

A Wrap Around Approach to Suicide Prevention in Schools: It's not just School Counselors....

Tahani Dari
University of Detroit Mercy

Jan Gay
St. Bonaventure University

Follow this and additional works at: <https://trace.tennessee.edu/tsc>



Part of the [Counselor Education Commons](#)

Recommended Citation

Dari, Tahani and Gay, Jan () "A Wrap Around Approach to Suicide Prevention in Schools: It's not just School Counselors....," *Teaching and Supervision in Counseling*. Vol. 4 : Iss. 2 , Article 9.

<https://doi.org/10.7290/tsc04q91z>

Available at: <https://trace.tennessee.edu/tsc/vol4/iss2/9>

This article is brought to you freely and openly by Volunteer, Open-access, Library-hosted Journals (VOL Journals), published in partnership with The University of Tennessee (UT) University Libraries. This article has been accepted for inclusion in *Teaching and Supervision in Counseling* by an authorized editor. For more information, please visit <https://trace.tennessee.edu/tsc>.

A Wrap-Around Approach to Suicide Prevention in Schools: It's Not Just School Counselors

Tahani Dari, Jan Gay

<https://doi.org/10.7290/tsc04q91z>

The prevalence of suicide among children and adolescents is alarming. According to the Centers for Disease Control and Prevention (2020), suicide is the second leading cause of death among youth ages 10–19. Schools are one of the main providers of mental health support for students (O'Neill et al., 2021). Similar to school-based mental health counselors, psychologists, and social workers, school counselors are trained and prepared in suicide risk assessment and intervention. Mental health issues, however, require collaborative approaches that address the complex factors impacting youth, such as the impact of the dual pandemics of COVID-19 and racial injustice. The purpose of this article is to enhance considerations offered by Gallo and Wachter Morris (2022) in their article “Suicide Intervention in Schools: If Not School Counselors, Then Who?” by positioning a wrap-around approach as a necessary component of culturally responsive suicide assessment and intervention and to provide training implications for counselor educators.

Keywords: wraparound services, suicide intervention, school counseling, multicultural considerations

Suicide prevention is an important issue for K–12 education. A recent report issued by the Office of the Surgeon General (2021) highlights the significant mental health challenges that children and adolescents face. Prior to the COVID-19 pandemic, nearly 20% of U.S. children between the ages of 3 and 17 had some type of mental, emotional, developmental, or behavioral disorder. At the high school level, the number of students reporting feelings of sadness or hopelessness increased by 40% between 2009 and 2019. The COVID-19 pandemic has further exacerbated these mental health issues.

Two recent articles, titled “Suicide Intervention in Schools: If Not School Counselors, Then Who?” (Gallo & Wachter Morris, 2022) and “Suicide Assessments: The Medical Profession Affirms School Counselors’ Truth” (Stone, 2021), highlight critical points regarding the importance of suicide prevention and ethical considerations for school counselors. In this response to Gallo and Wachter Morris (2022), we seek to enhance the conversation around this topic by expanding upon relevant multicultural and social justice considerations and

by proposing a collaborative “wrap-around approach” that pulls on the strengths of community and collaborators to support students with suicidal ideations. In the wrap-around approach, families are involved in the development, implementation and monitoring of individualized plans, thus addressing the needs of children, youth, and families by incorporating all perspectives (Bruns et al., 2004). We agree with Gallo and Wachter Morris (2022) that school counselors are trained and prepared in similar ways as others in the helping professions, including school-based mental health counselors (i.e., mental health counselors, school psychologists, school social workers). When counselors are trained to utilize a culturally responsive wrap-around approach, which can help support children at home, at school, and in their community, they can redirect their roles to better serve all youth (Lenz et al., 2021). Mental health issues require collaborative approaches that address the complex factors impacting youth. Every professional in the community is essential in reducing risk factors, and increasing protective

factors for suicide (U.S. Department of Health and Human Services, 2021).

Can Wrap-Around Services Produce Better Outcomes for Those At Risk?

