Journal of Counselor Preparation and Supervision

Volume 14 | Number 3 Article 9

2021

Counseling Students' Experiences Learning How to Assess Youth Suicide Risk

Laura L. Gallo
University of Iowa, lauralynngallo73@gmail.com

Raissa Miller
Boise State University, raissamiller@boisestate.edu

Diana M. Doumas
Boise State University, dianadoumas@boisestate.edu

Aida Midgett
Boise State University, aidamidgett@boisestate.edu

Sherise Porchia
Boise State University, sheriseporchia@u.boisestate.edu

Counseling Students' Experiences Learning How to Assess Youth Suicide Risk

Abstract

Suicide rates continue to rise in the United States, especially within our youth population. Preparing counselors to confidently address suicide risk with their clients is crucial in suicide prevention. The authors conducted a phenomenological investigation of a youth suicide prevention course with 10 counseling students. The course included both a didactic component and an experiential component. We extracted four themes suggesting students believe a) suicide assessment is integral to the counselor role b) suicide is a complex phenomenon; c) the course enhanced self-efficacy; and d) interactive activities supported learning. Implications focusing on the importance of building self-efficacy in risk assessments, incorporating role-plays, and acknowledging the emotions that surround the topic of suicide are provided.

Keywords

suicide, counselors-in-training, suicide prevention, self-efficacy, suicide assessment

Author's Notes

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number G02HP30576, Behavioral Health Workforce Education and Training, award amount of $214,270.00. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Counseling Students' Experiences Learning How to Assess Youth Suicide Risk

Suicide is the second leading cause of death among adolescents in the United States, with an estimated 6,807 youth aged 14-24 dying by suicide in 2018 (Centers for Disease Control [CDC], n.d.). National statistics indicate that 18.8% of high school students report seriously considering attempting suicide and 8.9% report having attempted suicide in the past year (Ivey-Stephenson et al., 2020). In addition, suicide rates continue to rise for marginalized groups. Suicide rates for American Indian youth continue to have the highest rates at 29 per 100,000 in 2018 (CDC, n.d.). In addition, 46.8% of lesbian, gay, or bisexual youth reported seriously considering attempting suicide within the previous 12 months according to the latest national Youth Behavior Risk Survey (Johns et al., 2020). Based on these statistics, the likelihood of a counselor working with adolescent clients who are experiencing suicidal ideation is very high. In fact, data suggest that one of the most common reasons for referrals to school-based mental health clinics is suicidal ideation or a suicide attempt, with 31% of clients presenting with suicidal ideation (Soleimanpour, et al., 2010). Similarly, in a recent survey of college counseling centers, 36% of students receiving counseling services reported seriously considering attempting suicide and 11.5% reported they had made a suicide attempt (Center for Collegiate Mental Health [CCMH], 2019). These statistics suggest that approximately one third of adolescents seen by counselors in settings serving youth may be experiencing some form of suicidality. Additionally, practitioners report that working with clients who have suicidal behaviors is the most taxing part of clinical practice (King, et al., 2013). Further, student counselors experience more severe reactions to client suicide than experienced counselors (McAdams & Foster, 2000). Thus, youth suicide prevention is an important area in counselor preparation, both to assist counselors-in-training to work with clients experiencing suicidal ideation and to prepare them for counseling practice.

Counselor educators and supervisors are tasked with training future counselors to competently assess their clients for suicide risk and have an ethical obligation to ensure students are able to assess and manage their client's welfare (American Counseling Association, 2014). The American Association of Suicidology (AAS) recommends suicide training programs for mental health professionals that include skill observation through supervision and measurement with a skills-based demonstration such as role-playing (Schmitz et al., 2012). Results from a survey of professional counselors, however, indicated that 27% of counselors reported having either "no" or "minimal" training in suicide risk assessment (Wachter Morris & Barrio Minton, 2012). These findings indicate a shortfall in counselor education related to suicide prevention preparation.

The ability of the counselor to respond to suicidal behavior requires a unique skill set that has to be practiced during training (Neimeyer, et al., 2001). Students need a variety of experiences and opportunities, as well as skill-specific feedback to gain confidence in their ability to address client suicide. Researchers have found that an instructional approach that combines both didactic and experiential activities may be effective in increasing counselor-in-training knowledge, perceived ability to help clients experiencing suicidal ideation, and self-efficacy related to suicide assessment and intervention skills (Gallo, et al., 2019). Further, recently researchers who have examined suicide training experiences among counseling students have shown that students who receive training prior to practicum reported less anxiety and more confidence to assess clients experiencing suicidal ideation than students who reported no training (Binkley & Leibert, 2015; Shannonhouse et al., 2018). Additionally, positive relationships between the counselor educator and trainee lessen student anxiety (Miller, et al., 2013).

Although researchers have demonstrated suicide intervention skills training increase counselors' competence and comfort in youth suicide assessments (Gallo et al., 2019; Neimeyer et al., 2001: Shannonhouse et al., 2018), andragogy and approaches related to the teaching and evaluation of suicide assessment in counselor education is limited (Barrio Minton & Pease-Carter, 2011). The limited research on instructional methods suggests the use of mock counseling sessions gives students opportunities to practice their skills, enhances performance outcomes, and decreases apprehension working with clients struggling with suicide (Daniels & Larson, 2001; Shannonhouse et al., 2018). Further, instructional methods that combine didactic and experiential (i.e., role-plays) components may be effective in increasing counseling self-efficacy related to the teaching of suicide prevention (Gallo et al., 2019) and crisis intervention strategies (Sawyer, et al., 2013).

Despite the importance of suicide prevention training, research evaluating suicide prevention training in counseling programs is sparse. In a recent study, Shannonhouse et al. (2018) explored the impact of the Applied Suicide Intervention Skills Training (ASIST) with a sample of 126 counselors-in-training. ASIST is a 15 hour training that includes didactic information and structured role-plays with feedback. Results indicated participants reported improvement in knowledge, attitudes, and self-reported ability to identify appropriate helper responses at a 3-month follow-up. Although this study provides some support for using the ASIST program with counseling students, this study did not focus specifically on youth suicide prevention. Further, the authors suggest that ASIST training may be most beneficial for students who have not yet entered practicum or internship.

