



School Counselor's Knowledge, Attitudes, and Competencies on Suicide Intervention

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Abstract: The current study investigated the Filipino school counselor's knowledge, attitudes, and competencies in suicide intervention. Utilizing the descriptive method of research and applying the purposive and convenience sampling design, participants were 100 college counselors from the National Capital Region (NCR), Luzon, Visayas, and Mindanao. Results revealed that counselors did not report high level of knowledge on suicidal behaviors, have some negative attitudes toward suicidal behavior, and need to acquire better intervention skills. The findings also showed that the trainings received by counselors are not enough to advance their suicide intervention skills which will help promote positive attitudes towards suicide risk assessment and management. Implications for the counseling practice, for counselor training and education, and for future research were discussed.

Key Words: Counselor Competencies, Counselor Development, School Counselors, Suicide, Suicide Intervention

1. INTRODUCTION

Suicide among adolescence has become a major public health issue. Suicide occurs throughout the lifespan and is the second leading cause of death in young adults ages 15 to 24 years old (Centers for Disease Control and Prevention, 2015), and is likely the second among college students (Suicide Prevention Resource Center, 2014). Suicide accounted for 1.4% of all deaths worldwide, making it the 17th leading cause of death in 2015. Rates have increased more sharply since 2006. According to the World Health Organization (2017), close to 800,000 people die due to suicide every year, which is one person every 40 seconds. Statistics also showed that 78% of suicides occurred in low and middle-income countries in 2015.

A vast body of literature addresses suicide as an important issue for the counseling profession while it is of concern that the experiences of school counselors have been neglected in the research literature. School counselors face child and adolescent suicide as frequently as any other group of mental health professionals (Schmidt, 2003). Therefore, school counselors' experiences of client suicide merits further study (Valente, 2003).

Many counselors lack the knowledge and information required for the competent assessment of a potentially suicidal client. This is particularly alarming, because approximately 50% to 70% of people who committed suicide had been in contact with a health professional during the days or months prior to their death (Kutcher & Chehil, 2007). This lack of screening is tragic, because screening for suicide risk is one of the most powerful suicide



prevention strategies (Mann et al., 2005; Suicide Prevention Resource Center, 2004). And even those counselors possessing this knowledge on suicide risk assessment often find themselves in profound ethical conflict regarding treatment options (Laux, 2002). Counselors remain poorly trained and ill prepared for the aftermath of suicide (Dexter-Mazza, & Freeman, 2003).

Studies have highlighted the importance of knowledge and attitudes toward suicide, as well as training and experience, in effectively counseling potentially suicidal clients (Neimeyer, Fortner, & Melby, 2001). Conversely, studies have found that professionals with previous training in suicide risk assessment and management show more positive attitudes toward suicide prevention (Herron et al, 2001). Also, professionals with more training and experience dealing with suicidal clients show better intervention skills than less experienced and trained professionals (Neimeyer et al., 2001; Scheerder, Reynders, Andriessen, & Van Audenhove, 2010). In summary, knowledge, attitudes, competencies, and training related to suicide may influence suicide intervention skills and therefore aid or hamper suicide prevention.

2. MATERIAL AND METHODOLOGY

2.1. Research Design

The study utilized the descriptive methods to gather data and answer the research questions. Descriptive research is used to "describe" a situation, subject, behavior, or phenomenon. Descriptive research is a type of quantitative method that emphasizes objective measurements and the statistical, mathematical, or numerical analysis of data collected through polls, questionnaires, and surveys. For this study, interview and survey methods were used.

2.2. Participants

Purposive and convenience sampling were applied in this research. Both are types of non-probability sampling technique. Non-probability sampling focuses on sampling techniques where the

groups units that are investigated are based on the judgment of the researcher.

The participants included school counselors employed in tertiary schools in both public and private sectors in the Philippines. In order to be eligible to participate in this study, participants must be: a) licensed guidance counselor; b) currently employed as a full-time college counselor; and c) has handled/encountered or currently handling a suicidal client.

One hundred (100) participants across the country were invited to participate in this study. Twenty-five (25) participants each was selected from the National Capital Region (NCR), Luzon, Visayas, and Mindanao. They were selected with emphasis on variety to acquire the greatest diversity within the group as possible. Participants were chosen for the greatest variation within the sample of public or private tertiary school settings, years of experience, gender, and age.

2.3. Instruments

Standardized instruments and researcher-constructed survey questionnaire were used to obtain the necessary data for this study. The three (3) standardized instruments measured the level of knowledge about suicide that is *Literacy of Suicide Scale (LOSS)*, the attitudes of counselors towards suicide that is *Stigma of Suicide Scale (SOSS)*, and the counselor competencies in terms of suicide intervention skills that is *Suicide Intervention Response Inventory-Revised (SIRI-2)*. Permission from the original authors of the instruments were sought prior to the utilization of the said instruments.

