



# Suicide Information- Gathering Tool (SIGT)

Dr. Wendy Rock, Associate Professor, Southeastern Louisiana University, Chair, ASCA Ethics Committee

Dr. Haley Wikoff, Assistant Professor, Western Illinois University, Co-Chair, ASCA Ethics Committee

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## LEARNING OBJECTIVES

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After attending this session you will be able to:

- Access the suicide information-gathering tool, and discuss why this tool was developed and needed for school counselors
- Highlight the nonnegotiable items related to addressing suicide concerns
- Describe best practices in using the suicide information-gathering tool as part of a collaborative process to respond when students are identified as at-risk for suicide



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## FACTS AND STATISTICS

According to the American Foundation for Suicide Prevention, suicide is

- a public health problem that can be prevented
- the 2nd leading cause of death for ages 10-14
- the 3rd leading cause of death for ages 15-24

Based on the most recent Youth Risk Behaviors Survey from 2021, 10% of youth in grades 9-12 reported they had made at least one suicide attempt in the past 12 months.



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## ACCORDING TO THE AMERICAN FOUNDATION FOR SUICIDE PREVENTION

- A CRISIS OFTEN LASTS MINUTES.
- A MOMENT OF INTENSE PAIN AND HOPELESSNESS CAN GENERATE IMPULSIVE SUICIDAL BEHAVIOR.
- LIMITING ACCESS TO LETHAL MEANS CAN SAVE A LIFE.
- SUICIDAL THOUGHTS PASS.
- IF A PERSON CAN MAKE IT THROUGH A SUICIDAL MOMENT, THEY MAY NOT GO ON TO MAKE A SUICIDE ATTEMPT.
- 90% OF PEOPLE WHO DIE BY SUICIDE HAVE A MENTAL HEALTH CONDITION.
- DECISION-MAKING IS AFFECTED.
- BRAIN IMAGING AND BEHAVIORAL STUDIES SHOW THAT, FOR SUICIDAL PEOPLE, THINKING IS LESS FLEXIBLE AND MORE NEGATIVE.

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## RATIONALE



- Current requirements are paperwork-centered vs. *student-centered*.
- Occasionally school counselors are required to use assessments on which they have no training.
- Extensive protocols are nearly impossible to implement with fidelity in a school setting.



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# RATIONALE



- Current assessment processes depend on students being honest in their responses
  - Students may have:
    - denial,
    - rationalization,
    - intellectualization.
- Students may employ conscious defenses that lead to inaccurate information, including:
  - the student not wanting to be stopped,
  - the student not wanting to go to a hospital,
  - personal beliefs that suicide is wrong, immoral or a sign of weakness,
  - the student not wanting to be perceived as “crazy,”
  - the student not believing anyone can help.
- Additionally, because suicide attempts can be impulsive, suicidal ideation may not be present (Shea, 2009).



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## AMERICAN PSYCHIATRIC ASSOCIATION (APA)

The APA Practice Guideline for the Assessment and Treatment of Patients With Suicidal Behaviors (2003) states, “Self-report rating scales may sometimes assist in opening communication with the patient about particular feelings or experiences. In addition, the content of suicide rating scales...may be helpful to psychiatrists in developing a thorough line of questioning about suicide and suicidal behaviors. However, existing suicide assessment scales suffer from high false positive and false negative rates and have very low positive predictive values. As a result, such rating scales cannot substitute for thoughtful and clinically appropriate evaluation and are not recommended for clinical estimations of suicide risk.”

**Note:**

The guidance here is 20 years old and could no longer be correct. Additional guidance from the APA has not been published.

