Project collaborated to develop the Model School District Policy on Suicide Prevention. This policy recommends that students identified as potentially suicidal be assessed by a school-employed mental health professional (e.g., school psychologist, school counselor, school social worker) on the same day of identification (AFSP et al., 2019). School counselors, particularly at the high school level, are frequently responsible for conducting suicide risk assessments (SRAs) and determining appropriate interventions (Stickl Haugen et al., 2021). In a survey of 200 high school counselors, Gallo (2018) found that 50.5% conducted one to two suicide assessments per month, while 16.5% conducted three to six. These numbers reflect the central role of high school counselors in suicide prevention efforts.

According to the ASCA (2022) *Ethical Standards*, school counselors are ethically obligated to protect students from foreseeable harm, including suicide. This responsibility involves identifying behavioral and social-emotional indicators of risk and responding with timely, appropriate support (ASCA, 2019; ASCA, 2025). However large caseloads can limit school counselors' capacity to fulfill all aspects of their role (Brown & Knight, 2024), particularly when frequent SRAs are required.

Despite the high stakes and emotional demands of conducting SRAs, research on high school counselors' experiences remains limited. Existing studies have primarily used survey methods and qualitative research has focused mostly on school counselors in training or school counselors in the elementary setting (Becnel et al., 2021; Gallo, 2018; Gallo et al., 2021b; Springer et al., 2020). To date, no qualitative studies have explored the lived experiences of practicing high school counselors conducting SRAs. Research is needed on how school counselors navigate these complex situations

and how this process affects their professional roles and well-being. The purpose of this study is to explore the lived experiences of high school counselors who conduct SRAs. By learning about their experiences, this research aims to inform more supportive and effective approaches to suicide prevention in schools, enhancing both student safety and counselor well-being.

### **Suicide Risk Assessment in Schools**

Schools must select and utilize developmentally appropriate SRA tools for their student populations; however, there is considerable variability in the tools used and how they are implemented (Gray & Dihigo, 2015). Whereas the Model School District Policy on Suicide Prevention outlines core principles and essential components of such instruments (AFSP et al., 2019), it does not mandate the use of a specific tool. As such, suicide protocols often vary by state, district, and even individual schools (ASCA, 2025), with some districts developing their own instruments. Understanding school counselors' experiences with these protocols is essential for identifying factors that may influence the implementation and utilization of suicide assessments.

A multi-tiered systems of support (MTSS) approach is a framework school counselors can use to implement suicide prevention and intervention (Goodman-Scott et al., 2022). Gatekeeper training is considered a Tier 1 component of suicide prevention, involving informing school-based employees of suicide risk factors and warning signs that would prompt referral for assessment (Goodman-Scott et al., 2022). *Applied Suicide Intervention Skills Training* (ASIST), *Question, Persuade, Refer* (QPR), and *Signs of Suicide* (SOS) are examples of gatekeeper training used in schools (Goodman-Scott et al., 2022; Shannonhouse et al., 2017). Tiers 2 and 3 include suicide intervention and involve school counselors, along with other school-based collaborators, identifying students at risk and providing supports (Goodman-Scott et al., 2022).

Risk identification involves the use of SRA tools that typically fall into two categories: screeners and assessments (Gray & Dihigo, 2015). Screeners are brief instruments used to identify

suicide risk factors, while assessments are more in-depth, lengthier, and assess the severity of risk (Gray & Dihigo, 2015). School counselors may use screeners as the first step in identifying who may be at heightened risk and require further interviewing and follow-up (Goodman-Scott et al., 2022). One popular suicide assessment used in schools is *The Columbia-Suicide Severity Rating Scale* (C-SSRS; Posner et al, 2008), which has been widely used with youth (Erbacher & Singer, 2018).

### **Screening Practices in Schools**

School counselors may conduct universal Tier 1 screenings administered to the entire school, a specific grade level, or an individual class, or targeted screenings for individual students exhibiting warning signs (Goodman-Scott et al., 2022). Universal screening increases the likelihood of identifying at-risk students who may not otherwise be flagged. When a student is identified as at risk, a comprehensive SRA typically follows the screening process. The process of completing a screener and/or a comprehensive assessment is often referred to as the school's suicide protocol.

### **Debates and Emerging Tools**

The use of SRA tools by school counselors is a subject of recent debate due to philosophical differences in the field (Gallo & Wachter Morris, 2022). These differences center on whether suicide risk assessment should be holistic and embedded in the developmental and cultural context of students or similar to clinical assessments that emphasize risk categorization and mitigation of liability. The *Information Gathering Tool: Suicide Concern* (ASCA, 2023a) was developed to help school counselors overcome challenges to suicide assessment specific to their role and setting and intentionally avoids assigning a risk level. Unlike a standardized risk assessment, this tool utilizes an information-gathering interview approach when assessing a student for suicide risk. Given this tool's relatively new emergence, implementation rates across schools and districts are unknown. Many school counselors are likely working in settings that require the use of a standardized assessment to

gather comprehensive information, collaborate with caregivers, and determine appropriate interventions and referral services (Gallo & Wachter Morris, 2022; Stone, 2022).

### **School Counselors and Student Suicidality**

High school counselors are highly likely to encounter students experiencing suicidal ideation. In a survey of high school counselors, 25% reported conducting more than 50 SRAs over the course of their professional careers (Gallo, 2018). In another survey of 657 school counselors across school levels, 79.8 % reported working with a student who attempted suicide, with an average of 10.38 incidents per counselor (Stickl Haugen et al., 2021). The emotional toll of conducting SRAs can be significant. Research shows that helping professionals often experience stress, compassion fatigue, and burnout when working with suicidal clients (Miller et al., 2011). Even simulated experiences can evoke strong emotional responses. For example, in a qualitative research study with school counselors in training, a participant reported intense emotions occurring during role-played suicide assessments (Gallo et al., 2021a). Practicing elementary school counselors described feelings of disbelief, fear, responsibility, and pressure during real-life assessments (Gallo et al., 2021b).