To further address the need for youth suicide prevention training in counselor education programs, the authors developed a one-credit Youth Suicide Prevention course (Gallo et al.,

2019). The course was developed as part of a grant that provided support for a Youth Behavioral Health Internship Track within our Master's in Counseling Program. The course differed from the ASIST training in several important ways. First, the course focused exclusively on youth suicide prevention. Second, the course was designed specifically for second and third year students who were concurrently enrolled in practicum and internship courses. Third, the course was designed to integrate didactic and experiential components both inside and outside of the classroom. Similar to ASIST, the didactic component was implemented during a 15 hour weekend course. For the experiential component, students conducted role-plays in front of the class, allowing the instructor to provide feedback and for other students to ask questions, offer suggestions, and work through different scenarios. Additionally, after completion of the weekend course, students engaged in supervised suicide assessments at their Practicum or Internship clinical placement throughout the semester. This is a unique feature of the course that was included to enhance the learning process.

Gallo and colleagues (2019) evaluated the course using a single group repeated-measures design. Results indicated that counseling students demonstrated increases in knowledge and perceived ability to help clients with suicidal ideation immediately after the weekend course. Further, students reported an increase in their skills in suicide assessment and suicide at a 3-month follow-up assessment. Findings suggest that this course provides a promising approach to youth suicide prevention for second and third year counseling students who were concurrently enrolled in Practicum or Internship.

The Current Study

The purpose of this study was to extend our prior work examining the effectiveness of the Youth Suicide Prevention course by gaining insight into master's level counseling students'

experiences participating in the course. Our initial study indicated that students' reported an increase in knowledge, perceived ability to help suicidal clients, and self-efficacy related to youth suicide prevention after completion of the course (Gallo et al., 2019). In this qualitative study, we sought to explore how counseling students perceived different aspects of suicide risk assessment, worked through the associated discomfort, and ultimately, relied on their training. The goal of this study was to hear the voices of the participants as they explored their own thoughts and reactions to the youth suicide prevention course. To achieve this aim, we conducted semi-structured individual interviews with 10 students during the spring semester. This study expands upon our prior work by exploring students' experiences learning about suicide and their descriptions of transferring the knowledge and skills to their work with actual clients. We employed Interpretative Phenomenological Analysis (IPA) to explore the following research question: How do counseling students describe their experiences learning and applying suicide prevention and intervention skills after taking part in a suicide prevention course?

Method

Research Design

We designed and conducted the current study according to principles of IPA. IPA is grounded in principles of phenomenological and hermeneutic philosophies, allowing for rich descriptions of first-person experience alongside consideration of systematic, contextual, and theoretical interpretative lenses (Smith, et al., 2009). The idiographic nature of IPA calls for an in-depth analysis of each case, highlighting meaningful areas of convergence and divergence both within and between cases (Pietkiewicz & Smith, 2014). Miller, Chan, and Farmer (2018) indicated that "with an emphasis on personal meaning making and opportunities for dynamic

engagement between the researcher and research participant, this methodology seems well-suited for research in counselor education" (p. 249).

We selected IPA for the following reasons. First, IPA was well-suited to our research question due to the focus of this approach on the unique personal experience of each individual (Pietkiewicz & Smith, 2014). We formulated our research question to be open and exploratory in nature and we were particularly interested in *how* students experienced learning and applying suicide risk assessment. Second, participants shared a unique experience influenced by context (e.g., attending the course and conducting suicide assessments with clients). The foci of exploring individuals' perceived experiences of a particular phenomena in a specific context match the epistemological assumptions inherent in IPA (Smith et al., 2009). Finally, we were drawn to the structured, yet flexible, guidelines for data analysis, which provided a process for ensuring trustworthiness and promoting creativity (Finlay, 2011).

Participants

This study is part of a larger study examining the effectiveness of a Youth Suicide Prevention course on second or third year students enrolled in a CACREP accredited Master's in Counseling Program (N = 32) (Gallo et al., 2019). Of the 32 students enrolled in the course, 15 students enrolled in the program's Youth Behavioral Health Internship (YBHI) track were required to take the course and 17 students took the course as an elective. In alignment with IPA recommendations, we utilized purposive sampling to select a small sample (N = 10) of relatively homogeneous participants (Pietkiewicz & Smith, 2014). Smith et al (2009) noted that homogeneity in IPA refers to individuals who "represent a 'perspective', rather than a population" (p. 46). In our case, all participants were graduate students who shared the phenomena of taking the same suicide prevention course and conducting a suicide assessment

with a client in their clinical placement. We reviewed students' journal entries and invited those individuals who completed the class and who described a real-life encounter during their practicum or internship performing a suicide risk assessment. Based on this inclusion criteria, 15 of the 32 students were invited to participate in an interview. Of these, 10 agreed to participate in the interviews.

Participants included eight students who identified as White, one as White/Hispanic, and one as Hispanic. Eight participants identified as female and two as male. Participants ranged in age from 24-65 years (M=37.2, SD=14.09). Six participants were enrolled in the school counseling program and four were from the addictions counseling program. Six participants were in their second year of the program (Practicum) and took the course as an elective and four participants were in their third year of the program (Internship) and took this course as a requirement of the YBHI track. Participants were all concurrently enrolled in either Practicum (counseling undergraduate students in the departmental clinic) or Internship (counseling in K-12 schools, addiction or behavioral health centers). Pseudonyms were used to maintain confidentiality.

Procedures

Participants were recruited from a 60-credit CACREP accredited Master's in Counseling Program in the Northwest. The program offers school and addiction counseling emphasis areas. The program is based on a cohort model, enrolling approximately 25 students each year, with an average program enrollment of 70-75 students. The Counselor Education Department offered the one-credit course as a required course for students enrolled in the Youth Behavioral Health Internship track and as an elective (for details see Gallo et al., 2019).