[https://psychiatryonline.org/pb/assets/raw/sitewide/practice\\_guidelines/guidelines/suicide.pdf](https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/suicide.pdf)

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## RESEARCH



- In a press release for 2016 meta-analysis of 365 studies spanning 50 years, lead researcher Joseph Franklin, PhD, of Harvard University stated that “science could only predict future suicidal thoughts and behaviors about as well as random guessing. In other words, a suicide expert who conducted an in-depth assessment of risk factors would predict a patient’s future suicidal thoughts and behaviors with the same degree of accuracy as someone with no knowledge of the patient who predicted based on a coin flip” (American Psychological Association, 2016).
- In a 2017 study examining 40 years of suicide riskassessment research, 95% of patients assessed as high risk did not die by suicide; however, 50% of patients assessed in lower-risk categories did die by suicide (Large et al., 2017).
- In a study of 157 patients who died by suicide, 67% of the deceased had denied suicidal ideation during an assessment given within two days of their death (Berman, 2018).
- A 2018 study found that 13 individuals, nearly 20% of those studied, who attempted or died by suicide were assessed as low risk (Mamrol, 2018).

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## WHY WAS THE SIGT DEVELOPED?

- School counselors report challenges as it pertains to suicide risk assessments
- Some school districts are requiring school counselors to follow extensive protocols that are not ideal for school settings
- Other school counselors report little to no resources for a risk assessment process

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# WHAT IS THE SUICIDE INFORMATION GATHERING TOOL?

**Information-Gathering Tool: Suicide Concern**

**Background:**

- School counselors report multiple challenges when implementing risk or support plans for students at concern, including:
  - Resources are frequently limited or system-related.
  - Existing protocols are rarely consulted or followed with fidelity in a school setting.
- Students may face:
  - a crisis
  - verbal abuse
  - social isolation
- Students may witness serious behaviors that lead to suicide ideation, including:
  - the student not wanting to go to school
  - the student not wanting to go to a hospital
  - personal threats that include a warning, threat, or a sign of distress
  - the student not wanting to be dismissed as "hoax"
  - the student not wanting anyone to help
- Additionally, beyond suicide ideation, it is increasingly possible that some may be aware (Davis, 2008).

**Research:**

- Research shows risk assessment screening and potential crisis supports impact suicide outcomes.
- In a case release for 2019 study analysis of 888 students spanning 10 years, lead research team, Franklin, Ph.D., of Fairleigh Dickinson stated that "counselors would likely provide future suicidal ideation and behaviors about as well as random screening in other schools, as a result of their comprehensive training, assessment of risk factors would predict a pattern for risk suicide thoughts and behaviors with the same degree of accuracy as evidenced with our knowledge of the practice of professional based on a case file" (American Professional-Schools, 2019).
- In a 2017 study examining 60 years of suicide risk assessment research, 26% of patients assessed as high risk did not die by suicide. However, 10% of patients assessed as lower risk subsequently died due to suicide (Gomez, W., et al., 2017).
- In a study of 100 patients who died by suicide, 47% of the deceased had received mental healthcare during an assessment phase within two days of their death (Herman, 2016).
- A 2016 study found that 12 individuals, nearly 50% of those studied, who attempted or died by suicide were assessed at low to the (Simpson, 2016).

**View the School Counselor's Critical Responsibility**

ASCA School Counselor's Critical Responsibility

ASCA School Counselor's Critical Responsibility

ASCA School Counselor's Critical Responsibility

- In the spring of 2023, ASCA developed the [Information-Gathering Tool: Suicide Concern](#).
- This is a toolkit to help school counselors engage in a conversation with students who have expressed suicidal ideation or have been engaging in self-harm.
- This tool was developed as a resource that can be adapted to fit with district/building protocols that are already in place.

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## Toolkits, Frameworks & Resources

ASCA publishes a number of toolkit and framework documents, frequently collaborating with other organizations on topics of importance.

Additionally, ASCA gathers appropriate resources for school counselors to access relating to current issues.

