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How much is enough? Suicide training for MSW students

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ABSTRACT: Suicide rates among all age groups are on the rise. The most current rates available from 2015 show that suicide rates continue to rise more than 2% each year. Studies have consistently shown that nearly 70% of those who attempt suicide met with a medical or mental health provider in the six months prior to their attempt. Changes in health care provision have allowed more people to access mental health care, meaning that those social workers on the front lines need to be able to recognize and manage suicide risk. As many social workers are vital parts of health care teams, the importance of including suicide content in MSW training programs is evident. The current research employed a mixed-methods, two study design to determine MSW student response to suicide content and their perceptions of their ability to work with clients experiencing suicidal thoughts. The results show MSW students are keenly aware of the possibility of working with these clients and the information they received during their training reduced their self-reported anxiety and increased their skill levels. The authors provide suggestions for including suicide related content in core MSW curricula.

Keywords: Suicide education; mental health training; MSW education

1. Introduction

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 MSW courses prepares future professionals to respond competently and to manage the experience with reduced impact to their work. It can also help them better understand their own biases towards clients who are demonstrating suicidal thoughts and behaviors. Suicide-related behaviors are unique from other issues clients face because of the stigma associated with them (e.g., WHO, 2012). Those who express their suicidal thoughts and urges are often judged in ways those experiencing other mental health issues are not. Their feelings may be labeled as attention seeking and selfish. Family members and providers may perceive clients to be manipulative and faking their symptoms. Additionally, training regarding loss and grief is not typically addressed by most MSW programs and must be attained as continuing education. This gap in training often results in new social work professionals feeling unprepared to work with suicidal clients and anxious about how they will respond if a client expresses suicidal thoughts or dies by suicide. Clinician's feelings of stress and anxiety can compromise their client's clinical outcomes (Sharpe, Frey, Osteen, & Bernes, 2013). Providers who have not received

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specific training are at increased risk for compassion fatigue and burnout when they lose a client to suicide (Sanders, Jacobson, & Ting, 2008). This paper presents the results of two studies examining the impact of suicide specific education on student perceptions of preparedness to work with clients experiencing suicidal ideations.

2. Importance of suicide education

Given recent surges in suicide rates, working with clients impacted by suicidal behaviors or ideations is likely for most social workers. Suicidologists estimate that nearly 70% of all those who die by suicide sought help from a medical or mental health professional in the months prior to their attempt (American Association of Suicidology, 2017). Effectively meeting the needs of these clients requires that the mental health professionals serving them understand suicide and feel more comfortable with assessing for suicidal ideations. When suicide specific content is nor provided in training programs, new social work professionals are left to access trainings on their own.

Students preparing to enter their field practicums often experience increased anxiety at the potential for working with suicidal clients. Binkley and Leibert (2015) noted the advantages of 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). The training of mental health professionals in suicide prevention, intervention, and postvention was highlighted as a key element of education by the National Strategy for Suicide Prevention (NSSP, actionallianceforsuicideprevention.org).

3. Ramifications of lack of knowledge

Legally and occupationally: A primary outcome of the loss of a client to suicide is fear or threat of legal action, loss of clinical privileges, and/or being terminated from their job. Clinicians face intense scrutiny following a client suicide and the pressure is often more than they can manage. Some agencies provide their employees with legal support; however, many other clinicians bear the burden themselves. When this pressure is coupled with feelings of stigma and the distancing of colleagues who do not know what to say or do, the outcomes can be career changing. Additionally, a social worker's fear of being judged by peers may itself result in self- isolation (Ting, Sanderson, Jacobson, & Power, 2006).

Emotionally: The grief associated with a suicide loss is complicated, and frequently takes longer to navigate if few resources are available to them or if they experience blame from colleagues, supervisors, or family members. Many clinicians report feeling stigmatized in the wake of a client death: colleagues struggle to say the right thing and agency administrators may distance themselves or enforce gag orders at the recommendation of legal counsel. Left without normal supports, the clinician must often manage their emotions alone. Suicide specific training prepares mental health professionals to understand what is happening and provides resources upon which they can draw as they deal with the aftermath of the death.