Course Design

The first author incorporated research conducted by experts in the field and within the area of teaching suicide assessment (e.g., Joiner, 2005; Juhnke et al., 2011; Juhnke, 1994), recommendations made by AAS (2018), and core competencies identified by AAS (2004) into the development of the curriculum. Course content included the most current research identifying the unique factors contributing to suicide risk in adolescents, suicide warning signs and myths, and legal and ethical obligations for counselors. Organizations such as the Suicide Prevention Resource Center (SPRC), the American Foundation for Suicide Prevention (AFSP), and the National Institute for Mental Health (NIMH) provided much of the information and resources used to create this course. The instructor also included a preliminary values inventory that provided an opportunity for students to examine their values, biases, and assumptions around the topic of suicide. This activity began the discussion of societal influence and stigmatization of suicide. The course built upon the skills and knowledge students had acquired during their first year of coursework and was specific to counseling.

The first author, who has advanced training in suicide risk assessment and has published and presented widely on the topic, taught the course. Students met for 15 hours over the course of one weekend, with 6 hours of instruction on a Friday evening and 9 hours of instruction on a Saturday. The course objectives included: (a) develop an understanding of fundamental concepts, theories, strategies, and counseling skills needed to conduct effective suicide intervention among youth and apply this knowledge when counseling youth, (b) effectively assess client suicidal ideation by conducting a suicide assessment tool with increased competence, and (c) identify the processes of prevention, intervention, and postvention in the area of suicide and how the role of the counselor fits within these processes.

The course included didactic and experiential components. The didactic component included lecture material delivered through power-point slides and videos highlighting child and adolescent suicide risk assessments. For the experiential component, students conduced role-plays and received feedback. Students in the course were also enrolled in either Practicum or Internship. Students enrolled in Practicum counseled undergraduate students recruited from university classes. Students enrolled in Internship were placed in a variety of settings, including K-12 schools, addiction treatment facilities, and other behavioral health agencies. Students met with their individual supervisors to review a suicide risk assessment completed with a client. Practicum students met with one of the live supervisors provided in the Practicum lab immediately after conducting the risk assessment with a client. Internship students also met with their site supervisors immediately following their suicide risk assessment with a client. Participants completed the risk assessments anytime immediately following the weekend course up until the end of the semester (3 month time frame). Participants were provided a debriefing informational sheet to give to their supervisors to use when reviewing the counseling session. The supervisor then signed the supervision sheet and returned it to the course instructor.

Data Collection

We utilized semi-structured interviews to gain in-depth first person perspectives of the participants' lived experiences (Larkin & Thompson, 2011; Smith et al., 2009). The first and second author developed the interview schedule based on recommendations by Smith et al. (2009) and Pietkiewicz and Smith (2014). The interview schedule included four broad open-ended questions, with an additional two to four potential follow-up questions per topic. The broad questions were (1) Describe your experience participating in the course, (2) What was it like to role-play a suicide risk assessment with your classmate - both as the counselor and as the

person struggling with suicidal ideation, (3) What was it like to conduct a suicide risk assessment with a real client, and (4) Overall, how did the suicide risk assessment course experience affect you? The third author, a research assistant (RA), trained in qualitative research and interviewing methods conducted the interviews to increase participants' comfort in sharing freely about what they learned in the class. The third author conducted pilot interviews and received feedback from the second author regarding interviewing skills before engaging in actual interviews.

Following Institutional Review Board approval, the RA contacted all the individuals that satisfied the research criteria (i.e., course completion and client suicide assessment). This initial contact occurred via email, contained general information about the study along with informed consent documents, and an invitation to schedule an interview. The RA sent the email at the beginning of the spring semester after students had an opportunity to apply their knowledge with practicum or internship clients and after students received their grade. After students consented, the RA scheduled interviews that were conducted in a private room on the university campus. The RA verbally reviewed the informed consent document with participants prior to obtaining their signature, and then conducted the interview, which lasted from 25 to 50 minutes. The relatively short time frame for some of the interviews was due, in part, to asking participants to describe their experience in a single course, a rather narrow topic compared to some qualitative studies examining more complex phenomena such as identity, illness, etc.

Researcher Lens

The experiences, perspectives, and values of researchers play a role in the IPA research process (Smith et al., 2009). The first author designed and taught the suicide prevention course based on research conducted by experts in the field. The first author has previously examined the effects of trainings and outcomes on suicide prevention. The second author collaborated with the

first author to conduct the analysis. She is an experienced qualitative researcher and counselor educator, however, she did not have significant experience in suicide risk assessment research or training. The second author served as a balance to the first authors' in-depth knowledge on the topic. The third author conducted the interviews and transcribed the data. She did not have training or experience conducting suicide risk assessments.

The primary bias influencing the researchers reflected the larger literature on suicide assessment training and practice, namely that training in suicide assessment would increase counselors' self-efficacy and likelihood of conducing suicide risk assessments in practice (Oordt et al., 2009). Another bias influencing the first researcher was an awareness that role-playing could be uncomfortable and viewed negatively by participants (Cross et al., 2011). To help minimize this bias, the first researcher consulted with an expert in the field of suicidology and incorporated their recommendations and feedback. Throughout the analytic process we kept field notes related to thoughts, emotions, or other experiences related to the data. We discussed our reflective analytic experiences together to ensure interpretations were grounded in participants' experiences and not solely our own beliefs and values (Finlay, 2011). The RA shared her thoughts and feelings related to the topic before beginning the interviews. We confirmed her ability to ask open and exploratory questions and appropriately reflect participants' stories through the pilot interview process.