2.4. Procedure

Participants who expressed interest in participating were informed in terms of their participation: that participation is voluntary; that any information they provided will be kept confidential; and that they could withdraw from the study at any time. A consent form was signed to signify their participation. After the participants consented to participate, they were provided with the survey instrument either via hard copy or an e-mail



was sent to them that includes a Google Online Survey form.

Accomplished survey instrument was collected, collated, and tabulated in order to interpret the data.

Quantitative data were analyzed using descriptive statistics such as frequency, mean, percentage, and standard deviation.

2.5. Ethical Considerations

The rights of the participants were stated and enumerated in the study. It explained that their participation in the research is voluntary basis and they can withdraw at any time without any disadvantage. The results are confidential, however, in the event of presenting or publication of the said research, it was reiterated that no personally identifiable information will be shared.

3. RESULTS AND DISCUSSION

3.1. Counselors' level of knowledge

Regarding counselor's knowledge of suicide, the Literacy of Suicide Scale (LOSS) scores were classified based on their score groups (i.e., 80% - 90% accuracy; 90% - 100% accuracy), and the corresponding percentage of counselors who scored within each range was reported (see Table 1). The mean score of the counselors on the LOSS is 18.08 with a SD of 3.04 which indicated that on the average, 69% of the questions were answered correctly by the counselors. 24% of the counselors who completed the LOSS answered less than 50% of the questions correctly. Fifty five percent (55%) of the counselors scored from 51% to 70% (n = 55) accuracy. Seventeen percent (17%) of the counselors who participated got 71% to 80% accuracy in terms of knowledge of suicide across four domain areas namely: signs and symptoms, causes/nature of suicidality, risk factors, and treatment and postvention. The scores would show that the counselors have satisfactory level of suicide literacy.

Table 1. Counselors' knowledge regarding suicide

Score Group	Frequency (n)	Percentage (%)
0 – 10%	0	0
11 – 20%	0	0
21 – 30%	2	2%
31 – 40%	3	3%
41 – 50%	19	19%
51 – 60%	27	27%
61 – 70%	28	28%
71 – 80%	17	17%
81 – 90%	3	3%
91 – 100%	0	0%

N = 100

3.2. Counselors' attitudes towards suicide

The counselor's scores in the Stigma of Suicide Scale (SOSS) revealed that 50% (Mean = 2.76, SD = 0.91) had low endorsement of stigmatizing items, 82% (Mean = 4.04, SD = 0.73) had high endorsement of isolation items; and 52% (Mean = 2.62, SD = 0.99) had low endorsement of glorifying items (see Table 2).

Majority of the counselors disagreed that people who die by suicide are cowards (50%), an embarrassment (53%), and immoral (58%). Although, only 39% of the counselors which is lower than the other three subscales of stigma, have agreed on "irresponsible" as descriptor of people who die by suicide. Moreover, majority of the counselors, strongly believed that suicide leads people to be disconnected (91%), isolated (64%), lonely (87%), and lost (87%). Lastly, for the normalization/glorification items, majority of the counselors disagreed that people who committed suicide are brave (63%), and dedicated (41%).

Table 2. Counselors' attitude towards suicide

Subscale	Mean Score	SD	Agreement Response (%)	Neutral Response (%)	Disagreement Response (%)
<i>Stigma</i>	2.67	0.91	30%	20%	50%
Cowardly	2.71	1.17	29%	21%	50%
Embarrassment	2.6	1.43	33%	14%	53%
Immoral	2.47	1.28	22%	20%	58%
Irresponsible	2.91	1.34	35%	26%	39%
<i>Isolation/Depression</i>	4.04	0.73	82%	8%	10%
Disconnected	4.28	0.96	91%	3%	6%



Isolated	3.56	1.28	64%	14%	22%
Lonely	4.14	0.84	86%	11%	3%
Lost	4.17	0.95	87%	5%	8%
<i>Normalization / Glorification</i>	<i>2.62</i>	<i>0.99</i>	<i>24%</i>	<i>24%</i>	<i>52%</i>
Brave	2.31	1.11	16%	21%	63%
Dedicated	2.94	1.20	32%	27%	41%

N = 100

3.3. Counselors' competencies in managing suicidal clients

Counselor competencies in handling suicidal clients were assessed using the Suicide Intervention Response Inventory-Revised-2 (SIRI-2) and their scores were also tabulated based on their accuracy groups (see Table 3). Overall mean score of the counselors is 34.29 (SD = 29.90) which falls in the 49% accuracy group. Half (50%) of the counselor participants have 0 to 50% competency in managing suicidal clients and also half (50%) have 51 to 100% competency in terms of suicide intervention skills. It is highly notable that there are 17% counselors who were identified to have a very low (0 to 10% score group) suicide intervention skills and 10% counselors who have high level (91 to 100%) of skills in terms managing suicidal clients. The results also showed that counselors have varying levels of competencies while majority (28%) of the counselors have 71% to 90% competency level in terms of their suicide intervention skills. The wide disparity and differences of counselor competence in dealing with suicidal clients suggests the need to enhance the competencies and intervention skills of the counselors so that they will become more confident, comfortable, and highly capable of intervening with clients presenting suicide risk.