The impact is even more profound when a student dies by suicide. In a survey conducted with school counselors who had experienced such a loss, personal impacts included low mood and difficulty managing family responsibility (Stickl Haugen et al., 2021). Professional impacts ranged from heightened vigilance of suicide risk to considering early retirement. School counselors reported relying on colleagues for support, underscoring the need for systemic postvention support resources (Stickl Haugen et al., 2021). In a subsequent qualitative examination of 12 school counselors who had experienced a student death by suicide, a theme that emerged was the enduring emotional impact of the loss. Participants described various emotions associated with grieving and several shared trauma responses such as experiencing flashbacks of the student's death (Stickl Haugen et al., 2023).

## **Self-efficacy and Preparedness**

In a survey of 200 high school counselors, Gallo (2018) found that monthly frequency of assessments, participation on a school crisis team, and comfort with identifying and assessing suicidal students were significant predictors of self-efficacy. Similarly, Becnel et al., (2021) found that after controlling for years of experience, school counselors who had worked with students who attempted suicide reported higher self-efficacy in three out of four suicide assessment efficacy subscales (CSAES; Douglas & Wachter Morris, 2015). School level may also influence self-efficacy. Edwin et al. (2025) found that high school counselors reported greater self-efficacy in addressing cultural considerations during suicide assessment compared to their elementary and middle school peers.

Survey data reveal significant variability in suicide prevention training among school counselors. In a survey of practicing school counselors, 62% reported receiving some graduate-level training while 38% reported none (Becnel et al., 2021). In regard to postgraduate training, nearly one-quarter reported receiving none (Becnel et al., 2021). Despite these training gaps, a strong interest in suicide prevention professional development exists, with 72% of high school counselors in one survey actively seeking this type of training (Gallo, 2018). At the district level, 62% reported that this was provided, yet only half had received it within the past year (Gallo, 2018). The desire for more training was echoed in qualitative research with school counselor trainees, with most participants acknowledging coverage of assessment in their program but few recalling exposure to specific suicide assessment tools and wanting more in-depth coverage (Springer et al., 2020).

## **Purpose and Significance of the Study**

Prior research offers minimal insight into the experiences of school counselors, specifically at the high school level, during SRAs. Such information would improve understanding of the impact of this process on school counselors, and can inform the development and utilization of SRA

approaches. The purpose of this qualitative study was to increase understanding of the lived experiences of high school counselors conducting SRAs with students. It aimed to explore participant experiences with students and the surrounding system, examine current practices, and identify opportunities for enhancing counselor well-being and student safety. The following research question guided the study: How do secondary school counselors experience conducting suicide protocols?

### **Method**

This study aims to provide understanding of the experience of school counselors at the high school level as they conduct suicide protocols. A qualitative approach best supported this research question because of its potential to provide an account of participant experiences and the context within which the experiences occurred (Creswell, 2013). Further, interpretative phenomenological analysis (IPA) allows focus on a particular moment in participants' lived experience and the significance of what has happened (Smith et al., 2009). IPA research involves a double hermeneutic, meaning the researcher makes sense of how the participant makes sense of their experience (Smith et al., 2009). This IPA study fits within the social constructivist paradigm, meaning the researchers acknowledged that participants and researchers construct their understandings of the world and are influenced by their social contexts (Creswell, 2013). Thus, the researchers valued the integration of the participants' perspectives and voices and their self-awareness during all phases of the study (Creswell, 2013). All study procedures were approved by the Internal Review Board (IRB) of the first author's institution and by the participating school district where sampling occurred.

### **Research Team and Researcher Disclosure**

Researchers have a prominent role in social constructivist research processes and must actively understand their biases (Creswell, 2013; Smith et al., 2009). The researcher disclosure statement provides context about research team members and supports the transparency essential to

the qualitative research process (Levitt, 2020). The first author identifies as Caucasian/ Hispanic, cisgender female, heterosexual, in her mid-30s, and a counselor educator. During this research process, the first author was a doctoral student in counselor education and the primary data collector, analyst, and writer. She was a high school counselor with six years of experience employed in the same district as the participants, completed suicide assessments with students regularly, and received the training provided by the district.

The second author identifies as a biracial, Asian-American, heterosexual, cisgender woman in her early 60s. She is a counselor educator with training in clinical mental health counseling and served as a debriefer and methodological consultant and was involved in writing the research report. The third author identifies as a white, cisgender, heterosexual woman. Her scholarship draws insights from working as a school counselor in elementary and high schools, including Title I schools and a school for newcomer immigrant students, regularly conducting suicide assessments and participating in trainings. A fourth team member, who served as a peer debriefer, was a counselor educator and board-certified registered art therapist and licensed professional counselor with no experience in school counseling. The research team's common assumptions included 1) School counselors may have emotional responses to suicide protocols, including anxiety, sadness, empathy, and frustration; 2) Engaging in suicide protocols may affect school counselor wellness; and 3) School counselors may experience a need for additional support or guidance on administering suicide protocols.

