

## SHAPING PERCEPTIONS: ASSESSING THE EFFECTS OF SUICIDE-SPECIFIC EDUCATION ON GRADUATE STUDENTS

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### Abstract

Suicide occurs at alarming rates across the United States and rates are on the rise. The majority of those who attempt suicide report meeting with a medical or mental health provider in the six months prior to their attempt. Graduate programs that prepare social workers need to be prepared to offer adequate training to their students that include content about the needs of suicidal clients and survivors. The purpose of the study was to examine student perceptions of their readiness to work with clients experiencing suicidal ideations following completion of an elective course on suicide related issues. The researchers collected and analyzed data from narrative assignments completed by the participants and from focus groups with three cohorts of students. Results show participants (n=49) felt anxiety due to a lack of knowledge about what to do in suicide situations and felt unprepared to assess suicidality prior to the course. Upon course completion, they reported reduced anxiety and more comfort with the complexity surrounding suicidal client situations. The authors recommend that programs consider providing a course focused on suicide-related issues and/or provide specific examples of suicide related content in existing courses.

### 1. Introduction

Suicide rates rose consistently in the past decade, prompting increased attention to the issues of suicide prevention and effective interventions (Curtin, Warner & Hedegaard, 2016). According to a Centers for Disease Control (CDC, 2018) press release, suicide rates rose in nearly every state in the U.S., with rates varying from a six percent increase in Delaware to over 57 percent in North Dakota. Suicide rates are significantly higher among marginalized populations such as American Indian/Alaska Native, and those who identify as LGBTQ (American Foundation for Suicide Prevention, 2019). According to the most recent mental health workforce study from the Congressional Research Office (Heisler, 2018), clinical social workers are the largest provider of mental health services in the U.S., often being called upon to support clients facing suicide-related issues. Given the potential for working with these issues, it is imperative that social workers be prepared to intervene effectively with suicidal

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ideations, attempts, and loss. While the focus of this article is on social work, this concern extends to other disciplines as well. For example, a study by Jahn, Drapeau, Wacha-Montes, Grant, Nadorff, Pusateri, Hannah, Bryant, & Cukrowicz (2017) revealed that less than 57 percent of psychology trainees in the U.S. receive suicidology training.

### **1.1 Importance of and Barriers to Inclusion of Suicide Education**

Inadequate suicide-specific training can result in professionals feeling unprepared for working with suicidal clients and anxious about how they will respond if a client expresses suicidal thoughts or dies by suicide. Clinicians' feelings of stress and anxiety can compromise clinical outcomes (Sharpe, Frey, Osteen, & Bernes, 2013). Human service professionals who have not received specific training are at increased risk for compassion fatigue and burnout when they lose a client to suicide (Sanders, Jacobson, & Ting, 2008). Numerous studies (e.g., Almeida et al., 2017b; Scott, 2015; Sanders, et al., 2008) address the importance of including suicide content in the educational programs of human service professionals, specifically social work, and highlight the gap that currently exists in most programs. However, few researchers have explored effective methods for including this content in existing curricula. An article by Almeida and colleagues (2017a) outlined a sample course and provided evidence of its effectiveness.

A study of deans, directors, and faculty of graduate social work programs found that 60% of these programs offered fewer than four hours of suicide-related education and only a small percentage of programs had a course dedicated exclusively to suicide content (Ruth, Gianino, Muroff, McLaughlin, & Feldman, 2012). Additionally, only 20 percent of MSW students surveyed reported having any formal training in suicide-related issues (Scott, 2015). Few textbooks focused solely on suicide-related topics and few other training materials are available that address the specific needs of these graduate social workers.

Several factors inhibit the addition of suicide-related content to curricula for social workers. A possible barrier to inclusion of this content is the lack of faculty members who are comfortable with the subject. A possible barrier to inclusion of this content, as suggested by Almeida and colleagues (2017b), is the lack of faculty members who are comfortable with the subject. This is consistent with the findings of Jahn, et al., (2017) who found that a lack of resources and knowledge of suicidology to be among the largest barriers to suicidology training among human service professionals. However, given the statistics, it is quite likely that most social work professionals will encounter suicidal clients during their career, even very early in their career. Due to these compelling issues, a semester-long, elective course was developed to specifically focus on suicide assessment, intervention and postvention.

