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### Cover Page Footnote

Erin E Binkley <https://orcid.org/0000-0003-1942-3479> Gregory M. Elliott <https://orcid.org/0000-0002-9719-1119> We have no known conflict of interest to disclose. Correspondence concerning this article should be addressed to Erin E. Binkley, Department of Counseling, Wake Forest University, PO Box 7406, Winston-Salem, NC 27109. E-mail: [binkleee@wfu.edu](mailto:binkleee@wfu.edu)

## Best Practices in Suicide Pedagogy: A Quantitative Content Analysis

Erin Binkley, Gregory Elliott

The authors used a quantitative content analysis methodology to explore the available literature on pedagogical practices for teaching counselors how to work with suicidal clients. From an initial pool of 71 potentially applicable articles found in counseling, psychiatry, general mental health, psychology, and social work journals, 26 articles were found to meet inclusion criteria by specifically exploring the impact or efficacy of different pedagogical practices relevant to suicide response in counselor training. These 26 articles were coded using quantitative content analysis procedures. Results indicated that more research is necessary to determine best practices for teaching suicide response to counselors in training. Additionally, these training practices should include attention to the CACREP standards and should be theoretically grounded in pedagogical frameworks. Ideally, future research in this area would focus more heavily on assessment of student competencies and how well students are prepared to respond to suicide.

*Keywords:* suicide, pedagogy, counselor education, content analysis

An individual dies by suicide every 12 minutes in the United States (Centers for Disease Control [CDC], 2019; Hedegaard et al., 2018). Suicide deaths totaled 45,000 in 2017, a 33% national increase from the number of suicides that took place just 20 years prior (Hedegaard et al., 2018). Although these numbers have continued to steadily rise across demographic populations during this time period, significant increases have occurred for both males and females ages 10–14 and for individuals living in rural communities. These increases have made suicide the second leading cause of death for individuals ages 10–34, the fourth for individuals ages 35–54, and the 10th overall (CDC, 2019; Hedegaard et al., 2018).

Most counselors will work with a client who is experiencing suicide ideation (Binkley & Leibert, 2015): 80% of new professionals report encountering a suicidal client during their training (Wachter Morris & Barrio Minton, 2012). Clients often present for counseling during times of crisis; thus, healthcare workers and mental health professionals are critically positioned to provide prevention ser-

vices, identify risk, and respond appropriately to suicidal clients (Jobes, 2017; Wachter Morris & Barrio Minton, 2012).

Still, clients experiencing suicidal ideation present unique challenges for counselors. Seeking treatment is not always sufficient for clients, as suicide still regularly occurs for individuals receiving mental health services (Schmitz et al., 2012). Almost half of suicides occur for people who have been given a mental health diagnosis (Hedegaard et al., 2018). When clients die by suicide, counselors may be held legally or ethically accountable (Schmitz et al., 2012). Furthermore, the personal and professional impact of a client suicide on a counselor can be staggering. McAdams and Keener reported that a crisis such as a client suicide can cause a counselor to experience feelings such as “guilt, sadness, anger, and increased fear” at “intrusive or even debilitating levels for years after the event” (2008, p. 389). Resulting impacts may prove to be even more lasting and burdensome for counselors in training.

Given the precarious nature of working with suicidal clients, suicidologists have recommended

that clinicians engage suicidal clients with evidence-based treatments, even while acknowledging that many evidence-based treatments are not routinely used in clinical practice (Jobes, 2017). As such, it is imperative that counselor preparation programs produce clinicians trained in timely, evidence-based treatments who are competent to intervene with suicidal clients (Rigsbee & Goodrich, 2018). With evidence endorsing a shift away from the medical model of treatment and toward more collaborative approaches (Jobes, 2017), counselors are well-positioned to be at the forefront of suicide prevention and response efforts.

### **Insufficient Standards**

The counseling profession's main accrediting organization, the Council for the Accreditation of Counseling and Related Educational Programs (CACREP; 2015), includes standards regarding suicide prevention and response in two of their eight core areas. Standard 2.F.5.1, Counseling and Helping Relationships, states that counselors should have a foundational knowledge of "suicide prevention models and strategies" (CACREP, 2015, p. 11). Standard 2.F.7.c, Testing and Assessment, outlines the requirement that counselors be knowledgeable regarding "procedures for assessing risk of aggression or danger to others, self-inflicted harm, or suicide" (CACREP, 2015, p. 13). However, CACREP moved from competency-based standards to knowledge-based standards in the most recent accreditation requirements (CACREP, 2009; CACREP, 2015). This change potentially contributes to a gap between counselor knowledge and the ability to engage clients with skill in clinical practice.