### **Participants and Setting**

Smith et al. (2009) recommend a small, purposeful, fairly homogenous sample utilizing participants who can offer insight into the selected phenomenon, with a suggested sample size of between six and 10. The participants for this study met the following criteria: 1) high school counselors, 2) received training in suicide assessments, and 3) administered at least ten (10) suicide



protocols, including a parent/guardian interview component. A local sample was used because of the accessibility of participants, the diversity of the student population being served, and the high rates of adolescent suicide within the district (Anonymous School District, 2020).

After obtaining administrative permission, potential participants were recruited via a school district listserv. The lead researcher conducted informed consent and eligibility screening. Eight school counselors, meeting IPA sample size recommendations (Smith et al., 2009), participated: two males, six females, two Black, one Hispanic/Latino, one Asian American, and four White. Participants' experience ranged from 5 to 17 years. Pseudonyms were used for confidentiality (Table 1).

**Table 1**  
*Participant Demographics*

Participant	Gender	Race/Ethnicity	Years of Experience
Adam	Male	Black or African American	6
Sarah	Female	Hispanic or Latino	11
Jennifer	Female	White	8
Brianna	Female	Black or African American	17
Emily	Female	White	16
David	Male	Asian	7
Sophia	Female	White	5
Elizabeth	Female	White	8

The study took place in a state with one of the nation's lowest mental health access and high adolescent mental illness rates (Reinert et al., 2024). Over 20% of high schoolers reported suicidal ideation and planning (Prinsloo et al., 2024), and suicide was the leading cause of death for youth aged 12-19 (Nevada Coalition for Suicide Prevention, 2023). The state's school counselor-to-student ratio significantly exceeded the national average (ASCA, 2023b). The large, diverse school district, with over 300,000 students (Anonymous School District, 2020), was predominantly Hispanic/Latino, followed by Caucasian, and included significant Black, Multiracial, Asian, Hawaiian/Pacific Islander, and American Indian/Alaska Native representation.

Participants, as district employees, completed a mandatory 3-hour suicide protocol training covering student/parent interviews, data collection, risk assessment, treatment planning, and legal aspects. The district utilized a two-step SRA: an initial screening based on the Beck Scale for Suicide Ideation (Beck et al., 1979), followed by a comprehensive assessment based on the Applied Suicide Intervention Skills Training (ASIST) framework (LivingWorks Education, 2017). Both tools were adapted in partnership with the Nevada Coalition for Suicide Prevention (personal communication, 2018).

### **Data Collection**

To facilitate gaining a detailed account of the participants' experience, data was collected through in-depth, semi-structured interviews (Smith et al., 2009), which used an interview schedule with a limited number of general questions. This provided structure but permitted participants to express their unique experiences freely (Creswell, 2013; Smith et al., 2009), producing the rich, nuanced data required for data adequacy (Morrow, 2005). Two substantial interviews were conducted with each participant, also promoting data adequacy (Morrow, 2005). The second-round interview questions were designed to clarify preliminary themes from the first round of interviews. First and second-round interview questions can be found in Appendix A. The first round of interviews was face-to-face, and the second round was through online Zoom conferencing concurrent with member checking. The first-round interviews ranged from 45 minutes to 1 hour in length, while the second-round interviews were typically 30-45 minutes. All interviews were audio-recorded and transcribed verbatim by the first author.

### **Data Analysis**

IPA data analysis is flexible and helps researchers understand the participants' meaning within a particular context. This occurs through a structured interpretive process of making sense of how participants make sense of their experiences (Smith et al., 2009). Data analysis for this study

involved applying IPA's step-by-step analysis process described by Smith et al. (2009). After transcription, the first author completed the initial noting for each participant's transcript (i.e., reading and rereading the transcripts, making comments in the margins, maintaining a focus on participant experience, and staying close to the participants' words and meanings). The notes functioned to summarize content, make conceptual connections, document impactful language, and identify similarities and differences between data segments (Smith et al., 2009).

After initial noting was completed, the first author examined the notes for each participant to begin identifying patterns, clustering notes, and documenting emerging themes (Smith et al., 2009). As themes emerged, the first author began naming them and organizing them in table form and analytic and summary memos. During this process, the first author frequently checked transcripts to ensure the participants' words aligned with the themes and memos (Smith et al., 2009).

The first author compared individual theme tables to begin cross-case analysis (Smith et al., 2009). During cross-case analysis, the first author looked for patterns of similarities and differences among participants' themes, intending to highlight consistent shared experiences and stay true to the idiographic nature of IPA by honoring individual experiences and variation (Smith et al., 2009). During this process, the first author consulted and compared participant themes, the data, and earlier notes to clarify meaning and ensure alignment with the data. As analysis culminated, the first author created a master table summarizing the cross-case themes and variations within themes. This cross-case table was presented to participants as a part of member checking concurrent with the second-round interview. Responses from member checking and second-round interviews were noted and incorporated into personal themes and cross-case themes, providing validation and elaboration while spurring some restructuring.

Throughout the process, the first author met with the second author using a debriefing model for collaboration. This debriefing model allowed for an increased depth of analysis beyond

consensus models while providing similar management of bias (Levitt, 2020). Accordingly, the first author met weekly with the second author during data analysis to identify biases and alternative conceptualizations. The first author also met twice with the peer debriefer for this same purpose.

### **Trustworthiness**

We attended to credibility, dependability, transferability, and confirmability to promote the trustworthiness of this study (Morrow, 2005). Several strategies were used to increase credibility, including peer debriefing, research reflexivity, and member-checking (Morrow, 2005). Reflexivity, or the process in which researchers critically reflect on their own potential biases and their impact on the research process, was enacted through constructing a researcher disclosure statement commenting on the researchers' experiences, biases, and orientations relevant to the study (Creswell, 2013, p. 251). Critical reflection and identification of bias were also promoted throughout the process through reflexive memoing by the first author, debriefing meetings between the first and second authors, and peer-debriefing.