Deciding what content is included and left out of a graduate curriculum can be a daunting task. With all of the important new developments in our field, it is tempting to spend less time focusing on some of the chronic issues that have challenged and confounded social workers for decades. After all, there have not been any revolutionary improvements to how suicide is prevented in many years. In fact, suicide rate continues to rise (CDC, 2018). Yet, discussions with MSW program directors and department chairs conducted by the authors found that most believed little room existed in the curriculum to accommodate new content. Several of those surveyed believed suicide happened infrequently enough that they preferred to use the limited classroom time on issues students would face on a more regular basis. This is consistent with existing literature that reports there are gaps that exist in current training programs for social workers and other behavioral health providers (e.g., Jahn, et al., 2017; Sanders, Jacobsen & Ting, 2008; Scott, 2015).

In order to help promote stronger consideration for suicide-related content across MSW and human service professional curricula, one purpose of the current study was to explore MSW students' self-reported anxiety and sense of confidence about working with clients experiencing suicidal behaviors to determine if suicidespecific training would impact these.

### **1.2 Online Program Implications**

The online course studied here was structured in a similar fashion to the courses outlined in other articles (Almeida, 2017a, Quest & Nedegaard, 2018) and included content on the history about attitudes and beliefs about suicide, social implications of suicide on a community, complicated grief for survivors of suicide, conducting a comprehensive evaluation with suicidal clients, and current interventions considered to be best practices.

Additional materials related to working with marginalized populations were added to strengthen the antioppressive approach of the course. However, it presented unique concerns due to the online format of the program. The instructor was concerned that the emotionally intense nature of the material might be a poor fit for an online delivery, without the customary cues of student well-being that are present in a traditional classroom setting. In order for the students to feel as supported as possible, additional resources were provided in the syllabus, several contact people were introduced to the students in the first class, and each student talked with the instructor weekly in a virtual classroom. Weekly journals were assigned, and the instructor reviewed these for indications that a student was struggling with the course content. The researchers did not assess for whether the format added to, or detracted from, student engagement. However, every student who completed the course reported feeling as though the format was supportive and conducive to their learning. The researchers intend to explore this question in future studies.

One of the primary objectives of the instructor was to increase students' comfort level with the subject, preparing them to engage with clients calmly, and to manage their own reactions in crisis situations in order to provide effective services. Engaging with suicidal clients effectively requires that the social worker remain calm when the client discloses suicidal thoughts. Role-playing has been shown in the literature to be one way to increase self-efficacy and self-confidence with students and can be a tool to assist them in managing negative feelings such as anxiety in an environment involving minimal risk (e.g., Lane & Rollnick, 2007; Goldenberg, Andrusyszyn & Iwasiw, 2005). Therefore, these kinds of discussions were incorporated into the safety of a classroom, allowing these students to practice managing their reactions. A primary component of the course was the attention given to self-care, and students created an emergency, crisis self-care plan as an assignment.

The purpose of this assignment was to prepare students for the possibility of working with a suicidal client, and to normalize the fact that they would be emotionally impacted by this. Time in each class was devoted to mindfulness, stress reduction, and other self-care techniques to provide students with a variety of strategies they could include in their self-care plans.

### **1.3 Course Description**

The content of the course and assignments are described briefly in order to provide a context for the study. This course was offered in an online, synchronous MSW program and has been offered for the past seven years. The course is offered near the end of the MSW program when nearly all of the required core courses have been completed. Students completed several assignments, the first of which provides the bulk of the data set used in this study. Students completed a written reflection during the first week of class in which they described their primary concerns about taking the class, working with suicidal clients, their values and beliefs about suicide, and what experience they have with suicide loss. The purpose of this assignment was to prompt the students to practice articulating their fears and asking questions about the topic. The instructor of the course used an antioppressive approach (Morgaine & Capous-Desyllas, 2015) and students were given readings that oriented them to this foundation. Weekly content covered the history of suicide, theories of suicidal behaviors and thoughts, assessment, evidence-based interventions for treating suicidality, risk and resiliency factors, and the components of effective postvention. Several weeks were spent focused on the unique needs of historically oppressed populations. Students were provided with links to several websites which they were to explore during the semester as a means of enhancing the lectures. Class time in the synchronous online classroom was comprised of in-class role plays, short videos, brief lectures, and discussions. The main assignment for the course required the students to conduct a needs assessment in their community and compile a list of local resources. The second part of this assignment involved creating an intervention that filled a gap they identified in the need's assessment. Implementation of the intervention was not required, but it did need to be specific to their home communities. The purpose of this assignment was to encourage the students to think creatively about ways to increase awareness of suicide issues in their home communities.