**IN THIS SECTION**

**TOOLKITS, FRAMEWORKS & RESOURCES**

- Help Students in Emerging Times Resources
- After a School Shooting Resources
- Anti-Racism Resources
- Back-to-School Resources
- Career Conversation Starters
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<https://scholarworks.org/Publications/Research/Publications/ASCA-Resources/Suicide-Prevention-and-Response>

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## Suicide Prevention and Response

### ASCA Resources

**Framework: Model School District Policy on Suicide Prevention**  
This document from ASCA, the American Foundation for Suicide Prevention, the National Association of School Psychologists and The Trevor Project, outlines model policies and best practices for school districts to follow to protect the health and safety of all students. It is critically important that school districts have policies and procedures in place to prevent, assess the risk of, intervene, and respond to youth suicide behavior.

**Toolkit: Information Gathering Tool: Suicide Concerns**  
This suicide informational questionnaire is a guide for having a conversation with a student, not an interview. The priority is to connect with the student and the student's immediate concerns and needs. Also available in Spanish.

**Guide: A Quick Guide to Support Students with Suicide Risk**

**Position Statement: The School Counselor and Suicide Risk Assessment**

**Position Statement: The School Counseling and Suicide Prevention Assessment**

**Webinar: Legal and Ethical Considerations, District Work & Informational Gathering**

**Webinar: Model School District Policy on Suicide Prevention**

**Webinar: Suicide Risk Assessment Panel (Legal Talk to School Counselors)**

**Webinar: After a Suicide: A Toolkit for Schools**

**Webinar: Suicide Prevention for LGBTQ+ Youth**

**Webinar: Suicide Prevention and Mental Health During COVID-19**

**Magazine article: Assessment and Third-Party Software Alerts for Suicide Risk**


**Magazine article: Suicide Assessment: The Medical Professionals Address School Counselor Tools**

**Other Resources**

**American Foundation for Suicide Prevention**  
Resource for Youth Suicide and Prevention: Strategies for Community and School Settings

**Suicide Prevention Resource Center**  
After a Suicide: A Toolkit for Schools

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## WHAT DO THE ETHICAL STANDARDS SAY?

### A.9. Serious and Foreseeable Harm to Self and Others

- a. Inform parents/guardians and school administration when a student poses a risk of harm to self or others.
- a. Recognize the level of suicide risk (e.g. low, medium, high) is difficult to accurately quantify. If required to use a risk assessment, it must be completed with the realization that it is an information-gathering tool and only one element in the risk-assessment process, when reporting risk-assessment results to parents/guardians, school counselors to not negate the risk of students' potential harm to self even if the assessment reveals a low risk, as students may minimize risk to avoid further scrutiny and/or parental/guardian notification. The purpose of reporting any risk-assessment results to parents/guardians is to underscore the need for parents/guardians to act, not to report a judgement of risk.

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When a student exhibits warning signs, always ask directly about suicide, such as:

- "Are you thinking about killing yourself?"
- "When people are upset as you seem to be, they sometimes wish they were dead. I'm wondering if you're feeling that way too?"

Use developmentally appropriate language to ask if the student has a plan – e.g., "Have you thought about how you would die?"

Address your district's information-gathering protocol with these goals in mind:

- **Develop connection** with the student.
- **Identify warning signs and risk factors** causing suicidal thoughts.
- **Identify protective factors**, or sources of strength, that help the student through hard times.
- **Share the information gathered with parents/guardians** (hard copy is recommended over electronic to better protect confidentiality) and avoid using language like "low risk" and "high risk." Refrain from quantifying risk. Do not minimize the risk.
- **Equip parents/guardians with local resources**, including follow-up email with phone numbers and links to crisis hotlines, local support agencies, etc.
- **Consult throughout the process** with other school-based mental health providers (e.g., school psychologist, social worker), administrator and others as applicable (e.g., nurse, school resource officer), Cal-CRS if applicable. Document consultation efforts.
- **Follow up as you see fit** and build a safety plan alongside parents/guardians, if applicable.