Many social workers providers find themselves overwhelmed by the ramifications of making life or death decisions with clients, and as a result, their work changes. "By disregarding

the importance of suicide-related training for our [MSW] students, we are simply increasing the number of graduates who "refer out" clients who endorse suicide-related thoughts and behaviors (Almeida et al., 2017, p 183). Clients are often aware of their provider's hesitancy to talk about certain issues. What the provider experiences as fear or anxiety about being able to provide competent care to the client is often construed by the client as unwillingness or stigma about their suicidal thoughts. A client may perceive a provider's unwillingness to directly address the topic of suicide as judgment about their suicidal thoughts or behaviors and may find that worker unhelpful (Binkley & Leibert, 2015). Given these concerns, the authors developed two studies to better understand an optimum framework for delivering suicide-related content and what factors improve student outcomes.

4. Study Overview

A mixed-methods, two study design was used to determine MSW student responses to suicide content and their perceptions of their ability to work with clients experiencing suicidal thoughts. Both studies described in the following sections were conducted at a Midwestern university MSW program. Two studies were conducted in order to help determine the unique impacts that two different doses of suicide education would have on MSW students, one 2-hour class versus one semester long course.

Study one was a survey exploring whether students' sense of readiness to work with clients experiencing suicidal ideations would increase with suicide-specific training. This training presented suicide assessment and intervention techniques in one 2-hour class period of a direct practice course with individuals. When the pre-post data was collected at the end of the first semester course, the post-test scores were discovered to be quite high, suggesting a ceiling effect may be in place. This indicated that a different approach would be needed for study 2 since it was very unlikely that any differences would be found between the 2-hour class period and the semester-long elective course if we used the same survey for both. Thus, the researchers developed study 2 to test whether additional training, presented in a semester-long elective course, would impact students' sense of readiness and self-efficacy in working with clients experiencing suicidal ideations. The methods and results of each study are presented in the following sections.

Study One methods

The first study used data collected from a short survey, administered as part of the end of course evaluation. Students were asked to complete this survey that was designed to rate their perceived level of preparedness to successfully intervene in situations that involved suicidality. These same students were asked to complete this same survey between 12-18 months post-graduation. All but one of the participants who were part of the follow-up were working in a human services-related position. Additionally, participants were asked an open-ended question about whether they felt they were adequately prepared in their MSW program to handle the suicide cases in their entry level positions upon graduation.

Participants and procedure

Participants (n = 63) were MSW students in a campus-based program. At the beginning of the study, they were enrolled in a required course titled *Direct Practice with Individuals*. They were

informed about the study at the beginning of the course and were allowed to opt out of participation in the study-related activities with no repercussions. These students were primarily female (85%), Caucasian (86%), and ranged in age from 23 to 42 years old.

Survey instrument

The survey instrument used in study 1 was a retrospective pre-post design, consisting of four questions that were created to assess the perceived self-efficacy when intervening in suicidal situations. This instrument was constructed based upon Bandura's (e.g., 2006) recommendations on self-efficacy scale design. The survey was designed on a 10-point Likert-scale ranging from 0 (cannot do at all) to 10 (highly certain can do). It measured student self-assessment of preparedness to conduct an adequate suicide assessment, manage their anxiety in challenging cases involving a suicide, seek supervision/consultation when they are feeling overwhelmed, and their ability to ask challenging client questions about suicide.

5. Study 1 Results

Table 1: *Pre-test, Post Test, and Follow-up Test Results*

Question	N	M (SD)	Range	t (sig. 2-tailed)
Assessing suicide				
Pre-test	63	6.31 (2.461)	0-10	
Post-test	63	8.41 (1.456)	3-10	6.691 (.000)
Follow-up	46	8.68 (1.164)	5-10	
Anxiety about Suicide				
Pre-test	63	6.83 (1.853)	3-10	
Post-test	63	8.46 (1.201)	5-10	9.311 (.000)
Follow-up	46	7.94 (1.154)	5-10	
Willing to Seek Supervision				
Pre-test	63	7.91 (1.369)	4-10	
Post-test	63	9.30 (.949)	6-10	5.563 (.000)
Follow-up	46	9.26 (.972)	6-10	
Comfort Asking Suicide Q's				
Pre-test	63	6.84 (2.510)	0-10	
Post-test	63	8.69 (1.112)	5-10	5.939 (.000)
Follow-up	46	9.16 (1.058)	6-10	

Table 1 indicates that survey results for study 1 demonstrated that pretest averages were similar for 3 of the 4 areas assessed (suicide assessment, 6.31; managing anxiety, 6.83; asking suicide questions, 6.84). Willingness to seek supervision was somewhat higher at pre-test (7.91). These results indicated moderate levels of perceived preparedness at baseline. Change scores were examined to see how much students felt their knowledge of and skill related to suicidal situations increased. Post test results demonstrated 1-2-point increases in all areas (suicide assessment, 8.41; managing anxiety, 8.46; asking suicide questions, 8.69; willingness to seek supervision, 9.30). Data analysis was conducted using paired t-tests. All t-tests were two-tailed, and df = 62. Paired t-test results indicated significant post-test increases in all areas assessed (t <

.000). Due to the similarities in mean and standard deviation between the post-tests and follow-up scores, no statistical analyses were completed. Rather, differences between these scores are explained using qualitative comments by the participants listed below.