Peer debriefing uses a disinterested peer to challenge research choices and encourage deeper thinking (Morrow, 2005). The first author presented data analysis products to a peer-debriefer twice during the data analysis process, reflected on feedback, and adapted in response. Member checking involves having participants play a role in data analysis and conclusions. This allowed participants to comment on the accuracy of interpretations and provide corrections and elaborations to the analysis (Creswell, 2013, p.252). The first author presented preliminary themes to participants during the second interview to accomplish this. Participant feedback was considered and incorporated into further data analysis. To promote transferability, the researchers attempted to provide sufficient information on themselves, the research context, processes, and participants to allow readers to determine the applicability of the findings to their contexts (Morrow, 2005). Dependability was accomplished by keeping a detailed audit trail of research activities and processes. The audit trail also

assists in confirmability and researcher reflexivity (Morrow, 2005).

## **Findings**

Data analysis revealed several strong commonalities that described participants' experiences administering suicide screeners and assessments (e.g., suicide protocols). During cross-case analysis, these similarities were developed into five themes: (a) role balance, (b) student-centered focus, (c) emotional impact, (d) collaboration, and (e) preparedness challenges.

### **Theme 1: Role Balance**

Participants in this study believed that conducting suicide protocols was an important part of their role as school counselors. However, they also expressed significant challenges in balancing this responsibility with their other numerous duties. The theme of role balance pertains to the counselors' navigation of their professional identity amidst conflicting demands and the constant negotiation of their various responsibilities.

Participants expressed a strong sense of their professional identity as counselors, reiterating that their role extended beyond administrative tasks to include students' personal, social, and emotional well-being. As David stated, "... I'm not just a counselor who changes schedules; we're actually here for personal, social, and emotional reasons as well." This underscored the counselors' commitment to providing holistic support for students. However, the demanding nature of suicide protocols often caused conflict and strain. Jennifer noted:

If I had a major protocol situation come across my desk now, everything else I'm doing has to come to a stop. All of my attention must focus on that one student. While that is necessary, it does mean that the two areas of high school counseling can clash with each other.

The immediacy and gravity of suicide protocols required an all-hands-on-deck approach, which consequently disrupted other essential counseling functions. All participants spoke about the

difficulties of balancing the responsibilities of their roles. They frequently felt that suicide protocols, while necessary, added to an already heavy workload. As one participant noted, “It almost seems like suicide protocol is like, oh, it's an extra side thing, but really it has become a main thing, and that's what makes it challenging to get all of your tasks done in the day.” All participants echoed this sentiment and described the constant juggling of duties as challenging and stressful. Brian elaborated on this challenge:

...we do a little bit of everything, and so when you're in a situation where you have to do a protocol and then you got a new student that's showing up that needs a schedule, and then you got your admin that needs this, and then you got to answer this email, and the teacher needs you, you know, it takes some craft in trying to balance that.

This balancing act demonstrated the multifaceted nature of the participants' school counselor role and the strain of managing competing demands. The theme of role balance highlighted the inherent tension between the counselors' commitment to student well-being and the practical challenges of managing their workload. While the participants firmly believed in their counseling role and were willing to prioritize suicide protocols, they experienced significant stress and conflict in doing so.

## **Theme 2: Student-Centered Focus**

Despite the multitude of responsibilities they balanced, all participants in this study consistently emphasized their unwavering focus on the student in front of them when conducting suicide protocols. This theme highlighted the counselors' dedication to prioritizing the student's immediate needs, even with competing demands and time constraints. Elizabeth explained:

You can't compare a life with paperwork. The paperwork will get done. So, I think that you can't sit there in a suicide protocol and be thinking of, oh my gosh, what else do I have to do, because I don't think you or your heart is really into it, and I think that student is really going to know.

This reflected the participants' deep understanding of the gravity of the situation and the importance of being fully present for the student. Participants described the seriousness of their work with students who were at risk of suicide. They actively engaged in assessing this risk using essential counseling skills and building rapport and trust with students. They felt it was beneficial to use their counseling skills while working with students during a suicide protocol.

Most participants discussed demonstrating empathy and remaining calm throughout the suicide protocol process. Emily described being present and demonstrating unconditional positive regard by "... trying to remain calm and soft-spoken and asking questions that are more open-ended so it allows them more time to talk about their feelings and not trying to, you know, just kinda over-talk so that they can't share." This highlighted the importance of creating a safe and supportive environment for students in crisis.

The counselors also emphasized the importance of building rapport and trust with students. Jennifer stated, "... if they're resistant to the process, I have to kind of make it organic. Otherwise, they're just going to shut down if it feels clinical." Similarly, David described, "I think it's important for the student to know that we care so then they can actually buy in and listen and get the mental health help that they need." All participants discussed that having rapport and trust with students at risk of suicide allowed the students to be more honest during the screening and assessment process. Elizabeth specified why she established connection first:

Yes. I just feel like there are these steps. Like one is, okay, do this first with this piece of paper and then ask the student these questions.... I just feel it makes the kids just feel so unimportant. And I think, when you have that, and then that's how they're feeling, they're never going to open up to you. They're not going to trust you, and trust is the number one thing you need from them....

The theme of student-centered focus illustrated the school counselor participants' commitment to prioritizing the needs of students at risk of suicide. Despite the pressures of their role, the counselors consistently placed the student's well-being at the forefront, recognizing the potential life-saving impact of their interactions.