Wrap-around services are not a new concept (Bruns et al., 2004; Lenz et al., 2021), and they fit well within the Positive Behavioral Interventions and Supports (PBIS) and Multi-Tiered System of Supports (MTSS) framework within a comprehensive school counseling program (Ziomek-Daigle et al., 2016). The wrap-around services team is comprised of a collaborative group of members including, but not limited to, individual family members, community members, social workers, teachers, probation officers, counselors and other relevant parties. This approach differentiates itself from the other services by emphasizing the cultural component within the treatment services. For example, integrating a student's worldview and resources from their culture as a potential protective factor (Napoleon et al., 2009). There is evidence that collaborative care is an effective route to treat depression and reduce suicidal thoughts (Grigoroglou et al., 2021). Utilizing this culturally relevant, strength-based, and family-centered approach allows school counselors to embrace their roles as a critical bridge between school and community mental health services and, in collaboration with other mental health professionals, play a paramount role in addressing the current mental health crisis. To ensure school counselors are enacting this approach, it is important to embrace the Multicultural and Social Justice Framework (MSJCC; Ratts et al., 2016). One way school counselors can carry this out in practice is by providing children, youth, and their families the option of culturally and/or linguistically matched professionals when providing referrals for additional counseling services.

Culturally responsive approaches ensure that communities are cocreating evidence-based services and that services are based in the community's culture (Lenz et al., 2021). The team of collaborators in this process must implement these culturally responsive services in relation to the community and its infrastructure (Bartlett, 2018;

Bryan & Holcomb-McCoy, 2004). Therefore, a culturally responsive wrap-around can be designed in a way that will address the supports and services for the specific needs of each culturally diverse group, creating a complete process of inclusion for all populations (Fletcher & Tan, 2021). The aim of this process is to assist individuals, families, and communities while building a rapport within these communities by valuing and integrating all cultures and belief systems (Bartlett & Freeze, 2018). In using cultural competence through the integration of wrap-around services, providers and community members alike can benefit from looking through an inclusive lens of diversity, which can provide equal services for all. In this case, culture is perceived through the lens of the family's culture and is viewed as a protective factor that is respected where families discover fulfillment in their culture and identity rather than viewing it as a deficiency.

Multicultural Considerations of COVID-19 and Racism on Suicide

As Stone (2021) pointed out, the prevalence of suicide among children and adolescents is alarming. According to the Centers for Disease Control and Prevention (2020), suicide is the second leading cause of death among youth ages 10–19. Furthermore, recent increases in racial injustices have exacerbating effects on minoritized youth. For example, suicide rates among Black children below age 13 are increasing, with Black children nearly twice as likely to die by suicide compared to White children (Office of the Surgeon General, 2021). Scholars have also identified the impact of COVID-19 on the mental health of youth (Holmes et al., 2020; Nearchou et al., 2020); thus, the dual impact of the COVID-19 pandemic and racial injustice, which have been called the dueling pandemics (Jones, 2021), has further increased suicide rates. Schools are one of the main providers of mental health support for students (O'Neill et al., 2021), but the implementation of social distancing policies and shift to virtual schooling has limited access to in-person counseling services for youth and adolescents (Szlyk et al., 2020). As Stone (2021) posited, the impact of COVID-19 on youth suicidality may differ based on individual

backgrounds but could be based on ongoing race-based trauma (RBT).

RBT stress, especially as experienced by African-American people, stems from encounters with racism at the individual and institutional levels and can negatively affect physical and mental health (Carter, 2007). Research shows that adolescents from marginalized communities are more likely to have school-related problems due to their exposure to stress and trauma that negatively affect their executive functioning (Mendelson et al., 2015). Furthermore, sociocultural dynamics that affect the academic achievement of African-American students are rooted in historic and ongoing racial and cultural discrimination (Rust, 2019). In addition to the impact on academic achievement, longstanding institutional racism also impacts other student domains, including social-emotional wellness, and future postsecondary and career trajectories (Alvarez, 2020).

Considering Race-Based Trauma in Training and Delivering Wrap-Around Support

School counselors are trained professionals who can enhance the mental health of all students with the implementation of a comprehensive school counseling program, which includes suicide risk assessment (Granello & Zyromski, 2018). The Council for Accreditation of Counseling and Related Education Programs standards (CACREP, 2015) include procedures for assessing and managing suicide risk as a core requirement for programs. Thus, meaningful implications could include increasing school counselor knowledge, skills, and self-efficacy in children, and youth suicide risk assessment should be a continued goal for training programs (Gallo et al., 2019). In one study, Schmidt (2016) found a link between counselor preparedness in suicide assessment and self-efficacy in assessing suicide risk with children and adolescents. Tangentially, given the intersectionality of race, trauma, and suicide risk, school counselors should be trained to consider symptoms of RBT when assessing students of color for suicide risk, and it is imperative that school counselors receive specific training on the mental health effects of RBT on children and youth of

color to fulfill the need for multiculturally competent school counselors who can understand its effect.

