Counselor’s and Student’s Perceptions of Preparedness in Suicide Intervention and Prevention

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Objectives

• Participants will be able to understand the outcome of the research study as applicable to perceptions of training and efficacy with suicide assessment, prevention, and intervention.

• Participants will be able to discuss ethical implications associated with lack of training and preparation as it relates to effective suicide intervention.

• Participants will be able to discuss the findings of this study and the implications for professional counselors, students, and integration of crisis training into counselor education curriculum standards.
• Attention to crisis preparation in the literature related to counselor education is minimal (Minton & Pease-Carter, 2011).
• Counselors often provide the first line of intervention of a crisis situation, including suicide intervention and assessment.
• The need for specialized training and adequate preparation is evident. Despite this, there is an “absence in counselor preparation, certification, supervision, and ethical practice standards of a consistent or comprehensive guideline for crisis prevention/intervention and post-crisis recovery” (McAdams & Keener, 2008, p. 86).
Research is creating new knowledge.

Neil Armstrong
American Association of Suicidology (2016) indicates more than 42,700 people in the U.S. commit suicide yearly.
- 2/3 of professional counselors experience a client suicide attempt
- Nearly 1/3 experience a client suicide (Schwartz & Rogers, 2004)

 Majority of persons who commit suicide presented to a mental health professional within weeks of death (Jacobson, Osteen, Sharpe, & Pastoor, 2012)
- Suicide occurs with some frequency even among clients seeking or in treatment

Despite these encounters the typical training of mental health professionals in assessment and management of suicidal patients is and has been inadequate (Schmitz, et al, 2012)
- The majority of suicides are preventable with proper treatment, assessment, and intervention.
Gaps in the Research Literature

Sparse amount of information is in the literature related to MH Counseling and crisis preparation specific to suicide intervention and prevention

- A thorough literature review found only one study related to crisis preparation in an accredited master’s level counseling program (Minton & Pease Carter, 2011)

Counselor preparation to intervene during a crisis is accompanied by adequate assessment, recognizing risks, & understanding when to intervene
School counseling literature has additional studies
- Evidence counselor’s feel unprepared for crisis and suicide intervention
- 1 in 3 (38%) of high school counselors felt they could recognize a student at a risk of suicide
- Majority (78%) of high school counselors believe they could ask and assess a student at risk and be able to offer support (King, Price, Telliohann, & Wahl, 1999)

King et al. (1999) noted that majority of school counselors felt like one of the most important things they could ever do was to prevent a student from committing suicide.
- Nearly 30% of school counselors reported no training in issues of suicide in their graduate program (Wachter, 2006)
- 35% of school counselors reported no training in crisis intervention with 57% feeling either “not at all” or “minimally” prepared for crisis intervention (Allen et al, 2002)
Background

- Minimal attention paid to crisis preparation methods and counselor efficacy.
- According to Schwartz & Rogers (2004) nearly two-thirds of counselors can expect a client suicide attempt with nearly a third experiencing a client suicide.
- Many clients who engaged in behaviors related to suicide presented to a counselor weeks prior to suicide completion (Jacobson et al., 2012).

Purpose

- To examine the relationship between training and self-efficacy regarding the ability to assess and intervene with clients experiencing suicidal thoughts.
- To examine perceptions of preparedness in recognizing risk factors and warning signs, assessing for suicide, and intervention.
- Feelings of preparation and self-efficacy are compared among counselors looking at various demographic variables.
Research Questions

- What are the perceptions of knowledge related to assessing, identifying, and intervening with a suicidal client?
- What are the perceptions of training related to the assessment, identification, and intervention of a suicidal client?
- Are there differences between professional counseling program types, years of experience, training, and knowledge level pertaining to perceived ability to respond effectively to a suicidal client?
- What are effective ways of integrating crisis training into professional counseling curriculum?
IS PATH WARM (Know the warning signs, n.d.) is a common acronym utilized for assessment of suicidal thoughts and intent.
- Ideation, Substance Abuse, Purposelessness, Anxiety, Trapped, Hopelessness, Withdrawal, Anger, Recklessness, and Mood Changes are all assessed when assessing for both risk factors and warning signs of suicidal thoughts and intent.

Additional resources were utilized to gain insight into risk factors, warning signs, and protective factors important to assessment that contributed to development of survey items
- American Association of Suicidology
- National Alliance on Mental Illness (NAMI)
- American Foundation for Suicide Prevention
- National Suicide Prevention Line
- Suicide Prevention Resource Center
This instrument also referred to the survey validation study by authors Douglas & Wachter-Morris (2015).