### **Theme 3: Emotional Impact**

Participants experienced deep emotional reactions when they conducted suicide protocols, although they were uncertain what feelings would come up each time. Some participants described becoming very emotional during the interview. Brian explained, "... you take on a lot of that raw emotion that comes out, and it does affect you, again, in some way, shape, or form." Reactions experienced by these school counselors during the suicide process included (a) feelings of sadness, (b) feelings of responsibility, (c) feeling compassion fatigue and burnout.

#### ***Subtheme 3a: Feelings of Sadness***

The participants reported experienced heavy feelings while working with students during suicide protocols. Sarah stated, "Some of the students and their stories are tragic and heartbreaking and, you know, sometimes I—what kind of can creep out is, you know, I might get tears in my eyes sometimes because it's horrible to experience suicidal thoughts..." Similarly, Brianna described the feelings she experienced while listening to students talk about their suicidal ideation:

... in terms of... "how likely are you to die on certain types of... suicides if you perform this or do that, and...which causes the most pain, what's the least painful but the most successful way to kill." And it's just really sad that the kids know this so well and have researched it and talk about it with their friends.

#### ***Subtheme 3b: Feelings of Responsibility***



These school counselors felt a high level of responsibility for their students' well-being due to the uncertainty of the outcome in suicidal assessment. All the participants expressed how imperative it was to take each protocol seriously. Sophia described:

You never know if that kid is serious, and they are going to go home and do something.

And maybe that you are the last person they talk to that changes their mind or you give them that five minutes they need or whatever and that could change everything.

They did not feel like their responsibility ended once the protocol was complete. Emily stated, "you feel a big sense of responsibility, you know, once a student leaves your office, depending on the parent's reaction, what's going to happen and is that student going to be safe?" Additionally, participants felt a level of accountability for their work during the suicide protocol process. The same participant said, "... you can always look for a way to be better, but the question is, did I make it better?" Brian stated:

So, there's a huge responsibility once we work through that protocol and we are able to kinda pinpoint the level of risk that, you know, we have with that individual. And, again, there's a lot that comes with it because then it's, am I doing the right thing in ensuring that this kid is receiving the right type of help?

This sense of responsibility was not only professional but also had personal aspects. For some participants, their status as parents affected their experience of responsibility. Sophia stated, "... being that I have my own kids, I...take it more personally, because I start...projecting those things onto [my own kids], thinking, oh my goodness, when they're a teenager, are they going to ... go through these different things?" Brian described how it affected their sense of responsibility during the SRA process, "I would say because I'm a parent and I have kids, it makes me a little bit more sensitive to the need of making sure that I can help the kid to the best of my ability navigate through their situation."

### ***Subtheme 3c: Compassion Fatigue and Burnout***

Participants indicated that the demanding nature of suicide protocols and the intensity of the emotional experiences contributed to feelings of compassion fatigue and burnout. Emily described:

... it's not the most comfortable thing to have to go into, especially when it happens a lot, so you do feel, especially as the school year progresses, a little more burned out with each protocol that you have to do. I've had some weeks where I've had almost a protocol every single day, and then you begin to get kind of, I don't know, almost like fatigued because it is such an emotional experience and then it becomes hard.

Some participants noted that these feelings hindered their ability to apply counseling skills effectively and build rapport. Sophia stated:

... we have them [suicide protocols] so often that...it's almost like you're kinda going through the motions and just trying to be present in the moment and listen to what they say, make sure you hit all the...ask all the questions. But then, as far as developing rapport, it can be difficult because you become a little bit jaded by the frequent or just the amount of suicide protocols.

The theme of emotional impact revealed the emotional challenges faced by these school counselors when conducting suicide protocols. They struggled with feelings of sadness, a sense of responsibility, and the burden of compassion fatigue and burnout.

### **Theme 4: Collaboration**

Participants indicated that when a suicide protocol needed to be completed with a student, they often collaborated with a second school counselor or social worker and notified the administration at the school immediately. This theme articulated the experiences and perceptions of school counselors regarding their collaboration with colleagues and administrators during the suicide protocol process.

***Subtheme 4a: The Second School Counselor***

Participants expressed specific experiences with and feelings about their work with colleagues. Mainly, these school counselors described their perceptions of other counselors' competency with suicide protocols and the flow of the collaboration process. Most participants worried about the efficacy level of some of their school counseling colleagues. Jennifer explained:

I've worked with people who, professionally, they're great, but when it comes to a suicide protocol, they've steamrolled the process and I'm left feeling like I needed to do a lot more follow-up with that student and family to ensure that it wasn't a negative experience.

Emily further described the potential of others not completing a suicide protocol when needed, stating, "...there are certain counselors that won't ask questions, deeper questions that may lead to a suicide protocol.... If a student knows that you care about them and you have a good relationship, they're more willing to open up with you." Building on the importance of school counselors' ability to develop rapport during SRAs, Emily stated, "I would definitely say that I shy away from [collaborating with] the counselors that I don't feel have a good rapport with students because not all counselors do have a good rapport with students, and you can tell that."

In response, the participants described gravitating towards collaborations with counselors with similar counseling styles. Sophia stated, "... we just have kinda that rhythm and—or just that familiarity with each other and each other's style and personality." Many participants described this flow as being imperative to the suicide protocol process and that without it, the student and outcome of the protocol may be affected. Brian explained the contrast between working with more or less efficacious collaborators:

There are some [school counselors] that I just am amazing with, it's just effortless, and when we get in, you know, the energy is good, we understand each other, we don't step on each other's toes. Like I said, it's effortless. And then there's the flipside of that is I've been in a

few where it's not—I don't want to say tension, but you can feel the other person may be uncomfortable, and when that person is uncomfortable, it does change the general dynamic of how the protocol could go.