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# SUICIDE INFORMATIONAL QUESTIONNAIRE

- 4-step process
  - Student conversation
  - Parent/Guardian Conversation
  - Student Support Plan
  - Final checklist
- Fillable PDF (to be adapted to your school or district)
- Can serve as documentation



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## HOW TO USE THE TOOL

Student Conversation

Parent/Guardian Conversation

Suicide Informational Questionnaire Sample

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## STUDENT CONVERSATION

- Key points:
  - not an interview
  - not a form for the student or parent to complete
  - IS an opportunity to have a conversation and connect with a student
- Explain confidentiality and limits of it
- Explain your professional and legal obligation in situations where students might be a danger to themselves or others

Student Conversation	
<p><b>Document the student's description of the problem (i.e., school, home, friends, recent withdrawal, depression, etc.)</b></p> <ul style="list-style-type: none"> <li>• Are there people or things bothering you, harming you (bullying, harassment, family issues, a sense of loss or failure, emptiness, gang issues, substance) or that are threats to you?</li> <li>• Have you experienced any recent changes, such as difficulty sleeping, changes in your appetite, withdrawing from your friends or family, or a lack of interest in your preferred activities?</li> </ul>	Notes
<p><b>Have you been thinking about dying by suicide?</b></p> <ul style="list-style-type: none"> <li>• Have you ever had thoughts about wishing you were dead or could go to sleep and not wake up?</li> <li>• Do you wish you weren't alive anymore?</li> <li>• Have you had thoughts about killing yourself in the past. How recent?</li> </ul>	Notes
<p><b>If you, how do you envision dying? Do you have any intention to carry out your plan?</b></p> <ul style="list-style-type: none"> <li>• Have you decided how or when you would kill yourself?</li> <li>• Have you planned out how you would do it? (If yes, where? What is your plan?)</li> <li>• Do you have access to any of the things in your plan?</li> </ul>	Notes
<p><b>What makes you happy? What are you looking forward to in the future?</b></p> <ul style="list-style-type: none"> <li>• What is going well?</li> <li>• Are there supportive people at home?</li> <li>• How about your teachers?</li> <li>• Are you in touch with your friends?</li> <li>• What do you like to do in your free time?</li> <li>• What activities, organizations, community, religion, etc., are you involved in?</li> </ul>	Notes
<p><b>Who are people you feel comfortable reaching out to if you are having a hard time? (Collect names and phone numbers, if possible.)</b></p> <ul style="list-style-type: none"> <li>• Which adults do you know who you can trust and talk to and are available? What are their names and phone numbers?</li> <li>• Are there other people in your life, such as friends, siblings or relatives who are supportive and/or helpful distractions? How do you contact them? (Do not collect sensitive names and phone numbers.)</li> </ul>	Notes

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## ADDITIONAL CONSIDERATIONS

- Always consult with a knowledgeable colleague when making decisions about how to best support a student.
- Involve supportive family members.
- Directly ask student about
  - suicide,
  - access to means,
  - safety and support planning with significant others.
- If they express concern, reassure the student they are not in trouble and they are not burdening you.
- Don't pressure the student to answer questions, get information from other sources (teachers/parents or guardians) if needed.

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## INFORMATION TO COLLECT

- Key demographics: student name and/or ID number, grade level, gender and race/ethnicity
- Why the student was referred
- Warning signs
- Risk and protective factors



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## CONCEPTS TO EMPHASIZE

- All people have emotional highs and lows. Problem-solving is possible, one issue at a time. (Do not minimize student feelings.)
- People care about you, and you are not a burden.
- There is hope for the future.
- You are not alone.



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# CONTACTING PARENTS

- When there is concern about suicide risk, informing a parent/guardian is an integral part of the process.
- Parents/guardians are key partners in supporting students who are experiencing suicidal ideation, providing crucial information and connecting the student to outside resources.
- Every effort should be made to partner with the parents/guardians regarding their student.