### **1.4 Purpose of the Study**

The purpose of the study was to examine student perceptions of their readiness and comfort to work with clients experiencing suicidal ideations following completion of an elective course on suicide prevention, intervention, and postvention. Through the study, the researchers hoped to answer the questions, *do MSW students feel*

*prepared to work with clients experiencing suicidal ideations prior to taking a suicide elective, and do MSW students who engage in a course on suicide-related topics feel better prepared following the course?*

## **2. Methods**

This exploratory case study was conducted in the MSW program offered through a Midwest university and collected data from focus group interviews and written course assignments. Focus groups at the end of the course were designed for course evaluation and improvement of this newly developed elective course, as the course was receiving significant student interest and it was clear that it would become one of the program's primary elective course offerings that it warranted additional course evaluation as part of course development. Two focus groups were conducted with each of the three cohorts of students included in the sample. Each focus group occurred at the end of the semester immediately after the course was completed.

A case study design should be considered when: (a) the study is designed to “how” and “why” questions; (b) the behavior of study participants cannot be manipulated; and (c) the focus is on contextual conditions believed to be relevant to the phenomenon under study (Yin, 2018). Using direct interpretation, researchers create naturalistic generalizations from multiple sources such as interviews, observations, and documents. Data is organized, described, and classified into codes and themes, and interpreted to better understand a specific issue or concern (Creswell & Poth, 2017).

### **2.1 Participants**

Participants (n = 49) were MSW students from three cohorts of an online program enrolled in an elective course titled *Suicide Prevention, Intervention, and Postvention*. This online program draws students from all over the U.S. and each cohort included students from several regions. A large majority of the students came from the Northern Midwest region and lived in more rural areas. Additionally, most of the students worked in a social work-related position while they were enrolled in the course. These students were primarily female (87%), Caucasian (83%), and ranged in age from 23 to 49 years old.

### **2.2 Data Collection and Analysis**

Students provided in-depth reflections to several qualitative questions throughout the course. The first source of data were reflection assignments (described above) that asked students to write about their knowledge of suicide prior to the beginning of the course. All students enrolled in the course completed the same assignments. The second data source was focus groups which were held immediately at the end of the term. Six groups of eight or nine participants each participated in the focus groups which were held in an online virtual classroom. Thirty-nine students participated in the six focus groups. A semi-structured interview guide was used for the focus groups to solicit information related to the nature of the participant's previous understanding of assessing and treating suicide, their course experience, and the impact the course had on their learning. The interview guide provided the authors with a structure that enabled the key topics to be covered while providing sufficient flexibility to adapt the interviews to allow for the exploration of unanticipated topics (Patton, 2002; Rubin & Babbie, 2017). These sessions were conducted by the authors and lasted between 50 and 90 minutes. Audio recordings of the focus group discussions conducted at the conclusion of each course were used to create transcripts.

Content analysis systematically identifies and categorizes themes to develop significant themes in qualitative analysis (Hsieh & Shannon, 2005; Patton, 2002). The researchers used content analysis on both the data from the reflection assignment and focus groups. NVivo software was used to organize the interviews, code the transcripts, and help identify key themes. Each researcher coded the study documents in order to increase dependability.

The themes presented in the findings below illustrate how engagement with the course increased the students' confidence in engaging with others about the topic of suicide.

## **3. Results**

Themes from the written reflection assignment that were completed by participants prior to the course and themes that arose from the focus groups conducted after the course are presented separately in the sections that follow. Several of the themes were identified at both times and are discussed together to illustrate how student perceptions evolved due to the course content and lectures.