Trustworthiness

Multiple measures were used to strive for trustworthiness in this study. First, the role of the researchers was described, including descriptions of the researchers' biases and the efforts taken to minimize bias through the use of field notes and peer debriefing (Hays, et al., 2016). Second, a thorough description of the participants and their relationship to the researchers,

including descriptions of the researchers' efforts to avoid coercion through the use of a graduate assistant and study participation after course completion. Next, the use of numerous direct quotes to create thick descriptions allowed for the voice of the participants to come through across themes (Hays, et al., 2016). Lastly, member checking was used to help establish trustworthiness and to confirm our findings.

Data Analysis

We analyzed the data according to IPA's six-step framework (Smith et al. 2009). We immersed ourselves in the data through multiple readings of the transcripts. We then engaged in first-level analysis, noting exploratory comments that represented descriptive elements of participants' shared reflections (Pietkiewicz & Smith, 2014). These comments stayed very close to the participants' own words. Once we had a good sense of participants' experiences, we identified emergent themes. This second level of analysis continued to focus on participants' experiences, but also included interpretive intention. In alignment with the idiographic focus of IPA, we completed both levels of analysis for each case before moving on to the next case.

After each of us identified emergent themes for all ten cases, we met to discuss our initial codes and overall impressions of the data. Due to the first researcher's knowledge of suicide, she explained and discussed specific terms and procedures in risk assessment with the second researcher. The second researcher's knowledge of IPA was helpful in discussing how elements (codes and then themes) diverged or converged. We achieved consensus regarding terminology and organization of the themes. We identified patterns across cases, resulting in a list of superordinate and subordinate themes. These themes were emailed to all 10 participants to check the accuracy. All ten members confirmed the themes reflected their experience.

Results

Our analysis of the data produced four superordinate themes and 10 subordinate themes. The superordinate themes included (1) perspectives on counselors' role (2) coming to terms with the complexity of suicide; (3) emerging self-efficacy; and (4) the influence of an interactive learning community. These superordinate themes reflected participants' shared perceptions of their experiences in the course and applying their learning to counseling practice. The subordinate themes offer more nuanced descriptions of the larger themes and provide deeper insight into some of the ways participants experienced the larger themes differently (i.e., divergence). Particular areas of divergence included participants' discussion of resources, levels of confidence, and process-oriented reflections (e.g., mixed cohorts, role-plays).

Superordinate Theme 1: 'Our responsibility': Perspectives on Counselors' Role in Suicide Prevention

One of the major themes was related to the idea that suicide assessment and prevention is within counselors' scope of practice regardless of setting. Participants conveyed enhanced awareness of the prevalence and seriousness of suicide, particularly noting their surprise at the frequency of youth reporting thoughts of suicide. Anna succinctly summarized this notion in her statement "I took from the course that it is our responsibility to assess risk." Fran further noted "this is something that is part of this job that you cannot get around. You're going to have to do it way more than you ever think you will." Participants' highlighted different aspects of this notion of responsibility, from talking about ways they should attend in the moment of an assessment to the value of identifying relevant resources that provide concrete guidance for the assessment process.

Subordinate Theme 1a: Enhanced Awareness of the Salience of Suicide

A total of nine participants shared reflections related to the pervasiveness of suicide. Participants reflected both on their surprise at learning the statistics on suicide, as well as surprise regarding the frequency to which they encountered individuals experiencing suicidal ideation in their counseling practice. In talking about her practicum experience, Jae expressed surprise that so many of her clients had some personal history related to suicide. She noted "you learn about the numbers . . . but when you're talking to all these people . . . it's like 'wow' . . . it is really prevalent . . . unbelievable really." Iris noted that the timing of the course had been useful because at her internship site there were "a couple weeks where literally every client at least once a day I was seeing someone that was feeling suicidal or having some suicidal ideation or plan." In addition to general surprise at the prevalence of suicide, three participants specifically commented on how astonished they were to encounter children with suicidal ideation. Cara noted "the things that really shock me . . . each time that I have a suicidal client that is younger than the youngest one I have ever had . . . it starts to get like lower and lower in age." Gwen talked about her experience at an elementary school a student came up to her and "told me that so-and-so wants to die and they are in the bathroom trying to kill themselves." In talking about his experiencing interning in the schools, Barry noted "I have done risk assessments at every one of my sites . . . I was definitely surprised at the prevalence at the elementary level."

Subordinate Theme 1b: Focused Attending

A total of seven participants referenced developing a particular way of being with clients experiencing suicidal ideation. They used words such as "calm," "mindful," "present," "intentional," and "steady" to describe this way of being. They conveyed a sense of honoring the vulnerability of clients having suicidal thoughts by fostering a safe space for them to share. Jae noted that what she "picked up from the class was just being calm, not panicking." In talking

about her experience conducting assessments with clients, Gwen shared that she had to make sure she was "relaxed, calm . . . and presenting this stable persona to them so that they had support in that moment."

Participants also indicated suicide assessment requires a particular kind of focused attention. Although participants acknowledged that attentive listening is essential in all counseling encounters, there seemed to be a belief that suicide assessment requires heightened concentration and purposeful use of therapeutic skills. Dana noted that he learned it is important to be watchful of the more subtle nonverbal cues in a conversation. He said "it's important to pay attention to those and . . . confront whenever we feel the situation is kind of appropriate." Fran emphasized staying "focused and really being present with the person"

Subordinate Theme 1c: Value of Resources and Tools

A total of eight participants specifically shared about tools and resources that have supported and/or could support their responsibility to assess and prevent suicide. Participants conveyed the sense that having concrete materials to take with them into their practice settings was important. Participants referred to the resources as providing frameworks that enhanced the thoroughness of assessments, added to their sense of being prepared, and supported their ability to be more effective in their assessments. Most frequently cited resources included a safety planning template and suicide assessment inventories (e.g., Columbia Suicide Severity Rating Scale). Ellie noted "I kept a bunch of stuff because I feel like it was important enough for the rest of my life and work." She further shared in talking about her work with a client that she "used the assessment tools . . . that I gained in the class."

Two participants mentioned resources and tools in the context of desiring more. Barry recounted his work in an elementary school, noting that the school did not have any protocols for formal

documentation of suicide assessments. Dana mentioned the lack of resources in the community in general, sharing that the course instructor "might want to consider adding something from the community . . . resources that counselors can . . . utilize."