The Survey consists of:

- 100 item questionnaire
- 18 (of the 100 total) demographic and suicidal training/professional questions
- Remaining items consisted of 82 Likert Scale questions divided into 6 sections or subscales designed to assess self-perceived competency in the assessment and intervention of a suicidal crisis:
  - Likert Scale: 1 (strongly disagree) to 5 (strongly agree)
  - Higher scores reflected greater self-perceived competency
Results
What did we find?
Reliability
- Cronbach’s Alpha used for each of the six subscales
- All coefficients are high and indicate stable internal reliability

Participants
- N= 125-
- Recruited from membership roles of listserves (e.g., CESTNET-L) and contact with counselor education program coordinators in the South Easter Region of the U.S.
## Demographic Data

### N=125

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<th>Demographic Category</th>
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<tr>
<td>Gender</td>
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<tr>
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<td>Subscale</td>
<td>Mean</td>
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<td>------------------------------------------</td>
<td>------</td>
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<td>Assessment of Risk Factors (ARF)</td>
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<td>Overall Mean</td>
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Mean scores and standard deviations for each of the five subscales assessing different areas of perceived competency in suicidal intervention.

The average competency rating across all subscales was high.
Let’s review some concepts

Two-way mixed ANOVA
To evaluate the effects of gender on reported competency across the five subscales

Results showed a main effect for gender, with average competency rating higher for males (M=4.70, SD=.24) than females (M=4.43, SD=.54), F (1,123) = 4.51, p<.05, r=.19

Two-way mixed ANOVA
Used to evaluate the effects of graduating from a CACREP training program (M=4.58, SD = .58) or Non-CACREP program (M=4.77, SD =.32) on reported competency across the five subscales

Results did not indicate a significant main effect for training program, F (1, 94) = 1.74, p>.05, or for any significant interaction effects, F (2.72, 53.61) = 2.03, p>.05

Two-way mixed ANOVA
Used to evaluate the effects of educational level on reported competency across the five subscales.

Results did not indicate a significant main effect for educational level, F (2, 115) = 2.36, p> .05.

Mean differences in reported competency between respondents with a Doctoral degree in counseling or counseling related field (M=4.79, SD = .30), a Master’s degree in counseling (M=4.56, SD = .62), or other counseling related graduate degree (M=4.42, SD = .50) were not statistically significant

Interaction effects between education level and reported competency across the five subscales were not significant, F (5.87, 337.76) = 2.36, p > .05
Two-way mixed ANOVA

To evaluate the effects of licensure status on reported competency across the five subscales.

Results showed a main effect for licensure status with average competency ratings significantly higher for licensed counselors (M=4.61, SD = .34) than for non-licensed counselors (M=4.08, SD = .71), F (1, 123) = 31.16, p<.01, r=.20.

Licensed counselors reported higher levels of competency across all five scales.

A significant interaction effect between licensure status and competency ratings across the five subscales (F (3.04, 373.58) = 3.38, p<.05, indicates that the profile of average competency ratings across subscales was different for licensed counselors and non-licensed counselors.

CPT Scale

The focus of the CPT scale was the perception of a participant’s preparation by their training program to respond to a suicidal crisis.

The grand mean (M=3.33, SD = 4.12) indicated that, on average, questionnaire participants were “unsure” about the overall preparation provided by their training program.

These perceptions were not influenced by level of training (Master’s, doctoral, or other counseling related graduate degree). Assessment of CACREP training program preparation was not significantly different from that of non CACREP training programs.
Lack of training in suicide assessment may result in counselors going beyond scope of practice raising ethical concerns of nonmaleficence (do no harm)

This is a concern to counselors and the American Counseling Association’s Code of Ethics

- Counselors must not practice outside of their scope of competence per the ACA Code of Ethics. By being unprepared the counselor risks the chance of not adhering to the code of ethics
- 38.9% of participants in the Sawyers, Peters, & Willis (2013) study felt they did not hold the required knowledge and/or skills necessary to be effective at counseling a client in crisis

Should a client die by suicide, the counselors’ adequacy of evaluation and sufficiency of their training may be questioned (Schmitz et al, 2012).
Implications

- Only 1 in 2 counselors report special training on adolescent suicide, a large percentage desired more training regarding this subject (King et al, 1999)
  - School counselors are possibly in the best position to recognize students with suicidal risks
  - If they lack confidence in recognizing these risks, early interventions may be less likely, with possible consequences of at-risk students moving from suicidal thoughts and attempts to suicide completion

- Understanding what is currently occurring in counselor education programs and how current counselors are being prepared for crisis and suicide intervention will assist programs in developing course work and standards to ensure counselor preparation in crisis related interventions.
Ineffective intervention can negatively impact clients at risk of suicide emphasizes the need for a more hands-on counselor training in suicide assessment and response, which includes the development of accepting attitudes and skills for building a relationship with the client.

This study found support for the use of the ASSIST training program in preparation of counselors-in-training as improvements were noted in both self-reported preparedness to respond to suicide risk.
- Other training programs may also effect such changes

For counselor educators, such a training can be most effective earlier in student development, optimally before practicum or internship.
- This will provide for more opportunities to practice skills in a supervised setting

Shannonhouse et al., 2018
Discussion

- What are effective ways of integrating crisis training into professional counseling curriculum?
- How would this study impact your work? Your clients
- Limitations of this study and suggestions for continued research


We Can All Prevent Suicide (n.d.). National Suicide Prevention Line. Retrieved from [https://suicidepreventionlifeline.org/how-we-can-all-prevent-suicide/](https://suicidepreventionlifeline.org/how-we-can-all-prevent-suicide/)