### 3.1 Pre-course Student Perceptions

*Not knowing what to do.* Participants described feeling fear at the prospect of working with clients experiencing suicidal thoughts or behaviors. This fear was related to not having enough information about how to do an assessment, what to say to the client, how to refer a client to a higher level of care without damaging rapport, how to talk with family members without breaking confidentiality, and when to report a client's threats of self-harm. While there was variation in how the feeling was described, participants shared in common the awareness that there was too much they did not know about working with a suicidal client. *"I mean, I know the steps I should take but what if they get mad at me for placing a hold on them? Will they trust me again?"* Another participant shared an experience of having to convince family members that her client's threats were real: *"They just thought he was looking for attention. And maybe he was but I couldn't tell them all the things he said to me that made me know how strong his wish to die was. It was hard to not be able to talk with them and get their support because I was really anxious about the situation and I felt overwhelmed by it all. They just kept reassuring me that things were going to be ok, but since they didn't know the situation, those reassurances didn't give me much comfort."* Prior to the completion of the course, participants expressed a sense of confidence in their ability to do an assessment with most acute clients but they were aware they did not know how to conduct a suicide screening or assessment. *"How do you ask that question – do you want to die? Will they really tell me the truth? And what if they hadn't thought about it but me asking made them think about it?"* Participants identified the use of role-plays in class to practice asking the question as one of the most useful parts of the course, as practicing it in a safe environment allowed them to focus on their own reactions.

*Collective lack of knowledge.* The death of a client by suicide has a ripple effect in any agency. Some of the reflections the participants shared in their written reflections prior to the course described experiences of working in agencies at the time of a suicide death where none of the workers had been trained to work with suicide-related issues. Newer clinicians recalled looking to the more seasoned workers for guidance, only to realize they did not know how to manage the situation, either.

*"I tried to get some ideas from my co-worker, but she just got this scared look on her face and said, 'You better just ask (the clinical supervisor) about it'. I did ask but he didn't have any ideas either."* One participant described what happened in his agency when they found out a client had died by suicide the previous week: *"We all just looked at each other. No one said anything I think because none of us knew what to say. The client's therapist sat there for a few minutes and then just got up and went to her office. I don't think anyone ever talked to her about it after that."*

### 3.2 Post-course Perceptions

*Increased awareness of complexities involved.* Overall, participants' response to the course was positive. Most reported feeling better prepared to work with suicidal clients and better able to conduct an accurate assessment and suggest appropriate interventions. They realized they had more questions following the classes than prior due to being made aware of things they had not previously considered. The participants also recognized they were at the beginning stage of learning, that the issue of suicide was complex, and that they would need to be proactive in seeking supervision. They shared that they had begun to form relationships with others who were also interested in addressing suicide-related issues within their home communities and agencies.

As one participant said: *"When I signed up for the course I thought, what can we possibly talk about for a whole semester about suicide? But now, all I can think is how much there really is to know and how complicated the whole thing is. I'm so glad I had this course because now I know where to get more resources."*

Another noted that the main benefit of the course was increased awareness of the possibilities in their communities: *"I began looking at my community's strengths and the possibilities, rather than the limitations and lack of resources."* Another noted: *"If I hadn't taken this course, I would not have seen the potential of smaller, local interventions (to make a difference in the suicide rates in their small rural town)."*

A benefit that participants identified was having the time to examine their own beliefs in depth, allowing them to gain a better understanding of why they held certain beliefs about suicide and clients who expressed suicidal thoughts. Their anxiety and fears about working with this population decreased with their new understanding. One participant commented: *"(the course) increased my understanding and helped me really examine my own*

*beliefs about suicide. The information provided increased my confidence in working with suicidal clients and lowered my anxiety.*” Others noted: *“My stigma against (suicide) is so much less because of all the conversations we had in this class”* and *“I just want to express the importance of teaching us how to deal with grief, shock, disbelief, anger, self-doubt, irritability, anxiety about legal fallout, PTSD, sense of aloneness and isolation.”*

In addition to suicide specific content, participants noted that some of the greatest gains from the course related to their improved ability to identify resources in their communities and build partnerships with other colleagues. Participants described a class assignment which required students to create individual projects where they designed their own intervention or postvention projects for their home communities as one of the most valuable lessons of the course. Prior to completing these projects, most participants believed that suicide interventions needed to be complex and large scale and felt unable to create something that could make a difference. Their ability to examine the needs in their communities, identify a specific population, and create an intervention that addressed a gap they had noticed, increased their knowledge about the population, the available resources in their communities, unique and creative ways to connect with suicidal clients, and enhanced their feelings of competence.