Superordinate Theme 2: 'What if I miss something': Coming to Terms with the Complexity of Suicide Prevention

Although all the participants reported feeling increased confidence in their abilities to assess for suicide, they also acknowledged continued concern about potentially missing a sign or symptom and making wrong decision about level of care needed. Multiple participants used the phrase "what if I miss something" in describing their ongoing worry. In talking about her experience working mostly with teenagers, Fran noted "there's a little bit of fear, trepidation, you're like 'oh what if I miss something . . . what if this is more serious than I think or not as serious as I think . . . because you don't want to underestimate or overestimate risk." Fran shared about a specific student who she assessed as lower risk that went on to make a suicide attempt. She noted that in learning about the incident, she thought "did I miss something, did I say something wrong?" Inis also used similar words to describe her fear, noting, "that is my biggest worry . . . that I am going to miss something or I am going to say something and it's going to screw everything up.

Subordinate Theme 2a: No "right way"

Five participants reflected on there not being one "right" way to approach the assessment process. The subjective nature of suicide assessment, requiring that counselors use clinical judgment in their decision making, is likely to cause particular concern for novice counselors. Gwen indicated that "everyone has different perceptions into what is risk and what it is not . . . we all have the same kind of knowledge but still have different insight as to what is going on with the client and whether or not they are really at risk." In particular, participants noted the

tension between ensuring safety and respecting clients' autonomy and confidentiality. They expressed concern about both under and overreacting that might negatively impact these sometimes conflicting ethical mandates. Ellie shared about her intention of concurrently "respecting the autonomy of a client and to observing the ethical guidelines I have been taught."

Subordinate Theme 2b: Struggling with the Unknown

Six participants shared about dealing with ambiguity in suicide assessment. Their reflections indicated that they continued to think about their clients long after the session ended and often questioned their decision after the fact. Fran shared that "in the moment I tend to feel pretty confident . . . but then afterward I am like 'well what if?" Anna talked about her struggle with letting someone go home when they have expressed thoughts of suicide. She indicated "I still feel very unsure of 'okay, we can let you go home, you will be here at your next appointment, that makes me very, still very uneasy to do." Participants further talked about the different ways clients present suicidal ideation and how difficult it can be to differentiate low and high risk. Cara shared that "there are a million signs . . . and any one person could exhibit one of those signs or all of those signs and then someone could be exhibiting all the signs but not be suicidal at all . . . you could never be perfect at recognizing."

Superordinate Theme 3: 'I feel more confident': Emerging Self-Efficacy

Perhaps the most salient theme across all participants' shared experiences was improved confidence in their overall ability to competently assess suicide risk. Participants shared that practicing skills in class enhanced their willingness to conduct a suicide assessment. Harlow attributed her experience in the class with helping her move from feeling "awkward" and "insecure" to feeling "capable . . . pretty confident in assessing their intent." Jae shared she feels "more confident in my ability to do suicide risk assessment . . . I can assess you know whether

someone is truly planning on killing themselves or not . . .I feel comfortable to make that determination." Barry compared his confidence before and after the course noting that before he would conduct assessments but would worry afterwards, whereas now "I don't necessary feel that anymore because I'm confident in the accuracy of my assessment."

Although all of the participants conveyed some degree of increased confidence, some of the participants acknowledged ongoing doubt or concern about their work with individuals contemplating suicide, highlighting the still developing nature of their self-efficacy. Dana noted "I feel a little more confident, a little more sense of prepared, so with that said, I still feel at times you know, a little . . . afraid." Fran shard "it's always nerve racking and I think there's always that part of you that's a little nervous talking about suicide with anyone . . . no matter how many times you do it." They also recognized the need for ongoing learning and support related to suicide assessments and the need for further education on suicide prevention interventions.

Subordinate Theme 3a: Asking the Question

One of the areas participants expressed gaining the most efficacy was in asking a direct question related to suicidal thoughts. Seven participants talked about increased confidence in asking the necessary questions to initiate a conversation about suicide ideation. Anna stated "I feel confident, like I'm not afraid to ask the questions . . . I feel calm as I conduct risk assessments because I know the hard questions must be asked in order to keep clients safe." Jae shared "before I would really avoid that question . . . but now I can absolutely ask you if you want to kill yourself and not be weird about it." Inis said she is "able to be more natural about how when it comes up . . . asking directly 'are you suicidal' . . . not being afraid to explore that a little bit rather than just brushing it under the rug."

Subordinate Theme 3b: Continuing Education and Support

Although participants reported greater levels of confidence in their abilities to assess for suicide, all ten individuals made some reference to the importance of continuing education and ongoing supervision and/or consultation. Across narratives, participants conveyed a sense that suicide assessment is a topic that counselors should always seek to learn more about and reinforce prior learning. Fran shared "I don't think it's an area that you can ever get enough practice in . . . I think it would make perfect sense to require . . . a suicide assessment course . . . continuing ed every year . . ." Some participants highlighted the fact that the field of suicide assessment is continuing to evolve and stressed the importance of continuing education in order to stay current with research and practice. Cara specifically shared "one of the things that I took away was to make sure that I'm up to date, the latest and greatest in suicide prevention and then to continue doing that . . . as I go forward."

Further, enhanced efficacy in assessment seemed to make participants aware of their need to learn more about post-assessment suicide intervention. Three participants emphasized their desire to move beyond competent assessment to skilled intervention. Harlow stated it would be good to "have another class about where you go after you assess . . . or just give us more information about what you do after you've assessed." Inis talked about working with clients who experienced chronic suicidal ideation but were not necessarily in imminent risk. She noted she would like more training on how to work with clients experiencing "being in that middle space" exclaiming "well, now what . . . how do I help that."