Interestingly, participants did not describe avoiding collaborations with new counselors. Rather, they reported appreciation for working with new counselors during the suicide protocol process and engaging in a process of meaning making during the collaboration that benefited their own work. Jennifer summarized this, stating:

I feel like it's good for me because the questions that the new counselors have remind[ed] me, “Oh, yeah, I need to look back at this,” or if I can explain it to them in a way that makes sense to me, I can help them and help remind myself of some of the things where maybe I've just kinda glossed over it over the last couple years. So I really love working with new counselors.

#### ***Subtheme 4b: Perceived Support from Administration***

The participants also described their experiences working with administrators. These school counselors expressed strong feelings about the level of perceived support received from their administration, who tend to be their direct supervisors, and the sense they made of this support. All participants discussed the need to have administration understand suicide protocols and provide support throughout the process. Jennifer stated, “Having an administrator who understands the process is invaluable.” Similarly, Sophia stated, “You need to have their support. They need to have your back and understand things...” Further, Brianna described the benefit of having an administrator who understood the impact suicide protocols can have on school counselors, “So I think he was very understanding, and I think he helped and allowed for like mental health days, too, throughout the year just because it's so draining, and it can be really like overbearing and it's just intense...”

Although all participants felt the need for support from their administration, the level of perceived support was lower for some. Sarah described being caught in a dilemma and having to choose between conducting a suicide protocol and completing a mundane administrative request: “To me, I don’t understand what could be more important than that. The kids could go without M&M’s for lunch.” Jennifer described the struggle to make administrators understand, stating:

It can be hard to relay that information to administrators or even other teachers that we're not behind our door playing Solitaire, we're not behind that door entertaining silly conversations with kids, that if we have to get pulled for [a suicide protocol], that takes precedence and priority.

The theme of collaboration highlighted the participants’ valued collaboration with colleagues who shared similar counseling styles and identified a need for understanding and support from their administrators. Effective collaboration was seen as essential for ensuring the well-being of both students and counselors, while collaboration with colleagues with less suicide protocol efficacy and with less supportive administrators placed a strain on the participants.

### **Theme 5: Preparedness Challenges**

The school counselors in this study described feeling that there was not enough training or education about conducting suicide protocols. This theme addressed the counselors' perceptions of their preparedness to handle the complexities and uncertainties of SRA. Specifically, they indicated that the process could feel ambiguous due to its complexity and uncertainty of outcome. The origins and impacts of this ambiguity were evident in other themes, including the emotional response and the school counselor role conflict. Emily stated, “... the reason I feel most comfortable doing the protocol is just because I’ve done so many protocols. It’s not because I feel highly trained in doing protocols.”

The counselors identified several facets of this challenge, including the sense that their initial training and education did not prepare them for the experience of ambiguity, the crucial impact of experience, and the perceived need for ongoing additional training and education. Participants experienced their training and education as not adequately preparing them to handle the ambiguous reality of conducting a suicide protocol. Many noted the training they received was geared to procedures, not necessarily what was occurring with the student. Although understanding the procedural process was necessary, it did not equip them to handle the unclear and unique experience of working with each student. Elizabeth explained:

... we're all trained to—I hate to say this, it's almost like a robotic type of a—we've got to do this, this, this, you know, in a row, by this sequence. And I feel like it's just so unnatural that I think sometimes you have to go with your gut and maybe the experiences you've had. So I think you have to go off of that versus just the training you've had.

Brian further described:

It's laid out, so if you follow it, it's easy for you to get through. The part that is different is, again, you're talking about dealing with a human being. You know, we all have different ways that we rationalize stuff. So that's the part where I don't think it's necessarily taught in the protocol training.

Participants felt that, as new counselors, they were not confident or well trained in handling suicide protocols. Only when they gained experience in administering suicide protocols did they begin to feel more equipped. Emily expressed, “I felt very ill-prepared to deal with such a heavy topic, but, you know, with the experience, I think I feel a lot more confident...”

## **Discussion**

This study explored school counselors' experiences with suicide screening and assessments, revealing five key themes: (a) role balance, (b) student-centered focus, (c) emotional impact, (d)

collaboration, and (e) preparedness challenges. These insights provide a foundation for future research and practice.

### **Role Balance**

The finding that these school counselors viewed SRAs as crucial but struggled to balance these responsibilities with other duties aligns with the research of Gallo & Wachter Morris (2022) and Holman (2019), who found that school counselors manage various tasks beyond individual counseling and that non-counseling duties detract from their ability to address students' academic and social-emotional needs. Furthermore, limited resources and varying school climates impact their capacity to support diverse student populations effectively (Hilts et al., 2025).

### **Student-Centered Focus**

Participants described being committed to an approach that centered connection with students and prioritized their needs during SRAs, which aligns with ASCA's (2025) position on this topic. Participants also noted the importance of building trust and rapport with students, acknowledging that traditional approaches to assessment can feel impersonal and potentially deter students from openly sharing their suicidal feelings. This finding aligns with recent qualitative psychotherapy research by Østlie et al. (2022) and suggests that by fostering trust, school counselors may be able to gather more accurate information and provide better support.