Several participants in this study reported an increased skill level because of the information they took from the course and why this is important for them to learn while still in school and not wait until they are working. As an example, a student who worked in a school setting while enrolled in the course said this following a student’s suicide: *“If it was not for the information I learned in this course, I would not have known what to do when I found out about (the) death. Now, I knew the steps to take with the other students and school-staff. Mostly, though, I knew what to do for myself so I could keep going. I felt overwhelmed by what happened, but I knew I could manage it.”*

Perhaps most importantly, participants reported the reflections allowed them to create a better awareness of their own values and how these reflections impacted their thinking and practice. One participant indicated: *“I understood that there was a lot of stigma surrounding suicide, but I was able to better understand where that stigma was originating from. I also learned how I was inadvertently adding to that stigma by perceiving suicidal individuals as being different than other people. I feared them because I feared they would commit suicide and it would ruin my career and cause me to feel incompetent because I couldn’t stop them.”*

*Increased awareness about lack of resources.* Many of the participants lived and worked in rural areas and discussed a lack of resources in their communities as one of the biggest barriers they saw to reducing suicide.

*“I feel like I already know some about suicide and I think I’d feel okay asking my clients but what if they say yes when I ask them about it? Then what? The closest psych facility I can send them to is two hours away. How will that help them, being so far away from their family and the people who care?”* Several of the participants described an increased ability to identify resources in their community as a result of the course. Despite this, many of them became dismayed by their increased awareness of the gaps they discovered while completing the course assignments. Several noted they had become more aware of the need to work at a macro level to make system changes.

*Continued Anxiety.* Participants described feelings of anxiety both in the pre-course reflection and during the focus groups. In the written reflections completed at the beginning of the course, many of them identified this anxiety as related to fear of losing a client or saying the wrong thing when a client expressed suicidal thoughts or feelings. For example, one participant commented: *“It just makes me so worried – what if I say the wrong thing? What if me asking them about (suicide) makes them do it?”* During the focus groups, participants described a deeper sense of awareness of the complexity of the issues that clients would experience which changed the nature of the apprehension they felt about addressing these concerns. While their anxiety about addressing this issue decreased, their increased knowledge meant they learned about new factors and complexities they had not previously considered. They believed that some of the specific skills they learned through class role plays and discussions taught them to feel more comfortable with the complexity and uncertainty they felt in regard to adequately supporting their clients. They also realized that even taking an entire course devoted exclusively to suicide was not sufficient to fully prepare them for situations of this nature.

#### 4. Discussion

This study found that graduate students taking a suicide elective found this course to be of value. They indicated that several benefits, to include an increase in their understanding of the complexities of suicide and its aftermath. The results reflect the value MSW students placed on receiving suicide-related education. Participants often questioned why they needed to take an elective course to receive the suicide-related content they felt they needed and expressed concern that it was not infused into the core curriculum for all students. This led to discussions about the complexities of curriculum choices and development within graduate programs. They acknowledged that there was limited space in the current curriculum to address the range of client issues they would face in their work, but they stressed the importance of including suicide-related training based on their awareness of the likelihood of working with the issue in their career. Including suicide-related content in existing courses requires some adjustment for instructors but it is necessary. As Sharpe and colleagues noted, “When professionals are ill-prepared and uncomfortable working with clients at risk for suicide, provider stress and anxiety increase, and clinical outcomes are compromised” (Sharpe, et al., 2013, p. 118).

##### 4.1 Implications for Social Work Education

The choice of instructor for suicide-related content is critical. One of the primary reasons for the comfort of the students in the course in this study was the instructor’s comfort with presenting the course materials. These authors are aware that the course studied here would not have been created if not for their commitment to suicide education. Some graduate programs may not be able to easily replicate this due to the lack of a faculty member who is comfortable with the topic. This is something that must be addressed as programs explore how to increase their capacity to deliver this content. A faculty member interested in presenting the content, but lacking in their own education about suicide, could complete trainings available in their community or online. Examples of the types of trainings are listed at websites such as the Substance Abuse and Mental Health Services Administration (SAMSHA), National Institutes for Mental Health (NIMH), and American Foundation for Suicide Prevention (AFSP). These websites contain extensive information about national and community resources. Deans, department chairs, and directors could also consider other resources, such as community members to act as consultants as they develop suicide-related course materials. The need for social workers/human service professionals who are well prepared to work with suicide-related issues is only going to increase. Social work and human service programs must accept responsibility for providing their graduates with all the tools they will need to be effective as new professionals.