In addition to the importance of ongoing learning, participants talked about the value of having the support of other professionals via supervision and consultation. Anna acknowledged that her personal experiences with suicide impacted the way she experienced clients having suicidal ideation, indicating that she believes she may overact. Anna indicated that consulting with

another counselor helped her separate which of her reactions were based in personal experience and which are based on the client's actual experiences. In talking about his role assessing suicide risk, Barry indicated that he felt relatively confident in large part because of his access to supervision. He noted "I can go ask my counselors in the building with me or my supervisors . . . that adds to my confidence level knowing that I have the backup if I need it".

Superordinate Theme 4: 'Different Perspectives': The Influence of an Interactive/Experiential Learning Community

In addition to reflections on course content and application experiences, participants commented on process-oriented aspects of their experience, including the learning environment, impressions of the instructor, and specific experiential activities reflected in the subordinate themes below. These reflections seemed like meaningful elements that added to our exploration of the primary research question.

Subordinate Theme 4a: Safe Space/Relationships with Peers

Unlike most of the classes students take in the program, this course included students from two cohorts. Eight participants commented on the size and/or composition of the course, differing in their appreciation for the mixed group. Anna commented "the dynamic was a little bit strange to me, just because each cohort brings a little bit different energy to the group . . . I was distracted by some of the people in other cohorts because they were new to me . . ." Cara reflected "I suppose I would have felt more comfortable knowing the cohort below me better or having it only be my cohort . . . made us feel a little bit not at home." In contrast, some participants shared about positive elements of the larger and more diverse learning community. Gwen shared "it was a very fun and interactive class. . . all the students got to work together and kind of collaborate on their own thoughts and ideas . . it was very interactive." Harlow noted "I did it

[role play] with two different third year students . . . they were more experienced, it was really good to see their skills and how they incorporate that into their counseling."

Subordinate Theme 4b: The Person of the Instructor

Six participants mentioned the course instructor specifically, noting the positive role she played in their learning experience. They seemed to appreciate the instructor's expertise, noting research involvement and personal experience, as well as the genuine enthusiasm she brought to her teaching of the subject. Ellie commented that the instructor "is awesome . . . she's passionate." Inis said she thinks the instructor "does a really good job sharing like personal insights and then like jut research she has been involved in." Barry stated "you can tell she was teaching about something she was passionate about. She has got a lot of experience and research in it. So I enjoyed that a lot."

Subordinate Theme 4c: Perspectives on Role-Playing

Participants' reflected a mixed impressions regarding the role-plays, which were an integral component of the course. A slight majority ($n=7$) of participants shared positive impressions, whereas a minority expressed some dislike of the role-plays. In talking about her experience being a counselor in the role-plays, Jae noted "it felt natural . . . more natural than I expected it would . . . more of a conversation level than an interrogation. That was nice to just kind of go through it . . . gave me some reassurance and confidence." Harlow commented "the role-playing was really beneficial . . . going through the different steps and reiterating those several times, helped us learn those, to make it practical, to apply it." Fran shared she liked the role-plays because they gave her an opportunity to learn from her classmates, noting that she could "hear what they had to say and how they approached it, maybe it was a little different, maybe there were things that you liked about what they did."

A few participants expressed negative opinions about role-playing, emphasizing the inauthentic nature. Anna shared "I don't think role-plays are genuine and authentic." Interestingly, despite her sentiments about the experience not feeling real, Anna later shared about another role-play experience that was "very triggering." She noted that as both the counselor and client she became emotional. Barry was clear in his opinion of role-plays, stating "well I will be up front and say I hate role playing, always, at any capacity . . . it is nerve-racking . . . gives me like anxiety." Fran commented on the client role, noting "I always struggle more being the client in any role play . . . I am not good at the whole fake being this other person thing. . . I always get really anxious and nervous as a client."

Five participants expressed appreciation for their experience being a client in the role-plays, citing enhanced perspective taking and empathy for real clients experiencing suicidal ideation. Cara stated "it is good to . . . put yourself in their shoes . . . how awkward it is to talk about that as the person who has suicidal ideation." In talking about her experience role-playing a client, Ellie shared that she realized "how resistant I might be . . . I tried to step into the heart and mind of a person who is suffering those kinds of thoughts and I think it was good for me."

Discussion

Results of the current study underscore the importance of intentional training related to suicide prevention. Participants reported increased confidence in conducting assessments, potentially increasing their likelihood to recognize and respond to suicide threat in their places of employment. Findings also suggest that teaching Master's students principles of suicide assessment could help facilitate the counselor's awareness of their role in suicide prevention and foster skills in competent assessment. Participants reported a greater understanding of their responsibility in helping clients and the importance of raising concerns about suicide with clients

directly after participating in the class. Participants also expressed feelings of empowerment in acknowledging suicide. These findings align with research indicating didactic and experiential training are an effective approach to increasing participants' knowledge and confidence in suicide assessment (Gallo et al., 2019; Neimeyer et al., 2001: Shannonhouse et al., 2018) and intervention (Gallo et al., 2019), as well as enhancing performance outcomes (Daniels & Larson, 2001).

Findings also revealed students' areas of struggle in suicide assessment. Similar to the larger body of literature (Rudd, et al., 2001), counselors-in-training reported concerns about missing the signs of suicide in their clients. Despite these struggles, participants were able to identify speaking with supervisors (e.g., seeking consultation) as an important take away from their learning. Participants also identified the need for continued education, even after graduation and felt strongly about staying abreast of current trends and recommendations related to suicide. Experts within the field of suicidology also advocate for the use of consultation and supervision as well as continued professional development in suicide risk management (Rudd et al., 2001; Miller et al., 2013).

Lastly, participants expressed strong feelings about the use of experiential learning exercises (e.g., role-plays). Many of the participants believed the role-playing enhanced their understanding of how it might feel for a client to express suicidal thoughts and how it increased their empathy for the client. Similarly, Cross et al. (2011) found that the use of scenarios provided a glimpse of what clients experience and therefore, increased participants' feelings of empathy with clients. Some of the participants also noted the mixed emotions they had toward participating in role-playing; not enjoying the simulation but recognizing the value of completing the activity. These realizations are similar to Miller and colleagues (2013), who noted the

importance for counselor educators to evaluate the levels of discomfort in their students. They recognized the fear and anxiety that is created for counselors-in-training when learning and practicing suicide assessment skills. Nevertheless, the American Association of Suicidology and other experts in the field of suicide recognize the importance of skills-based demonstrations in suicide risk assessment and recommend these methods be used (Schmitz, et al., 2012).