Participant comments helped to explain changes between the post test scores and the follow-up scores. For the suicide assessment question, the follow-up score had a slight increase. Several comments indicated that they had received additional training after graduation and now had a lot more experience conducting suicide assessments. For example, one participant stated "*I currently work in an emergency department and all I do is crisis/suicide risk assessments. My employer has provided a lot of training and supervision, but I still feel like I need more training.*"

As for managing anxiety, participant comments indicated that they still feel a great deal of anxiety when working with suicidal clients. One comment in particular seemed to help shed some light on the finding that their self-efficacy around managing anxiety with suicidal clients went down slightly: "*In many ways, I feel more skilled to work with this population now than I did when I was an MSW student. However, a colleague of mine recently had a client who committed suicide in our program. The way the organization handled this situation was very accusatory towards my colleague and he just quit. I'm more anxious than ever about losing a client to suicide.*"

None of the participants' comments directly addressed their sense of self efficacy about asking suicide related questions. One would expect new social workers to become more comfortable asking these questions as they gained professional experience, and this is congruent with the findings from the survey. Additionally, there were no comments specifically about a willingness to seek supervision. As there was virtually no difference between the post-test and follow-up scores on this item, the researchers concluded that the participants appeared to have high levels of self-efficacy around supervision seeking with cases involving suicide.

A vast majority of the participants commented about the inadequacy of their suicidality training and they nearly unanimously agreed that 2 hours in one class period was not perceived as adequate for master's entry level human service work. Only two students felt this was adequate. The remaining students wished they had more. There were several comments regarding this issue. Some representative examples include: "*Two hours in my MSW program didn't even scratch the surface of what I needed.*" "*Spending more time on the topic of suicide is important as it is a difficult and uncomfortable topic for many and suicide rates are on the rise.*" "*I think that it's such a complicated thing that having the opportunity to explore it more in depth would be hugely beneficial.*" "*I would definitely have liked more training on suicide. Suicidal thoughts and attempts happen so often with clients, I didn't feel adequately prepared once I got in the field.*"

6. Study 2 Methods

Participants and procedure

Study two was conducted with students (n = 49) enrolled in a semester long, online MSW elective course titled *Suicide Prevention and Intervention*. Three sections of this course, taught over a three-year period, provided the sample. This study examined narrative data collected at two time points. The first source of data were reflection assignments 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 but were informed these documents would not be

included with study materials if they opted out of participation. The second data source were focus groups which were held immediately at the end of the term. Six groups of seven or eight participants each participated in the focus groups which were held in an online virtual classroom. These sessions were conducted by the two primary researchers and lasted between 50 and 90 minutes. The researchers used the following prompt, *describe how your feeling of preparedness to work with a suicidal client changed because of the course?* to begin the discussion in the focus groups. Several follow-up prompts were used, when needed, to gain a deeper understanding of a participant's response. The focus group participants were also asked the following questions intended to shape future courses: *What was the most valuable thing you learned in the course? What was the most beneficial outcome of the class lectures and other materials?* Audio recordings were used to create transcripts of the focus group discussions conducted at the conclusion of each course.

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. Each researcher coded the study documents in order to increase reliability. The researchers each coded the written reflections and the transcripts to identify preliminary words or phrases that described a participant's experience. The researchers discussed, and agreed on, the main themes which are described in the following section. Member checking, the process of sharing the researchers' coding of data with participants, was an important piece of the analysis to increase the validity of the results. The researchers created a summary of themes identified during the data analysis and provided this document to all participants via email. They were asked to read the summary and indicate whether the identified themes accurately reflected their experiences. This process was used to ensure that the researchers correctly interpreted the intended meaning of focus group statements. Of the forty-nine participants surveyed, thirty-six responded. Their feedback was incorporated into the descriptions of themes. 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.

7. Results

Themes from the written reflection assignment described above which 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.