Table 3. Counselors' competencies in managing suicidal clients

Score Group	Frequency (n)	Percentage (%)
0 – 10%	17	17
11 – 20%	2	2
21 – 30%	9	9
31 – 40%	8	8
41 – 50%	14	14
51 – 60%	9	9
61 – 70%	3	3
71 – 80%	15	15
81 – 90%	13	13
91 – 100%	10	10

N = 100

3.4. Counselor trainings in handling suicidal clients

The results showed that majority (67%) of the counselors have participated in a training related to the topic of suicide during the past 5 years (see Table 4). However, there are nearly one-third (33%) of the counselor participants who were not able to take part for the past 5 years on any trainings or any continuing professional development activities that will help them equip with the knowledge and skills to be able to address suicidal clients. The nature of training attended by counselors are typically seminar-workshops (53%) and conferences/convention (8%) which are time-limited and may only focus on acquiring knowledge and understanding of relevant components of suicide intervention but do not provide immediate application and practice of the necessary competencies and skills in intervening with a suicidal client. Very few counselors received a lengthier and extensive training which includes getting a certificate course (2%), graduate class (2%), and internship experience (1%).

Table 4. Training received by counselors in handling suicidal clients

Have attended training/s for past 5 years	Frequency (n)	Percentage (%)
Yes	67	67%
No	33	33%
Type of Trainings		
Seminar-Workshops	53	53%
Conferences/Convention	8	8%
Certificate	2	2%
Graduate class	2	2%
Internship	1	1%
Forum	1	1%
No training	33	33%

N = 100

The results revealed that counselors have an adequate degree of suicide literacy. The importance and the need to increasing counselor's knowledge about suicide was a significant finding of this study. Level of knowledge of suicide can be considered a significant predictor of counselor's perceived self-



efficacy in identifying and intervening with students at risk for suicide. This finding supports the notion that by increasing counselor's knowledge of suicide, counselors experience increased confidence in their ability to identify, work with, and refer suicidal youth.

With regard to counselors' attitudes towards suicide, the findings suggested that some counselors still hold stigmatizing attitudes toward suicidal behavior. Studies have stressed the importance of attitudes toward suicide in effectively counseling potentially suicidal clients (Neimeyer, Fortner, & Melby, 2001). Understanding attitudes toward suicide is important because of its possible relationship to other variables, such as intervention skills and effectiveness in dealing with suicidal clients (Botega et al., 2007; Kodaka, Postuvan, Inagaki, & Yamada, 2011). If negative attitudes influence clinical behavior, they may affect suicide risk management because the mental health professional underestimates risk (Herron, Ticehurst, Appleby, Perry, & Cordingley, 2001), and may make non-therapeutic responses toward people who have attempted suicide (Demirkiran & Eskin, 2006).

The findings of this study showed that counselors have varying degrees of competencies in terms of their intervention skills. Enhanced skills related to suicide intervention could make a difference between the life and death of a client. The counselor's response to suicidal crises is a unique skill and different than other skills practiced and acquired during training (Neimeyer, Fortner, & Melby, 2001). While basic counseling skills can help facilitate a working therapeutic relationship between client and counselor, these skills alone are not enough to help counselors intervene with a suicidal person.

The results of the study suggested that there is a need for increased training with regards to suicide intervention and that training in suicide intervention must be a high priority for counselors. Shapiro (2008) also noted in their research findings that professional school counselors felt inadequately trained to work with this vulnerable and at-risk population. Counselors remain poorly trained and ill prepared for the aftermath of suicide (Dexter-Mazza, & Freeman, 2003; McAdams & Foster, 2000). With the rising trend of severe mental health problems among the college student population and given the

strong link that exists between severe psychopathology and suicide more training is clearly needed in this area (Haas et al., 2003).

4. CONCLUSIONS

Based on the findings of the current study, the following conclusions are made:

1. Counselors did not report high levels of suicide literacy.
2. Counselors have favorable attitude towards suicidal behavior, however, there are some who still have negative attitude towards suicidal behavior.
3. There is a wide disparity of counselor competence in dealing with suicidal clients.
4. The trainings received by counselors may not be sufficient enough and it may influence their attitudes towards suicide risk assessment and management.

5. RECOMMENDATIONS

From the undertakings, findings, and conclusions of the current study, the following recommendations are made:

1. Opportunities for systematic training in suicide intervention, both at the university level and through continuing professional development should be made available for counselors.
2. Supervision in the case management of suicidal clients should be observed among school counselors.
3. Future studies may further explore on the relationship of the personal and professional factors of the counselor with the knowledge, attitude, and competence pertaining to suicide intervention.

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