### **Emotional Impact**

School counselors reported experiencing a range of emotions, including sadness, responsibility, burnout, and compassion fatigue when conducting suicide protocols. Participants' feelings of responsibility are comparable to past research with elementary school counselors (Gallo et al., 2021b). Similarly, participant feelings of burnout and compassion fatigue align with literature on mental health counselors working with individuals who are at risk of suicide (Miller et al., 2011). Recent literature (Stickl Haugen et al., 2023) has noted the intense emotional and

physiological responses school counselors experience after a student's suicide. This study's participants also experienced sadness during the process of assessing suicide risk, and discussed feelings of heartbreak, even suppressing tears, while hearing adolescents express their pain, despair, and hopelessness during an assessment.

Research consistently links rising student mental health concerns to increased school counselor burnout, with counselors facing overwhelming caseloads, limited resources, and the emotional burden of supporting students in crisis (Kim & Lambie, 2018). This aligns with these study findings where participants described experiencing burnout and compassion fatigue. This burden is likely to continue as significant percentages of students experience anxiety, depression, and suicidal ideation (Heinrich et al., 2023), demanding proactive responses from school counselors. A unique contribution of this study is that some participants described the interplay of their status as parents with their sense of responsibility and the emotional intensity of conducting an SRA, adding nuance to the understanding of school counselor emotional reactions to working with suicidal students (e.g. Gallo et al., 2021b; Stickl Haugen et al., 2023).

### **Collaboration**

Due to the range of emotions experienced during the protocol process and the importance of rapport and trust with their students, school counselors emphasized the importance of collaborating with colleagues and administrators during the suicide protocol process. They often sought support from specific colleagues due to their counseling styles and experience levels, believing this would improve the accuracy of assessments and student comfort. While collaboration is identified as a protective factor in the suicide prevention literature (Goodman-Scott et al., 2022; Singer et al., 2019), these participants also described concerns about variability in colleagues' ability to establish rapport and engage in student-centered approaches. This affected their willingness to collaborate with some colleagues and added to their own responsibilities.



Participants also highlighted the need for administrative support during SRAs, though experiences with this varied. Some participants reported difficulties with administration, which added to their burden. This finding aligns with Kim and Lambie's (2018) review of factors influencing school counselor burnout. It also suggests that tools such as the ASCA (2023a) *Information Gathering Tool* may be beneficial. By offering a structured framework for conversations with students, parents/guardians, and professional colleagues, such tools may promote more effective collaboration and potentially reduce the emotional strain of SRAs on school counselors. However, it is important to emphasize that the use of such tools does not replace comprehensive suicide prevention strategies or the need for ongoing professional development. School-wide implementation of evidence-based prevention programs, gatekeeper training, and ongoing continuing education are still needed.

### **Preparedness Challenges**

Despite feeling confident in their ability to follow suicide protocols, the school counselors in the sample expressed a lack of adequate training and education to handle the complexities and uncertainties of real-life suicidal situations. This may be related to previous research indicating that individuals with more experience with suicide assessments have higher self-efficacy (Gallo, 2018). The finding that experience helps in handling the ambiguous nature of SRAs is a new and significant finding of this study. Further, the participants emphasized the need for more experience-based training and desired accessible continuing education to address the identified gap. This echoes the findings by Gallo et al. (2021a) that interactive activities about suicide help build self-efficacy in SRA for counselors in training. However, caution must be used in associating confidence with actual judgement, knowledge, and skill (Kahneman et al., 2021).

## Implications

Because of the qualitative nature of this study and the limited sample size, the findings are not intended to be generalized. However, they may be transferable to other school counseling contexts where similar conditions exist (Morrow, 2005). The lived experiences of participants - secondary school counselors who engaged in suicide protocols - suggest implications for practice, support and collaboration, and training and counselor education.

## Practice

Our findings underscore the need to prioritize the counseling role in schools. The theme of *role balance* revealed that SRAs may compete for time with school counselors' other duties and create strain. This aligns with prior scholarship that notes how non-counseling tasks can detract from counselors' capacity to address student needs (Brown & Knight, 2024; Holman, 2019). This theme suggests that school counselors may need to advocate for prioritization of SRAs within environments where non-counseling tasks are predominant as well as engage in effective boundary-setting (Kim & Lambie, 2018).

The theme of *student-centered focus* further suggests that effective suicide assessment depends on counseling skills such as rapport, trust, and empathy (ASCA, 2023a; Gallo et al., 2021b).

Counselors in this study resisted overly procedural approaches, which they sometimes observed in colleagues. They believed that such approaches could limit disclosure and reduce the accuracy of risk assessment. The practice implications include potentially embedding student-centered, relational processes into suicide protocols and reinforcing the counselor's role as both assessor and helper. School counselor advocacy for a student-centered and developmental approach to SRA paired with peer consultation and supervision with colleagues may be beneficial (Becnel et al., 2021).

## **Support and Collaboration**

The theme of *emotional impact* illustrates participants' experiences of sadness, feelings of responsibility, and sense of burnout and compassion fatigue. Several measures could assist in mitigating these effects. Districts could consider monitoring the number of protocols conducted by individual counselors and provide structured supervision, wellness support, and opportunities for peer debriefing (Stickl Haugen et al., 2023). Some participants reported an intensification of these effects due to their parent status. Supervision, support, and debriefing should take this and other potential personalization into account.

The theme of *collaboration* indicated that participants experienced a wide variety in the quality of peer collaboration. Some participants described colleagues who enhanced the process, while others reported that working with less skillful peers created additional follow-up work or even risked incomplete assessments. This suggests the need for consistent standards and training so that collaboration is not dependent on individual style or comfort but reflects shared competence in suicide protocols. Administrators play a critical role in fostering supportive collaboration by validating counselors' expertise and ensuring suicide protocols are understood and supported schoolwide (Stone, 2022), as well as creating an overall environment of effective collaboration based on research (Griffiths et al., 2021).