The findings supported the existing literature presented earlier that showed heightened anxiety levels in students in anticipation of working with clients experiencing suicidal ideations, a need for increased resources, additional training that specifically addresses suicide-related behaviors, and adequate supervision for students and new professionals.

Student response to the training 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 reported feeling like they had more questions following the

training than prior due to being made aware of things they had not previously considered. Following the training, students 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. As one student 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."*

One benefit participants acknowledged was normalizing the topic of suicide and learning it was acceptable to ask clients about their suicidal thoughts. One participant expressed gratitude for the information and said:

"*We will have suicidal clients, I know that already. Expecting us to work with them without ever having talked about it in at least one class in my MSW is wrong. We can't just wait to get the information when we're working. We need to have it when we start field.*"

Study 2 participants noted one main benefit of their training 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)*".

Another benefit study 2 participants identified was the time to reflect on their values and 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 student 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"*. Other students 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*".

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 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.

8. Discussion

The study 1 and study 2 results reflect the value MSW students placed on receiving suicide-related education. 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 would require 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., 2014, p. 118).

Social work educators are responsible not only for student learning but also for how those students will engage with future clients. Suicide rates are projected to continue to rise in 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 can improve students' self-efficacy to work with clients at risk for suicide. This increased sense of confidence will result in improved client outcomes (Pisani, Cross, & Gould, 2011).

The results of study one suggests that two hours is not likely to be adequate for the majority of students. The researchers had the ability to use a semester-long course as the second study, and participants acknowledged the benefits of the additional training. Future research would benefit from conducting a more fine-grained analysis on how much training is optimal for new social work professionals, what components are most effective at creating behavior change such as asking clients about suicide and providing suicide-related interventions, and possible provider characteristics that might influence the outcomes of trainings. Additionally, there appears to be benefit in learning more about focusing specifically about suicide in courses versus integrating suicide-related content throughout the curriculum. For example, one participant who happened to take several courses from the authors throughout the course of their graduate program indicated that they felt that suicide was "interwoven throughout their program due to the passion their professors had for the topic of suicide. This was the best way for me to learn about this challenging and complex issue."

Strategies for providing essential suicide content

While study 2 of this research was based on a traditional semester-long format, other options for more feasible formats include weaving modules of the information into existing core classes, presenting the material in a short course (4 to 6 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 should be creative in how they structure the course to best meet the needs of their students. Program directors now have several resources available to them as models and have an ethical responsibility to ensure students graduate with suicide-related information as part of their skill sets (e.g., Scott, 2015; Cramer, Bryson, Stroud, & Ridge, 2016).

The course studied here 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. Each student completed a community needs assessment for their home communities and developed a resource list of services available for clients who are experiencing suicide-related symptoms. Students built upon their needs assessments and resource lists to create an intervention model specific to the population they served in their communities.

Direct practice courses: These courses offer natural places to include suicide content. Suicide

assessment can be addressed as one of the areas practitioners normally explore with clients. Providing examples of suicide assessment tools, and role-playing how to ask direct questions about suicidal thoughts and behaviors, gives students the opportunity to practice asking uncomfortable questions in a safe, non-threatening environment. Additionally, including suicide-related examples when teaching intervention strategies provides students with both an awareness that these are problems they may encounter in the future and the practical tools necessary for working with high-risk clients competently. Courses on working with individuals could focus a module on assessment and intervention with clients experiencing suicidal thoughts or behaviors. Groups and families courses could add modules on how to address suicide-related behaviors when working with broader systems.

Administration/supervision/community courses: Means restriction is one proven method for reducing suicide attempts and deaths. Policy makers and politicians could support these efforts by passing gun control legislation. Social workers in policy positions are able to educate and train others about the importance of means restriction and strong suicide prevention programs in communities and schools. Supervision and administration courses could provide suggestions for future leaders about supporting staff in the event of a suicide related client death. Including content on postvention prepares social workers to engage effectively with community losses.

9. Conclusion

Training future social workers on suicide-related issues is imperative given the potential of working with clients experiencing suicidal thoughts or behaviors. Curriculum committees bear the responsibility of ensuring the inclusion of content that prepares graduate students to be proficient across populations and settings. The scope of issues facing many social workers means that preparing 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. Despite these limitations, explicitly including content about suicide, and its aftermath, benefits social workers and those with whom they work. The data presented here show students' increased confidence to work with clients experiencing suicidal ideation and decreased anxiety related to the issue.

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