Exacerbating the challenge of limited educational requirements from counseling's main accrediting body is the fact that many evidence-based strategies for working with suicidal clients are not integrated into educational programs (Jobes, 2017). Wachter Morris and Barrio Minton (2012) warn that "without a clear sense of the status of crisis preparation in our profession, counselor educators may struggle to develop evidence-based crisis pedagogy responsive to the CACREP accreditation standards and the realities of practice across settings" (p. 257). More specifically, best practices for suicide response training must be clarified in order for our

profession to move forward in preparing competent and ethical practitioners.

### **Insufficient Training**

Training in suicide-specific topics across mental health disciplines has been historically insufficient and particularly scarce in counselor training programs. Schmitz et al. (2012) conducted an extensive review of the training provided within mental health preparation programs and characterized the state of education on suicide assessment and management as "woefully inadequate" (p. 2). His research team went on to say that while improvements in suicide-specific training are needed for psychologists, psychiatrists, and social workers, the lack of training is even more acute for counselors and marriage and family therapists. Schmidt (2016) found that even clinicians who professed adequate coverage of suicide topics in their education tended to rely on nonstructured interviews and their own intuition in determining client suicidal risk. Although various training models exist, counselors remain insufficiently prepared (Rigsbee & Goodrich, 2018). Increases in training, supervision, and skill development are essential.

### **Insufficient Research**

The vast majority of published literature on the topic of suicide is geared toward epidemiology, risk factors, and intervention strategies (Huisman et al., 2010). The current available literature dedicated to best practices and training standards regarding suicide is inconsistent and insufficient (McAdams & Keener, 2008; Miller et al., 2013). Educators themselves are ill-equipped to incorporate best practices in suicide intervention and assessment (Miller et al., 2013) into their teaching practices, leaving students and new professionals personally and professionally vulnerable (McAdams & Keener, 2008). Studies on suicide often focus on the comfort levels of practitioners in responding to suicide rather than on the development of skills and competencies (Binkley & Leibert, 2015; Jahn et al., 2016). Furthermore, a majority of current training practices are based around information rather than the process of "how to interact [with] and manage suicidal clients" (Granello, 2010, p. 218).

## Purpose and Research Questions

Kleist (2016) discussed that the field of counselor education has historically struggled, and continues to struggle, with a lack of a theoretically grounded pedagogical framework to guide teaching practices in the field. Korkuska (2016) lamented that much of the published literature in the field of counselor education has limited pedagogical support and, too often, articles are tied to the CACREP standards without an adequate pedagogical foundation. Until the counseling profession can clearly identify best practices and a philosophical rationale for teaching students the knowledge and skills necessary to assess and respond to suicide, comprehensive suicide response will be difficult to achieve, and new professionals will continue to struggle to meet client needs. To that end, this study focused on three research questions:

1. To what degree does the literature address pedagogical teaching techniques, best practices, and evidence-based practice for teaching counseling students to work with suicidal clients?
2. To what degree is the literature focused on pedagogical teaching techniques, best practices, and evidence-based practices for teaching counseling students to work with suicidal clients aligned with the 2016 CACREP Standards (2015) related to training counseling students to work with suicide issues and suicidal clients?
3. To what degree are the pedagogical teaching techniques, best practices, and evidence-based practices for teaching counseling students to work with suicidal clients aligned with theoretically-grounded pedagogical frameworks?

## Methods

We selected a quantitative, descriptive, content analysis methodology to answer the aforementioned research questions. Quantitative, descriptive, content analysis is defined as “the systematic, objective, quantitative analysis of message characteristics” (Neuendorf, 2016, p. 1), and is well-suited for systematic analysis of material with highly standardized or accepted meanings (Schreier, 2012). Quantitative, descriptive, content analysis has been used previously to explore the nature of articles fo-

cused on pedagogy published in counseling literature (Barrio Minton et al., 2014; Barrio Minton et al., 2018), and to identify student behaviors in counselor education programs associated with remediation (Henderson & Dufrene, 2012). We followed the guidelines for quantitative content analysis proposed by Neuendorf (2016) as we deemed them the most appropriate methodological approach for answering our research questions.