Limitations

Although we followed best practices in designing and conducting this qualitative study, there are some limitations to address and consider when reviewing the findings. First, the use of a single, one-time method of data collection (e.g., interviews) may have limited the participants' opportunities to share their experiences. However, the team sent a follow-up email to participants that included the results and themes with an invitation to respond. Another limitation includes the possibility of participant bias. Although the study was conducted after grades were submitted, participants may have felt obligated to participate or report generally more positive experiences based on being students in our program. Although waiting until students graduated may have reduced this bias, because some students were in their second year of a three year program, we decided to conduct interviews in the spring semester. The use of a graduate assistant to invite participants and conduct the interviews may have helped with this limitation, although may not have eliminated social desirability bias. Additionally, although it is possible that students who enrolled in the course as an elective (primarily second year students) may have had greater levels of interest in suicide prevention relative to those who were required to take the course (majority of third year students enrolled), those in the YBHI track selected that track due to their interest in youth behavioral health. Thus, it is likely that the majority of students enrolled in the course were interested in youth suicide prevention.

Implications and Future Research

Counselor educators can play a pivotal role in providing and advocating for suicide training to both future and practicing counselors in their communities to help fill this need and help practitioners stay abreast of best practices. Findings from this study provide important implications for counselor educators and supervisors. First, providing a suicide prevention course that allows students to wrestle with the concept of suicide, explore their own feelings about suicide, and consider how they would approach someone who is suicidal, is important for counselor development and building self-efficacy. One way to support students in learning about suicide prevention is using a values inventory that includes issues related to suicide. Statements such as "I believe suicide is wrong", "individuals have a right to suicide", and "I would feel ashamed if someone I know died by suicide" are a few of the prompts that encourage reflection and discussion. Using this activity provides opportunities for students to discuss their reactions to clients with suicidal ideation within the classroom setting, as well as to for instructors to provide structured feedback time during role-play experiences and supervising counseling sessions specific to the topic of suicide.

In addition, an experiential component, such as role-playing, has been found to increase participants' learning (Gallo et al., 2019; Cross et al., 2011) and is strongly recommended by the American Association of Suicidology. Role-playing allows students to experience the awkwardness or discomfort that may come from directly asking someone about suicide. Though some may feel the situation is not "real" and therefore, disingenuous, this feeling may also be worthy of discussion and investigation. A recommendation based on this study is to include role-plays with clients of different ages, with varying degrees of suicidal ideation and levels of risk, and of different cultural groups. Additionally, a unique feature of the course presented in

this study was the integration of an experiential component that occurred outside of the classroom. Structuring the suicide prevention course so that students have both in-class role-plays, as well as the experience to conduct a supervised suicide assessment with a client through practicum or internship placements may enhance learning and student self-efficacy.

Another implication is emphasizing the counselor educator or supervisors' work in supporting students and counselors' acceptance of, and tolerance for, the uncertainty and complexity involved in suicide assessment. There is a large amount of fear and anxiety that can surface for counselors, both experienced and inexperienced, when working with individuals who are suicidal. Addressing these fears in a safe and supportive environment, and acknowledging that assessing for suicide is not about predicting the unpredictable, but rather acquiring the skills to more competently evaluate clients, can be both empowering and motivating. Normalizing the common fears and the trepidation that accompanies working with clients around the topic of suicide can help students move beyond their own feelings and focus on the client. Counselor educators can develop role-plays that include clients with active suicidal ideations and plans so that students can work through these challenging situations with the support of the instructor. Further, the instructor can model how to manage these situations effectively so that students can gain competence both from observing and practicing these skills. Counselor educators and supervisors can play a valuable role in providing consultation, acknowledging that we all need opportunities for feedback and guidance in difficult situations.

Future research examining the effects of continued consultation related to suicide, outside of one's graduate training, could provide valuable information for both counselor education and within the field of suicidology. A frequent finding in the literature is that many mental health providers do not engage in continuous education related to suicide prevention. This finding has

been supported in numerous studies, stating that counselors who report lower levels of self-efficacy and competence, have varied years of experience (Oordt et al., 2009). In other words, even if one has been a counselor for many years, unless they are seeking training/consultation in suicide risk assessment, they may not have acquired the skills to competently assess for suicide.

Funding

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number G02HP30576, Behavioral Health Workforce Education and Training, award amount of $214,270.00. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Declaration of Interest

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

References

American Association of Suicidology. (2004). *Core competencies for the assessment and management of individuals at risk for suicide*. http://www.suicidology.org/Portals/14/docs/Training/RRSR_Core_Competencies.pdf

American Association for Suicidology. (2018). *Recognizing and responding to suicide risk: Essential skills for counselors*. http://www.suicidology.org/training-accreditation/rrsr

American Counseling Association. (2014). *2014 ACA code of ethics.* Author.

Barrio Minton, C. B. A., & Pease-Carter, C. (2011). The status of crisis preparation in counselor education: A national study and content analysis. *Journal of Professional Counseling: Practice, Theory, and Research, 38*, 5-17. https://doi.org/10.1080/15566382.2011.12033868

Binkley, E. E., & Leibert, T. W. (2015). Prepracticum counseling students' perceived preparedness for suicide response. *Counselor Education & Supervision, 54*, 98-108. https://doi.org/10.1002/ceas.12007

Center for Collegiate Mental Health. (2019, January). 2018 Annual Report (Publication No. STA 19-180).