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Summarize the student conversation with the parents/guardians.	Notes
<ul style="list-style-type: none"> <li>• Is this surprising to you, or have you had some similar concerns? Please explain.</li> </ul>	
Has your child ever mentioned thoughts of suicide or dying? If so, when and how often? Is there a history of self-harm or suicide?	Notes
<ul style="list-style-type: none"> <li>• Have you noticed any expressions, expressions of feelings or behaviors that occur specifically when the student starts thinking/talking about suicide?</li> <li>• How do you feel your child is doing? Have you had concerns about your child's mental health?</li> </ul>	
Have you noticed any changes in behavior, sleep patterns, engagement or stress levels? Any major life changes or stressful events?	Notes
<ul style="list-style-type: none"> <li>• Some people experience depression or irritation when they are feeling emotional distress or isolation. Some people feel disconnected or hopeless. Some have trouble getting out of bed or getting dressed. Have you noticed any warning signs in this regard?</li> <li>• How has the past year been for your family and your student? Sometimes even small life changes can affect one's ability to cope.</li> </ul>	
Talk through access to lethal means and safety proofing the home.	Notes



# PARENT CONVERSATION

- Non-negotiables:
  - Call parents/guardians
  - Call child protective services if appropriate
  - Do not minimize the situation
- Avoid assessing or quantifying level of risk with parents/ guardians, particularly the urge to comfort or assure them the student is low-risk.
- Be ready to provide some culturally appropriate resources for parents/guardians, but also understand that the information might be overwhelming to them.

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## ADDITIONAL CONSIDERATIONS

- Students may be worried about their parents hearing about suicidal ideation.
- Give students as much control (developmentally appropriate) as possible in how the conversation with parents will go.
- Observe the parents'/guardians' reactions and respond accordingly in a supportive way.
- To be culturally responsive, it is essential to understand and incorporate relevant cultural factors while avoiding stereotypes. Be open-minded and engaging.
- Make sure to establish rapport before launching into questions.
- Emphasize to parents/guardians that peer reports should be considered reputable sources. Peer reports may contain information that a student is unlikely to report to an adult because students often confide in peers rather than adults regarding personal or sensitive information.


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## STUDENT SUPPORT PLAN

- Identify strengths and protective factors
- Identify risk-factors and warning signs
- Contact parent (document the date and time)
- Interventions to consider if appropriate
  - Give the student and parent/guardian crisis resources to add in the student's phone
  - Encourage the student to talk to trusted adult
  - Provide the student with a pass to see school counselor, school psychologist, school social worker as needed and/or visit breakroom/wellness room as needed
  - Provide student and family with hard copy and email of community resources
  - Review crisis and community resources
  - Encourage student to work with trusted adult to develop a sleep, nutrition and/or exercise routine
  - Identify designated safe places for potential break times
  - Alert school staff on a need-to-know basis regarding safety and supervision
  - Assist student and family in identifying and further developing activities, relationships or experiences of value that increase protective factors
  - Discuss safety proofing home and all environments that student frequents to secure/remove all lethal means of suicide
  - Contact emergency or crisis services as needed
  - Other



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## FINAL CHECKLIST

- Notify and involve administration
- Contact parents/guardians (non-negotiable) unless the suicidal ideation appears to be a direct result of abuse/neglect (e.g., incest), at which time you call child protective services
- Provided resources to family
- Time-stamp and date communication with parents/guardians
- Administrator notification (name/time/date)
- Supporting documents (as appropriate, i.e., suicide note, concerned emails, peer or teacher referrals, etc.)

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# RESOURCES

1. [ASCA Toolkit: Suicide Prevention and Response](#)
2. [Model School District Policy on Suicide Prevention](#)
3. [Information Gathering Tool: Suicide Concern](#)
4. [Quick Guide to Support Students with Suicidal Ideation](#)

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# KEY TAKE AWAYS



- We have an ethical responsibility to respond to situations of serious and foreseeable harm.
- It is difficult to accurately quantify risk, but we must communicate with parents/guardians and underscore the need for them to follow-up.
- It is important to work with building/district leaders to have a protocol for how school counselors are involved in a risk assessment process.