Consistent with Neuendorf’s 2016 guidelines, we established clear inclusion and exclusion criteria for the articles to be included in the content analysis. An article was eligible for inclusion in our study if: (1) it specifically addressed the pedagogy of teaching students to work with suicidal clients, (2) the study was focused within the setting of higher education, (3) the study was focused on students preparing for any of the mental health professions (counseling, social work, psychiatry, psychology, marriage and family therapy), and (4) it was a full-length article from a peer-reviewed journal (dissertations and books were excluded). Articles that focused on the *content* of education — the *what to teach* as opposed to the *how to teach* — were also excluded.

To identify the initial body of articles that appeared to pedagogically address teaching counseling students how to work with suicidal clients, the authors (both assistant professors in CACREP-accredited counseling programs) conducted a thorough and extensive literature search utilizing combinations of keywords including “suicide,” “pedagogy,” “teaching,” “andragogy,” and “education” and abstract reviews. Due to the lack of available literature on this topic specific to counselor education, it became necessary to broaden the search to include articles from any of the mental health professions. This initial search identified 71 articles, and each author separately reviewed each article against the study’s inclusion/exclusion criteria to develop the final pool of articles to be coded for content analysis. Of the original 71 articles, 26 met all inclusion criteria with 83.10% interrater reliability. In instances of initial disagreement, we discussed our evaluations of the article until we reached agreement regarding inclusion or exclusion. These discussions allowed us to make collaborative decisions regarding how inclusion criteria should be applied to article content; additionally, we used

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these discussions to ensure we were taking a uniform approach to analysis. Both authors participated in all elements of this review process as a means to establish consensus and to increase the study’s reliability and validity (Hill et al., 1997; Neuendorf, 2016).

Consistent with Neuendorf’s (2016) content analysis procedures, we created an *a priori* codebook based on the study’s research questions and in advance of the coding process. Both authors then collaboratively participated in four iterative coding exercises on 5–10% of the article pool as a means to refine the codebook and to measure and increase interrater reliability to the suggested 80% (Neuendorf, 2016). Interrater reliability improved from 26.92% to 53.19% to 64.29% to 82.56% over the four practice coding rounds. For the final coding of the articles, the pool of articles was divided in half and each author coded half the articles. The authors then switched articles and coded the other author’s articles, identifying areas of disagreement. We discussed any disagreements on the final coding process until we achieved 100% consensus.

We ultimately organized the final codebook around five main coding categories: references to Curriculum, Content Placement, Instructional Methods, Assignments, and Other, a category where we noted references to CACREP standards and specific pedagogical frameworks (research questions 2 and 3). Within each main coding category, subordinate categories were created to reflect the specific characteristics of the category (e.g., within the Instructional Methods main category, subordinate categories were created for Lecture, Role-Play, etc.).

The framework we set up for this examination allowed us to discuss articles as one major unit (e.g., how many articles have been published that address suicide pedagogy in counselor education

journals) but also allowed us to count specific pedagogical approaches (e.g., lecture, role-play, etc.) for which there could be multiple mentions within the same article.

Within each individual code category, information was coded as being mentioned/recommended, used or discussed in depth, or researched (included in the research questions or results). We determined that any article that addressed research on pedagogy would automatically count as having discussed/mentioned it, and any article that discussed pedagogy would automatically count as having mentioned it. While this operationalization would conflate the totals of the mentioned/recommended category, and to a lesser extent the discussed category, we felt this would promote consistency in the content analysis determinations. As such, pedagogy was “Mentioned/Recommended” much more frequently than it was “Used/Discussed” in articles, and it was “Used/Discussed” more frequently than it was “Researched” (see Table 1).