Centers for Disease Control (CDC). (n.d.). WISQARS fatal injury 2018 data. Retrieved on November 16, 2020 from https://www.cdc.gov/injury/wisqars/fatal.html

Cross, W. F., Seaburn, D., Gibbs, D., Schmeelk-Cone, K., White, A. M., & Caine, E. D. (2011). Does practice make perfect? A randomized control trial of behavioral rehearsal on suicide prevention gatekeeper skills. *Journal of Primary Prevention, 32*, 195-211. . https://doi.org/10.1007/s10935-011-0250-z

Daniels, J. A., & Larson, L. M. (2001). The impact of performance feedback on counseling self-efficacy and counselor anxiety. *Counselor Education and Supervision, 41,* 120–130. https://doi.org/10.1002/j.1556-6978.2001.tb01276.x

Finaly, L. (2011). *Phenomenology for therapists: Researching the lived world*. Wiley.

Gallo, L. L., Doumas, D., Moro, R., Midgett, A., & Porchia, S. (2019). Evaluation of a youth suicide prevention course: Increasing counseling students' knowledge, skills, and self-efficacy. Journal of Counselor Preparation and Supervision, 12 (3). https://repository.wcsu.edu/jcps/vol12/iss3/9

Hays, D., Wood, C., Dahl, H., & Kirk-Jenkins, A. (2016). Methodological rigor in Journal of Counseling & Development qualitative research articles: A 15-year review. *Journal of Counseling and Development, 94*, 172-183.

Ivey-Stephenson, A. Z., Demissie, Z., Crosby, A. E., Stone, D. M., Gaylor, E., Wilkins, N., Lowry, R., & Brown M. (2020). Suicidal ideation and behaviors among high school students-Youth risk behavior survey, United States, 2019. Retrieved from https://www.cdc.gov/mmwr/volumes/69/su/pdfs/su6901a6-H.pdf

Johns, M. M., Lowry, R., Haderxhanah, L. T., Rasberry, C. N., Robin, L., Scales, L., Stone, D., & Suarez, N. A. (2020). Trends in violence victimization and suicide risk by sexual identity among high school students-youth risk behavior survey, United States, 2015-2019. Retrieved from https://www.cdc.gov/mmwr/volumes/69/su/pdfs/su6901a3-H.pdf

Joiner, T. (2005). *Why people die by suicide*. Harvard University Press.

Juhnke, G. A. (1994). Teaching suicide risk assessment to counselor education students. *Counselor Education and Supervision, 34*, 52-58.

Juhnke, G. A., Granello, D. H. & Granello, P. F. (2011). *Suicide Self-Injury and Violence in the Schools*. Wiley & Sons.

King, C. A., Foster, C. E., & Rogalski, K. M. (2013). Teen suicide risk: A practitioner guide to screening, assessment and management. Guilford Press.

Larkin, M., & Thompson, A. R. (2011). Interpretative phenomenological analysis in mental health and psychotherapy research. In D. Harper & A. R. Thompson (Eds.), *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners*. Wiley-Blackwell.

McAdams, C. R., & Foster, V. A. (2000). Client suicide: Its frequency and impact on counselors. *Journal of Mental Health Counseling, 22*, 107– 121.

Miller, L. G., McGlothlin, J. M., & West, J. D. (2013). Taking the fear out of suicide assessment and intervention: A pedagogical and humanistic practice. *Journal of Humanistic Counseling, 52,* 106- 121. https://doi.org/10.1002/j.2161-1939.2013.00036.x

Miller, R. M., Chan, C. D., & Farmer, L. B. (2018). Interpretative phenomenological analysis: A contemporary approach. *Counselor Education and Supervision, 57,* 240-254. https://doi.org/10.1002/ceas.12114

Neimeyer, R. A., Fortner, B., & Melby, D. (2001). Personal and professional factors and suicide intervention skills. *Suicide and Life-Threatening Behavior, 31,* 71-82. https://doi.org/10.1521/suli.31.1.71.21307

Oordt, M. S., Jobes, D. A., Fonseca, V. P., & Schmidt, S. M. (2009). Training mental health professionals to assess and manage suicidal behavior: Can provider confidence and practice behaviors be altered? *Suicide and Life-Threatening Behavior, 39,* 21-32.

Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using interpretative phenomenological analysis in qualitative research psychology. *Psychological Journal, 20,* 7-14. doi:10.14691/CPPJ.20.1.7

Rudd, M. D., Joiner, T., & Rajab, M. H. (2001). *Treating suicidal behavior: An effective, time-limited approach*. Guilford.

Sawyer, C., Peters, M. L, & Willis, J. (2013). Self-efficacy of beginning counselors to counsel clients in crisis. *The Journal for Counselor Preparation and Supervision, 5,* 30-43. . http://dx.doi.org/10.7729/52.1015

Schmitz, W. M., Allen, M. H., Feldman, B. N., Gutin, N. J., Jahn, D. R., Kleespies, P. M., . . . & Simpson, S. (2012). Preventing suicide through improved training in suicide risk assessment and care: An American association of suicidology task force Report addressing serious gaps in U.S. mental health training. *Suicide and Life-Threatening Behavior, 42,* 292-304. https://doi.org/10.1111/j.1943-278X.2012.00090.x

Shannonhouse, L. R., Elston, N., Lin, YW. D., Chase Mize, M., Rumsey, A., Rice R., Wanna, R., & Porter, M. J. (2018). Suicide intervention training for counselor trainees: A quasi-experimental study on skill retention. *Counselor Education and Supervision, 57,* 194-210. https://doi.org/10.1002/ceas.12110

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method, and research.* Sage.

Soleimanpur, S., Geierstanger, S.P., Kaller, S., McCarter, V., & Brindis, C.D. (2010). The role of school health centers in health care access and client outcomes. American Journal of *Public Health, 100,* 1597-1603.

Wachter Morris, C. A., & Barrio Minton, C. A. (2012). Crisis in the curriculum? New counselors' crisis preparation, experiences, and self-efficacy. *Counselor Education and Supervision, 51,* 256–269. https://doi.org/10.1177/2150137814567471