## **Training and Counselor Education**

The *preparedness challenges* theme suggested that participants believed training emphasized procedural knowledge rather than the ambiguous and relational realities of SRAs. This echoes prior work showing that self-efficacy develops more through repeated experience than through initial training alone (Becnel et al., 2021; Gallo, 2018). Implications for training include providing experiential, high quality role-play, and supervised opportunities that mirror the unpredictability of suicide protocols. The use of artificial intelligence to provide simulations for this purpose could be

explored. Districts and counselor education programs should also ensure ongoing, accessible professional development in suicide prevention that is culturally responsive (Brown et al., 2024).

Implications for counselor educators include preparing future school counselors to manage both the technical and relational aspects of suicide response. Training needs to emphasize building therapeutic alliance, navigating ambiguous situations without clear answers, and addressing the cultural needs of diverse students (Brown et al., 2024). Counselor educators should also attend to preparing counselors for the emotional burden of suicide assessment and for working collaboratively with colleagues of varying styles and skill levels.

### **Limitations**

This study has several limitations. Participants in this study were only a partial representation of high school counselors in a large metropolitan area. Each participant was required to attend the same school district training at least once in their career and utilized the same protocol. However, their educational background, continued education/training, and years of experience in suicide protocols varied, which limits understanding of how secondary school counselors may experience different types of assessments. Additionally, the study may not be generalizable to other school counselor populations due to its qualitative and exploratory nature. However, a detailed description of the context and research process may facilitate transferability to other contexts. Consistent with IPA, the study looked at a limited population in depth (Smith et al., 2009). Another possible limitation was relying solely on Zoom audio conferencing for the second round of interviews as it eliminated the nonverbal communication cues available during the initial face-to-face interviews.

Additionally, this study was conducted by one researcher who collected and analyzed the data. While this approach allowed for an in-depth understanding of the data, it may have introduced bias. To mitigate this, two debriefers periodically reviewed the study design and data analysis process, in an effort to provide additional scrutiny and promote the trustworthiness of the findings.

Member checking was also employed, allowing participants to review and validate the interpretations and conclusions drawn from their interviews, further enhancing the study's trustworthiness.

### **Future Research Directions**

Future research should further examine the experience of school counselors conducting SRAs with students, especially now that the ASCA (2023a) *Information Gathering Tool* has been published. The school counselors in this sample follow a specific protocol process, using a suicide screener and assessment tool to assess the suicide risk of a student. It would be useful to compare the experiences of school counselors utilizing the ASCA (2023a) *Information Gathering Tool*, those using a different specific assessment instrument, and those who do not have either in place. This could be done by exploring this work with school counselors at multiple schools, including those at the elementary and middle school levels, and school counselors in different regions across the United States. Additionally, it is important to examine how the emotional impact of conducting suicide protocols potentially impacts the efficacy level of the assessment. Another area to consider is the development of effective collaborations with school counselor colleagues and the administrative team, as this seems to play a role in the process. Lastly, it is essential to note the school counselors in this sample follow a specific protocol process, using a suicide screener and assessment tool to assess the suicide risk of a student. However, many schools nationwide do not have a protocol in place. It would be important to explore the experience of school counselors who do not have a guide or tool to follow when they assess a student for suicide.

### **Conclusion**

This qualitative study revealed five themes derived from the experiences of secondary school counselors administering suicide protocols: role conflict, student-centered focus, emotional impact, collaboration, and preparedness challenges. Participants prioritized student needs despite time constraints and the emotional impact, which included sadness, responsibility, burnout, and

compassion fatigue. Some participants found collaboration with colleagues and administrators to be essential, teaming with specific colleagues and emphasizing the need for administrative support. However, collaboration and support were not uniform in quality. Despite feeling confident in their ability to conduct SRAs, these secondary school counselor participants expressed a lack of adequate training to handle the complexities of real-life situations, highlighting the need for more experience-based training and accessible continuing education. These findings reinforce existing scholarship on the impact of SRAs on school counselors, the importance of collaboration and support, and the need for improved training to better equip school counselors in their suicide prevention efforts. They provide specific descriptions of secondary school counselor experiences of SRAs within a large, diverse, metropolitan school district with standardized practices as well as unique descriptions of school counselors' collaboration choices and the interplay of identity, responsibility, and emotional impact.

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## **Appendix A**

### **Round 1 Interview Questions**

1. How many years have you been a school counselor?
2. What type of education and training have you received for suicide protocols?
3. How many suicide protocols would you estimate you complete in a school year?
4. How would you describe your experience of conducting suicide protocols with a student?
5. How would you describe your feelings when conducting suicide protocols with a student?
6. How do you experience the training you've received in suicide assessments while conducting suicide protocols on a student?
7. How do you experience the student during the suicide protocol?
8. How do you experience yourself during the suicide protocol?
9. How do you experience your work with staff/administration during the suicide protocol process?
10. Is there anything else you would like to add that I didn't ask about that would help others understand how you experience?

### **Round 2 Interview Questions**

1. What is your experience in obtaining additional training on suicide protocols?
2. How do you experience your counseling skills during your work with a student in a suicide protocol?
3. How do you experience building of rapport with students as part of the suicide protocol process?
4. What is your experience/feelings around balancing other duties as a school counselor during a suicide protocol?
5. How does your own life experience come into work during a suicide protocol?
6. I noticed some participants having feelings around working with specific counselors on suicide protocols. Can you share your experience or feelings on this?