Table 1  
*Overall Code Counts and Frequencies*

	Mentioned/ Recommended	Used/Discussed in Depth	Researched	<b>Total</b>
Curriculum	43 (7.5%)	24 (4.2%)	9 (1.6%)	<b>76 (13.3%)</b>
Content Placement	47 (8.2%)	33 (5.8%)	15 (2.6%)	<b>95 (16.6%)</b>
Instructional Methods	116 (20.4%)	82 (14.4%)	36 (6.3%)	<b>234 (41.1%)</b>
Assignments	79 (13.9%)	62 (10.9%)	24 (4.2%)	<b>165 (29.0%)</b>
<b>TOTAL</b>	<b>285 (50.0%)</b>	<b>201 (35.3%)</b>	<b>84 (14.7%)</b>	<b>570 (100%)</b>

### Results

A total of 26 articles published between 1993 and 2018 met the inclusion criteria. The represented journals were affiliated with the fields of counseling ( $n = 10$ ; 38.46%), psychiatry ( $n = 5$ ; 19.23%), general mental health ( $n = 5$ ; 19.23%), psychology ( $n = 4$ ; 15.38%), and social work ( $n = 2$ ; 7.69%). There were no articles included from journals tied to the field of marriage and family therapy. Interdisciplinary journals included *Suicide and Life-Threatening*

*Behavior, Crisis: The Journal of Crisis Intervention and Suicide Prevention, The Qualitative Report, and The Clinical Supervisor.* Included journals were American, North American, and international.

### **Research Question 1: Pedagogical Best Practices Addressed**

We divided codes into five major categories: (1) Curriculum: References to curricular aspects, such as the timing of training, clock or credit hours, and references to student development considerations; (2) Content Placement: References to embedding suicide information in specific tracks, courses, or infusing it across the curriculum; (3) Instructional Methods: References to experiential techniques, lecture, discussion, etc.; (4) Assignments: References to oral presentations, exams/quizzes, assessments of attitudes/self-efficacy, etc.; and (5) Other: Alignment with CACREP standards and/or a pedagogical framework. We address the results in the first four categories here as part of Research Question 1. We will discuss the fifth category in the Research Question 2 and Research Question 3 portions of the Results.

### **Curriculum**

The Curriculum section of the codebook included codes related to timing of training, clock and credit hours of training, and student developmental considerations. We conceptualized these code categories as being determinations made at the administrative level as opposed to decisions that individual professors might make. One of the most commonly occurring codes in this section had to do with clock hours of suicide training, usually from the standpoint of recommending that programs offer more hours of training on suicide. Two articles specifically included a discussion of the amount of clock hours of training provided to students as part of their study results (Liebling-Boccio & Jennings, 2013; Ruth et al., 2012). We also found student developmental considerations referenced regularly, from the standpoint of ensuring suicide content is addressed at the appropriate developmental level (Binkley & Liebert, 2015; Mackelprang et al., 2014).

### **Content Placement**

The codebook's Content Placement section included categories on where suicide content is or should be embedded within counseling programs. These categories represented decisions that would often be made at the administrative level but we recognized that some professors may choose to address or not address suicide in particular courses based on their own level of comfort with the topic (Van Asselt et al., 2016). Often, articles referenced suicide education being embedded in practicum and internship courses, both from the standpoint of that being where programs are often addressing suicide education (Liebling-Boccio & Jennings, 2013) and from the standpoint of *recommending* that suicide education be addressed there (Greene et al., 2016). We also found many calls for infusion of suicide content across the curriculum. Most often, articles recommended suicide education be included in multiple classes as opposed to being addressed in one specific course like crisis intervention (Binkley & Liebert, 2015; Elliott et al., 2018; Greene et al., 2016).

### **Instructional Methods**

The Instructional Methods section of the codebook included code categories for pedagogical methods such as role-play, lectures, required readings, supervision, etc. We conceptualized these codes as discrete teaching interventions that could be chosen by professors to impart information and to develop student skills/competencies related to counseling suicidal clients. The vast majority of codes identified in this section were Mentioned/Recommended teaching practices. A total of 136 codes were identified in the Mentioned/Recommended column (see Table 2) while only 36 codes were identified in articles where specific pedagogical methods were incorporated in the article's research question or were discussed in the article's results section. The instructional methods most commonly researched were experiential techniques ( $n = 8$ ; 22.22%), lecture ( $n = 7$ ; 19.44%), and demonstration/simulation ( $n = 6$ ; 16.67%). Several articles included a substantial focus on creative pedagogical methods including the use of literature (Kim, Dawson et al., 2017) and use of an unfolding case-based approach (Greene et al., 2016). Table 2 provides a