Both the American Counseling Association (ACA) and American School Counseling Association (ASCA) codes of ethics and professional standards call for school counselors to maintain multicultural competence (ACA, 2014; ASCA, 2016). Related, the ASCA professional standards and competencies state that school counselors should demonstrate leadership (B-PF7-b), cultural competence (B-PF6), and family and community involvement in a crisis situation (B-SS6-c; ASCA, 2014). In addition, counselor educators are ethically obligated to train aspiring counselors to assess their clients' welfare (ACA, 2014). Therefore, we recommend including RBT in training programs (e.g., crisis intervention and/or trauma informed courses) to increase awareness of RBT. Trainees should become familiar with important principles related to racial trauma and strive to understand the potential impacts it has on children and youth from all backgrounds.

The MSJCC, as discussed earlier, is one framework that could allow school counselors to integrate RBT in suicide assessment and prevention (Ratts et al., 2016), as it encourages an understanding of clients' experiences from an intersectional perspective. Furthermore, School Counselors in Training (SCIT) should take a critical perspective on suicide prevention curricula to ensure that they are culturally responsive and should consider the diverse identities of their students. Lastly, it is important that SCIT are prepared to work collaboratively with parents to respond to students experiencing crisis or who are at risk for suicide. Counselor educators can train SCIT with multicultural and social justice counseling competencies to promote parent empowerment and reduce the stigma that some marginalized parents have toward schools while creating a collaborative approach to supporting children at home and at school (Bryant et al., 2018).

In our current national mental health crisis, we must collaboratively ask how we can best serve students in a crisis. The wrap-around approach

requires collaboration with other disciplines inside and outside the school setting. Counselor educators can educate trainees on the different roles of other helpers in the school (e.g., overlap and differences), as it is imperative to enhance teamwork, which can allow educators to create projects that encourage collaboration with other disciplines within the school (e.g., service-based). In addition, counselor educators, school counselors, and other collaborators might consider Community Based Participatory Research (CBPR; Dari, 2019, 2022) in using best practices with collaborative approaches. By incorporating wrap-around models with existing approaches, such as CBPR, educators can help to develop reflective group facilitation and provide the skills and the abilities to create strong partnerships through collaboration, which requires flexibility, cultural humility, and persistence. These collaborative relationships — such as, but not limited to, community leaders, case workers, mental health professionals, special education teachers, English language teachers, and/or resource officers — could potentially enhance a school counselor's role within wrap-around services in mitigating suicide risk by identifying and facilitating the necessary care for children, youth, and families. However, we should consider how to incorporate CBPR into existing frameworks, such as MTSS and CSCP, in order to create a holistic, integrated wrap-around approach that embraces multiple collaborative efforts.

Conclusion

School counselors receive the same level of risk assessment training as other helping professionals, and as the prevalence of suicide increases among youth and adolescents, it is imperative that school counselors embrace holistic approaches, such as culturally responsive wrap-around services, to support students and provide suicide prevention. With increased racial injustices impacting students of color and their academic outcomes, school counselors should recognize and understand the impact and symptoms of RBT. This article advocates using the MSJCC framework as the first step to being able to provide culturally responsive suicide prevention. Likewise, introducing an array of collaborative approaches (e.g., MTSS, CSCP,

wrap-around) enhances collaborative efforts when working in interdisciplinary teams by sharing a common language. Little research exists around culturally responsive wrap-around services and suicide prevention. Future research in the field will be beneficial so that our profession will be able to explore and investigate culturally responsive wrap-around services in identifying and assessing for suicide risk, particularly among historically marginalized populations. No professional can achieve this alone, but together we can prevent suicide.