While this research was conducted with students enrolled in a traditional, online, semester-long course, options for more feasible formats include weaving modules of the information into existing core classes, presenting the material in a short course (four to six weeks) that could be offered in lieu of an elective course, or an intensive, week-long format offered during a term break. Each graduate program can be creative in how they structure the course to best meet the needs of their students, and the clients they will serve.

Direct practice courses offer obvious places to include suicide content, however, social work is often more macro-focused throughout the world, as resources are limited and working on the micro level is simply not feasible. For macro-focused social workers, suicide information could be included in classes at the policy level. Students could learn about policies that can impact suicidality and find out ways to advocate for policies that make suicide more difficult to carry out. For example, means restriction is one proven method for reducing suicide attempts and deaths (Lewiecki & Miller, 2013). Policy makers could support these efforts by passing gun control legislation, and imposing restrictions on lethal pesticides (Yip, Yousuf, Chang, Caine, Wu, & Chen, 2012). Social workers in policy positions or as community organizers are able to educate and train others about the importance of means restriction and strong suicide prevention programs in communities. Students might also work with communities to help develop and maintain suicide prevention programs, providing training, support, and program evaluation skills.

##### 4.2 Conclusions

The loss of a client to suicide is devastating and can be career-changing for social workers (e.g., McAdams & Foster, 2000; Ruskin, Sakinofsky, Bagby, Dickens, & Sousa, 2004). Receiving specific suicide content in core social work courses prepares future professionals to respond competently and to manage the experience with

reduced impact to their work. It can also increase awareness of the impact their own biases towards clients who are demonstrating suicidal thoughts and behaviors has on client outcomes.

Students preparing to enter their field practicums experience increased anxiety at the potential for working with suicidal clients. Binkley and Leibert (2015) noted the advantages to providing suicide-related content prior to practicum placements because that is when students are “most anxious about treating clients (particularly suicidal clients) but are also most ready to learn new clinical information and develop new confidence” (p. 99). Social work and human service professional educators are responsible not only for student learning but also for how they engage with future clients. Suicide rates are projected to continue to rise for the foreseeable future. Social workers providing services to these individuals must feel confident in their skills and competent to provide the best possible care. Formal education and supported practice experiences has the potential to improve students’ self-efficacy to work with clients at risk for suicide. This increased sense of confidence is more likely to result in improved client outcomes (Pisani, Cross, & Gould, 2011).

The scope of issues facing many social workers/human service professionals means that preparing graduate students for every eventuality they may face can be an impossible task. For this reason, many programs choose carefully when it comes to required core classes and electives that can be offered. Often, programs are constrained by budgets and personnel availability. Explicitly including content about suicide, and its aftermath, benefits social work professionals and those with whom they work.

Contributions from practice educators/ field work supervisors are also an important place to consider augmenting when we contemplate the entire educational experience of human service professionals. These experiences are often seen as an invaluable source of learning for students, to the point where some disciplines have actually identified field education as their signature pedagogy (CSWE, 2008). Efforts to bolster the knowledge and understanding of suicide prevention practice educators/field work supervisors may pay large dividends if they are included in efforts to increase education/training about suicide.

Finally, programs can encourage students and graduates to engage in high quality continuing education programs regarding suicide identification, assessment and treatment. If such programs do not appear to be readily available, social work educators may even consider creating continuing education programs for community professionals in order to enhance the skills and abilities of human service professionals in their area, increase the quality of potential field instructors, and strengthen bonds between these programs and their communities.

There are limitations to this study that need to be considered. First, the information collected was part of a course evaluation. Students may have been reluctant to be completely honest with the interviewers for a number of reasons, to include fear of impact on their course grade, fear of impact on the course instructor, and other factors. Second, students in this course are not necessarily a representative sample of MSW students (or students from other human service professions) for a variety of reasons. Besides their demographic characteristics and geographic locations, they also self-selected into an elective course on suicidality while many of their peers did not. This could introduce bias into their comments as it is likely that they are more interested and passionate about this topic than the average MSW student. There is an obvious need to undertake future research to better understand which aspects of suicide education are most vital for graduate study in social work, especially when one considers the different roles social workers play across the world.

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