Table 2

*Code Counts: Instructional Methods and Assignments Sections*

Code	Mentioned/ Recommended	Used/Discussed	Researched
<b>Instructional Methods</b>			
Experiential (role-play, simulation)	20	13	8
Lecture/didactic	19	13	7
Demonstration/vignette	17	15	6
Discussion/debate	16	9	5
Supervision (by university or site)	14	10	4
Required readings	11	9	4
Gatekeeper training (ASIST, QPR)	7	4	
Research workshop	5	4	
Creative media (film, literature)	4	3	
Problem-based learning	3	2	2
<b>Assignments</b>			
Assess student attitudes/self-efficacy	19	17	9
Assess student knowledge/competency	18	15	4
Field-based experience	13	9	5
Reflective activities (journal, papers)	11	9	1
Graded role-plays/skills assessment	6	4	2
Exams/quizzes	5	4	2
Oral presentations	4	3	1
Research paper	3	1	

complete listing of code counts for instructional methods.

### Assignments

The Assignments section of the codebook included codes for specific assignments related to suicide information or development of skills/competencies that professors could choose to utilize in covering suicide content, such as exams/quizzes, reflective activities, student assessments, etc. (see Table 2). As with the Instructional Methods section, the majority of codes identified in this section were from articles that mentioned/recommended various assignments. A total of 79 codes were identified in the Mentioned/Recommended column (see Table 2)

whereas only 24 codes were identified in articles incorporating specific assignments in the research methodology or that were discussed in the article's results section. Nineteen of the articles made a reference or recommendation related to assessing student attitudes or self-efficacy to work with suicidal clients. The second most common code in this section was assessment of student knowledge/competencies with 18 articles being coded as such (see Table 2). Several articles included a substantial focus on specific assignments that could be used to develop students' knowledge/competencies in working with suicidal clients. These assignments included use of a scenario-based activity for increasing student knowledge of suicide risk factors (Madson & Vas, 2003), and a self-reflective suicide writing assignment (Cook et al., 2006).

### Research Question 2: Alignment With CACREP Standards

Nine of the articles included in the final pool (31.03%) addressed pedagogy as related to the CACREP standards for counselor education. All of these nine articles were published in counseling journals, meaning that 90% ( $n = 9$ ) of the total articles published in counseling journals referenced the CACREP standards. Of these nine articles, six of them referenced the 2009 CACREP standards and three of them referenced the current 2016 standards. Of the three articles referencing the 2016 standards, two articles discussed the standards in light of movement from the 2009 to the 2016 standards from competency- to knowledge-based standards (Elliott et al., 2018; Rigsbee & Goodrich, 2018). One article referenced the 2016 standards for the inclusion of disaster, trauma, and crisis (including suicide) preparation in



counseling curriculum (Greene et al., 2016). Two articles specifically referenced standards 2.F.5.1 and 2.F.7.c (CACREP, 2015) as the two standards addressing suicide in the 2016 standards (Greene et al., 2016; Rigsbee & Goodrich, 2018). Only Rigsbee and Goodrich (2018) referenced how the specific pedagogical techniques explored in the study could help counseling programs meet the CACREP standards.

### **Research Question 3: Alignment With Theoretically Grounded Pedagogical Frameworks**

Only six of the 26 articles (23.08%) in the final pool made reference to alignment with a specific pedagogical framework. These pedagogical frameworks included Observed Structured Clinical Examination (OSCE; Cramer et al., 2016), Constructivist-Developmental (Greene et al., 2016), Narrative Medicine (Kim, Dawson et al., 2017; Kim, Hartzell et al., 2017), Kolb's Experiential Learning Theory (Miller et al., 2013), and Preparation, Action, Recovery (PAR; Wachter Morris & Barrio Minton, 2012). Of these, the two most relevant to counselor educators may be the Constructivist-Developmental framework (McAuliffe, 2011) and Kolb's Experiential Learning Theory (Kolb, 1984).