References

- Alvarez, A. (2020). Seeing race in the research on youth trauma and education: A critical review. *Review of Educational Research, 90*(5), 583–626.
- American Counseling Association. (2014). *Code of ethics*. <https://www.counseling.org/resources/aca-code-of-ethics.pdf>
- American School Counselor Association. (2016). ASCA ethical standards for school counselors. [https://www.schoolcounselor.org/About-School-Counseling/Ethical-Legal-Responsibilities/ASCA-Ethical-Standards-for-School-Counselors-\(1\)](https://www.schoolcounselor.org/About-School-Counseling/Ethical-Legal-Responsibilities/ASCA-Ethical-Standards-for-School-Counselors-(1))
- Bartlett, N. A. (2018). Principals as champions of collaboration for vulnerable children and youth: A case study of community schools. *Canadian Journal of Educational Administration and Policy, 187*(2018), 61–77.
- Bartlett, N. A., & Freeze, T. B. (2018). Community schools: New perspectives on the wraparound approach. *Exceptionality: Education International, 28*(2), 55–81. <https://doi.org/10.5206/eei.v28i2.7765>
- Bruns, E. J., Walker, J. S., Adams, J., Miles, P., Osher, T. W., Rast, J., & Van Den Berg, J. (2004). *Ten principles of the wraparound process*. National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health. Portland State University.
- Bryan, J., & Holcomb-McCoy, C. (2004). School counselors' perceptions of their involvement in school–family–community partnerships. *Professional School Counseling, 7*(3), 162–171.
- Bryant, J., Griffin, D., Kim, J., Griffin, D. M., & Young, A. (2018). *School counselor leadership in school–family–community partnerships*. John Wiley & Sons, Inc.
- Carter, R. T. (2007). Racism and psychological and emotional injury: Recognizing and assessing race-based traumatic stress. *The Counseling Psychologist, 35*(1), 13–105. <https://doi.org/10.1177/0011000006292033>
- Centers for Disease Control and Prevention. (2020). *Youth risk behavior survey data summary and trends report: 2009–2019*. <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBSDataSummaryTrendsReport2019-508.pdf>
- Council for Accreditation of Counseling and Related Educational Programs. (2016). *2016 CACREP standards*. <https://www.cacrep.org/for-programs/2016-cacrep-standards>
- Dari, T., Fox, C., Laux, J. M., & Speedlin Gonzalez, S. (2022). The development and validation of the community-based participatory research knowledge self-assessment scale (CBPR-KSAS): A Rasch analysis. *Measurement & Evaluation in*