### **Discussion**

Initial searches revealed that the available counseling literature focuses mainly on the content of *what* information counselors need to know in order to assess and respond to clients experiencing suicidality but reflects little attention to the process of *how* counselors are trained to identify and respond. Although much of the available literature regarding suicide response training has emerged from the fields of psychology and psychiatry, a finding reflective of counselors' reports of low exposure to suicide response training (Wachter Morris & Barrio Minton, 2012), it is notable that a majority of articles specifically addressing the pedagogy of counselor preparation to work with suicidal clients comes from counseling journals. However, more research regarding pedagogically effective practices for teaching suicide response is needed within both the counseling and broader mental health professional literature.

One potential reason suicide training is not more prevalent in counselor training programs is that it is given only brief attention in current training standards. The 2016 CACREP standards mention suicide training only twice, indicating that counseling students should receive training on suicide prevention models and strategies, and suicide risk assessment procedures (2015). Ongoing treatment and management of suicidal behaviors is not mentioned at all, which is in contrast to the presence of suicide-related requirements present in the 2009 CACREP standards. The 2009 standards included eight mentions of suicide assessment, management, and prevention. Relatedly, attention to crisis appears only six times in the 2016 CACREP standards, with five of these mentions focused on awareness of impact and only one dedicated to intervention. The 2009 CACREP standards included nine mentions of crisis, with a roughly equal focus on diagnostic and response knowledge and skills. Positively, of articles we reviewed which focused on specific pedagogical practices within the counseling literature, nine referenced the CACREP standards and three of those articles referenced the current standards (Greene et al., 2016; Rigsbee & Goodrich, 2018; Wachter Morris & Barrio Minton, 2012). However, given the rising number of suicide-related deaths that occur each year and the probability that counseling students will encounter suicidal clients long before graduation, heavier consideration should be given to the topic of suicide in both the CACREP standards and in training programs themselves. Furthermore, suicide should continue to become an area of focus separate and distinct from general crisis response training.

Perhaps unsurprisingly, given the broad nature of standards present regarding suicide response training, there also exists little examination of approaches rooted in a pedagogical framework. Of the 26 articles that met our criteria for inclusion, only six were framed in a specific pedagogical approach. Within the profession of counselor education, this reflects an overall lack of grounding in learning theory and/or instructional research (Barrio Minton et al., 2014); more research on teaching practices tied to theoretically-grounded pedagogical frameworks is needed.

Although research and information are not as present in counseling literature as is needed, there

do exist some helpful examples. For instance, a 2018 study (Rigsbee & Goodrich) tackled the question about whether online suicide assessment training in counselor education can be considered effective, and the researchers identified a specific need for more future research in this area. Greene and associates (2016) created and implemented a case-based approach to training, grounded in both the 2009 CACREP Standards and a constructivist-developmental pedagogical approach, and found a significant increase in student self-efficacy. Miller and associates (2013) proposed a model for suicide response education grounded in Kolb's Experiential Learning cycle. Additionally, several researchers have successfully explored more creative approaches to supporting student learning such as the use of creative writing, popular literature, and case scenarios (Cook et al., 2006; Kim, Dawson et al., 2017; Madson & Vas, 2003). These handful of articles exhibit approaches that are theoretically grounded, researched, and/or organized around current or recent standards (CACREP, 2009; CACREP, 2015). Still, despite this compelling sampling, there is room for improvement and more research is needed.

One area of concern that emerged from our findings is the infrequency with which competencies are assessed. Although the majority of codes in the Assignments category focused on assessment of student attitudes and knowledge, most of these emerged in the form of recommendations or topics of discussion. Very few authors reported research associated with student assessment. Those articles that did incorporate a research design reported twice as much focus on assessment of student attitudes than student knowledge. This may be due in part to the fact that assessment standards for suicide response skills do not exist, and counselor educators may tend to rely on student reports of self-efficacy to measure their comfort in responding to suicide. Unfortunately, high self-efficacy does not always correlate with effective application of knowledge and/or strong suicide response skills (Elliott et al., 2018).

In summary, there is a concerning absence of information regarding *how* counselors should be trained to assess and respond to clients experiencing suicidal ideation. Only a handful of authors across

multiple disciplines have explored training approaches at all, and of these, very few have conducted conclusive research on the effectiveness of the approaches. Even fewer studies have focused on the profession of counseling specifically, grounded inquiries in the CACREP (2015) Standards, and/or investigated the effectiveness of pedagogically grounded approaches. Best practices in suicide pedagogy are virtually nonexistent, equally absent in counseling and other mental health professions. Failing to adequately prepare counselors to respond to suicide can be ethically and practically problematic for both counselors and clients; greater attention to developing training standards must be paid moving forward. It is imperative that counselors receive professionally relevant, theoretically grounded training aimed at promoting effective suicide assessment and response competencies.

### Implications

Given the rising recognition of suicide as a public health crisis and the limited attention afforded to training in suicide prevention, intervention, and treatment in the counseling literature and accreditation requirements, it is imperative that counselor educators take action. Counselor educators are already positioned in a leadership role amongst the mental health professions in addressing the pedagogical practices for teaching suicide intervention topics. However, opportunities exist both to ensure counseling students are competently prepared for this work in the field, and to contribute counseling's unique perspective to the small but growing foundation of knowledge on best practices in preparing clinicians to work with suicidal clients.

Regarding preparation for counselors to work with suicidal clients, counselor educators must continue to update curriculum as advances in suicide intervention are published. This must include the content knowledge being produced by the other mental health professions such as psychology and psychiatry. Creative teaching methods for suicide content such as the practices proposed by Madson and Vas (2003), Kim, Dawson et al. (2017), Greene and associates (2016), and Cook and associates (2006) utilize creativity to meet differing learning styles and provide students multiple perspectives from which to understand the importance of the material.

Regarding best practices in suicide pedagogy, counselor educators can direct research efforts at establishing the efficacy of teaching practices on counselor *competency* to work with suicidal clients, as opposed to self-efficacy or knowledge. Development of a competencies scale for suicide intervention would provide guidance to counselor educators in ensuring students have the ability to effectively intervene with clients who are thinking about killing themselves. Grounding pedagogical practices in established learning theory, such as Knowles' (Knowles et al., 2015) principles of andragogy or Kolb's (1984) experiential learning cycle help ensure that teaching methods are most impactful for the adult learners who make up all counselor education programs. Evaluating and promoting effective teaching practices consistent with vetted learning frameworks helps honor the efficiency needed for CACREP-accredited programs that are already packed with courses and content in meeting the CACREP accreditation standards.

### Limitations

While efforts were made to capture the totality of articles addressing the pedagogy of teaching clinicians how to work with suicidal clients, the final pool of articles coded may have been impacted by limitations in the initial search. We may have missed some articles related to this topic if they utilized keywords that were not included in our search parameters. While we are confident the results and trends identified in this study are valid for the articles in the final pool, the limited number of articles identified is both a key result of the study and a limitation. As many of the articles in the final pool were included because of mentions or recommendations on teaching suicide issues as opposed to in-depth discussions and research on the efficacy of teaching methods, the discussion was based on limited coverage of the topic. Another limitation of the study is that we chose to include several articles whose focus was primarily on crisis intervention. In these cases, we verified that suicide was explicitly mentioned in the article but the limited attention paid to suicide in a course broadly addressing crisis issues makes those articles' contributions to this topic even more diluted. No information currently exists indicating whether pedagogical practices re-

lated to crisis intervention in general are directly applicable to pedagogical practices related to working with suicidal clients specifically.

### Future Research

Future research must establish a valid means for measuring student competencies in working with suicidal clients. While measures like self-efficacy are important, self-efficacy does not equate to competency and ultimately programs must ensure that students are competent to work with suicidal clients. One direction could be development of competency standards and/or a rating scale for suicide competencies that educators could use in preparing students to work with suicidal clients. Competency standards could include consideration of self-efficacy and skills that are measured by existing measures. Because the CACREP standards (2015) are knowledge-based versus competency-based standards, future research must provide guidance on how well students are prepared to work with suicidal clients by programs meeting the CACREP standards. Future studies could identify the most effective practices for preparing counselors to work with suicidal clients based on students' developmental level within a program's course progression. Determining whether infusing suicide education across a program versus a one-course, in-depth exploration better prepares students would provide guidance on curricular placement of suicide content. Lastly, several of the teaching approaches addressed in the literature do not have established efficacy. Establishing the effectiveness of these approaches could equip programs with better techniques for preparing counselors to treat suicidal clients.

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