- Counseling & Development*, 1–16.
<https://doi.org/10.1080/07481756.2022.2034478>
- Dari, T., Laux, J. M., Liu, Y., & Reynolds, J. (2019). Development of community-based participatory research competencies: A Delphi study identifying best practices in the collaborative process. *Professional Counselor*, 9(1), 1–19.
- Fletcher Jr., E. C., & Tan, T. X. (2021). Black Lives Matter: Examining an urban high school STEAM academy supporting African American students, families, and communities using a healing-centered approach. *International Journal of Multiple Research Approaches*, 13(1), 41–54.
<https://doi.org/10.29034/ijmra.v13n1a2>
- Gallo, L. L., Dumas, D. M., Moro, R., Midgett, A., & Porchia, S. (2019). Evaluation of a youth suicide prevention course: Increasing counseling students' knowledge, skills, and self-efficacy. *The Journal of Counselor Preparation and Supervision*, 12(3), 9–29.
<https://digitalcommons.sacredheart.edu/cgi/viewcontent.cgi?article=1336&context=jcps>
- Gallo, L., & Wachter-Morris, C. (2022). Suicide intervention in schools: If not school counselors, then who? *Teaching and Supervision in Counseling*, 4(2).
- Granello, P. F., & Zyromski, B. (2018). Developing a comprehensive school suicide prevention program. *Professional School Counseling*, 22(1), 132–137.
<https://doi.org/10.1177/2156759X18808128>
- Grigoroglou, C., Van der Feltz-Cornelis, C., Hodkinson, A., Coventry, P. A., Zghebi, S. S., Kontopantelis, E., Bower, P., Lovell, K., Gilbody, S., Waheed, W., Dickens, C., Archer, J., Blakemore, A., Adler, D. A., Aragones, E., Björkelund, C., Bruce, M. L., Buszewicz, M., Carney, R. M., ... & Panagiotti, M. (2021). Effectiveness of collaborative care in reducing suicidal ideation: An individual participant data meta-analysis. *General Hospital Psychiatry*, 71, 27–35.
- Holmes, E. A., O'Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L., Ballard, C., Christensen, H., Cohen Silver, R., Everall, I., Ford, T., John, A., Kabir, T., King, K., Madan, I., Michie, S., Przybylski, A. K., Shafran, R., Sweeney, A., ... & Bullmore, E. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: A call for action for mental health science. *The Lancet Psychiatry*, 7(6), 547–560.
[https://doi.org/10.1016/S2215-0366\(20\)30168-1](https://doi.org/10.1016/S2215-0366(20)30168-1)
- Jones, J. M. (2021). The dual pandemics of COVID-19 and systemic racism: Navigating our path forward. *School Psychology*, 36(5), 427–431. <https://doi.org/10.1037/spq0000472>
- Lenz, A. S., Dari, T., & Coleman, M. (2021). Leadership and advocacy in mental health agencies and community programs. In C. Y. Chang and C. A. Barrio Minton (Eds.), *Professional counseling excellence through leadership and advocacy* (pp. 214–230). Routledge.
- Mendelson, T., Tandon, S. D., O'Brennan, L., Leaf, P. J., & Ialongo, N. S. (2015). Brief report: Moving prevention into schools: The impact of a trauma-informed school-based intervention. *Journal of Adolescence*, 43, 142–147.
<https://doi.org/10.1016/j.adolescence.2015.05.017>
- Napoleon, A., & Dickie, K. M. (2009). Language and culture as protective factors for at-risk communities. *Journal of Aboriginal Health*, 5(1–3), 6–25.
- Nearchou, F., Flinn, C., Niland, R., Subramaniam, S. S., & Hennessy, E. (2020). Exploring the impact of COVID-19 on mental health outcomes in children and adolescents: A systematic review. *International Journal of Environmental Research and Public Health*, 17(22), 8479. <https://doi.org/10.3390/ijerph17228479>
- Office of the Surgeon General. (2021). *Protecting youth mental health: The U.S. Surgeon General's advisory*. <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>
- O'Neill, J. C., Goldston, D. B., Kodish, T., Yu, S. H., Lau, A. S., & Asarnow, J. R. (2021). Implementing trauma informed suicide prevention care in schools: Responding to acute suicide risk. *Evidence-Based Practice in Child and Adolescent Mental Health*, 6(3), 379–392. <https://doi.org/10.1080/23794925.2021.1917019>
- Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. R. (2016). Multicultural and social justice counseling competencies: Guidelines for the counseling profession. *Journal of Multicultural Counseling and Development*, 44(1), 28–48. <https://doi.org/10.1002/jmcd.12035>
- Rust, J. P. (2019). Addressing the sociocultural determinants of African American students' academic achievement: The four themes of the American school counselor association's national model and the role of school counselors. *Urban Education*, 54(8), 1149–1175. <https://doi.org/10.1177/0042085916636657>
- Schmidt, R. C. (2016). Mental health practitioners' perceived levels of preparedness, levels of confidence and methods used in the assessment of youth suicide risk. *The Professional Counselor*, 6(1), 76–88. https://tpcjournal.nbcc.org/wp-content/uploads/2016/03/Pages_76-88-Schmidt.pdf
- Stone, C. (2021). Suicide assessments: The medical profession affirms school counselors' truth. *ASCA School Counselor*. <https://www.schoolcounselor.org/Magazines/July-August-2021/Suicide-Assessments-The-Medical-Professional-Affirm>
- Szlyk, H. S., Berk, M., Peralta, A. O., & Miranda, R. (2020). COVID-19 takes adolescent suicide prevention to less charted territory. *Journal of Adolescent Health*, 67(2), 161–163.
<https://doi.org/10.1016/j.jadohealth.2020.05.046>
- U.S. Department of Health and Human Services. (2021). *The Surgeon General's call to action to implement the national strategy for suicide prevention*. www.hhs.gov/sites/default/files/sprc-call-to-action.pdf
- Ziomek-Daigle, J., Goodman-Scott, E., Cavin, J., & Donohue, P. (2016). Integrating a multi-tiered system of supports with comprehensive school counseling programs. *Professional Counselor*, 6(3), 220–232.
<https://files.eric.ed.gov/fulltext/EJ1115900.pdf>