Suicide Intervention Experiences and Practices of School Counselors: Basis for Development of Practice Guidelines

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Abstract
The current study investigated the Filipino school counselor's knowledge, attitudes, and competencies in suicide intervention as well as their experiences and practices in suicide intervention. The study also aimed to develop and standardize suicide intervention guidelines. The study has two (2) phases. Phase 1 utilized the descriptive and generic qualitative inquiry methods of research. Purposive and convenience sampling was applied, and participants were college counselors from the National Capital Region (NCR), Luzon, Visayas, and Mindanao. Results revealed that counselors do not have 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 would help enhance positive attitudes towards suicide risk assessment and management. Some common experiences of the counselors in suicide intervention were focused on the areas of accountability, stigmatizing attitudes of parents, and confidentiality issues. Phase 2 of the study was the development of suicide intervention practice guidelines using the Delphi process. The tentative guideline was based on the content analysis of interventions taken from literature and from the actual intervention practices of counselors as seen from the findings of the qualitative study of Phase 1. After three (3) Delphi rounds and the consensus from sixteen (16) mental health experts, 145 recommended actions can be implemented by school counselors in suicide.

Keywords: Counselor Competencies, Counselor Development, Practice Guidelines School Counselors, Suicide, Suicide Intervention

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.

Further, despite the abundant and continually growing body of knowledge regarding suicide, very few studies have been conducted to address factors relating to school-based suicide intervention in the local setting (Miller, 2011). To date, in the Philippines, there is a lack of research that examines the experiences and intervention practices of school counselors who work with suicidal clients. Moreover, there is no research to date in the Philippines that investigates the presence of suicide intervention within school crisis plans or the degree to which school suicide intervention protocols are aligned with recommended practices and which

recommended practices are employed throughout school suicide intervention protocols has yet to be investigated.

Most of the studies focused mainly about the epidemiology of suicide and suicidal behavior in the Philippines and although its incidence is reported to be low, there is likely to be under-reporting because of its non-acceptance by the Catholic Church and the associated stigma to the family (Redaniel, Lebanan-Dalida, & Gunnell, 2011). In spite of the fact that guidance and counseling has been a licensed profession in the Philippines, the national organization for school counselors has not come forward with guidelines, policies, and procedures for the school counselors to follow in dealing with suicide cases. Therefore, given the dearth of existing local research investigating the counselors' professional experiences and practices in working with suicidal clients, the current research proposed to advance scientific knowledge by exploring the professional experiences and practices of school counselors, hearing their voices, and understanding their subjective opinions when working with this vulnerable population of adolescents. The present study was designed to address these concerns.

The availability and presence of a suicide intervention practice guidelines is highly significant not only to safeguard the practice of the school counseling profession but primarily for the safety of students-at risk. The focus of this study was two-fold: (1) to explore the knowledge, attitudes, and competencies in suicide intervention among school counselors as well as their experiences and practices in suicide intervention; and (2) to develop and standardize-suicide intervention guidelines.

This study sought to make a significant contribution to the field of school counseling by narrowing the gap between the existing counselor's knowledge base about suicide intervention practices and actual needs of schools in the area of suicide intervention. Understanding counselors' experiences will provide a rich description and a deeper understanding on the journey of professional school counselors with suicidal clients. The results of this study provided valuable information with implications for the training and practice of Philippine school counselors on suicide prevention, intervention, and postvention. The practical implications of this study will be both in the area of improved knowledge and a clear guideline in managing health emergencies like suicide.

Findings

Quantitative Study

The results revealed that counselors have an adequate degree of suicide literacy. This finding is also consistent with the study conducted by Roberts-Dobie and Donatelle (2007) in which they found out that professional school counselors did not report high levels of knowledge on suicidal behaviors. As what has been pointed out in some studies, many counselors lack the knowledge and information required for the competent assessment of a potentially suicidal client (Kutcher & Chehil, 2007).

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; Bamero, Smith, Bates, & Fairbrother, 2008; 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. Although though it's noteworthy to mention that there are counselors who need to acquire better intervention skills, personal and professional factors might have contributed to this wide disparity. 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 (Haas et al., 2003) and given the strong link that exists between severe psychopathology and suicide (Bret & Perper, 1995; Tanney, 1992), more training is clearly needed in this area. Conversely, studies have found that professionals with previous training in suicide risk assessment and management show more positive attitudes toward suicide prevention (Bainero et al., 2008; 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, and training related to suicide may influence suicide intervention skills and therefore aid or hamper suicide prevention.

Qualitative Study

The findings of the qualitative study of Phase 1 provide a broader information about the counselors' experiences and practices in dealing with suicidal clients. Counselors felt an overall responsibility to protect clients and with this accountability come anxiety. Anxiety, which is consistent with previous research (Wachter Morris & Barrio Minton, 2012), was brought up repeatedly when discussing suicide, working with suicidal clients, or the thought of working with suicidal clients in the future. As the school counselors' professional responsibilities extend beyond traditional domains, ethical and legal obligations are increased, resulting in the probability of the counselors' entanglement in new and sometimes precarious situations (Drodge, 1997).

Because school counselors are mandated reporters, weighing out the ethics of when to appropriately breach confidentiality and acquiring the knowledge base to effectively implement strategies to assist these students is a challenge for school counselors. The ethical and legal responsibilities of a school counselor require the counselor to make the determination of when to notify parents (Isaacs & Stone, 1999). This study acknowledged that in acute situations counselors may need to breach confidentiality to ensure client safety. Confidentiality is a basic principle of mental health care and is an integral part of establishing trust and building a therapeutic alliance. The idea of absolute confidentiality is, however, unrealistic and must be tempered by common sense (Backlar, 1996). When a client represents a clear danger to self or others, breaking confidentiality may be necessary (Thelen, Rodriquez, & Sprengelmeyer, 1994) and is indeed ethically and legally required (Allan, 2003; Bongar et al., 1998). Van de Creek and Knapp (1989) suggest that it may sometimes be necessary for counselors to take such active measures as communicating with the client's family and social support system about their suicide potential and other specifics of the case in order to recruit support for the client and to gain additional information (in the event of an uncooperative or resistant client).

Competence issues related to suicide tend to bother counselors and the current study also recognizes this concern. Counselors viewed that assessments of suicidal risk are commonly inadequate and many counselors continue to rely on an utterly inadequate intervention for suicide risk which is simply the utilization of a safety or no-harm contract (Rudd, Mandrusiak, & Joiner, 2006).

Counselors in this study have stressed the need for a risk assessment as an important part of suicide intervention. As discussed by various authors (Jobes, 2006; Joiner, Walker, Rudd, & Jobes, 1999), the adequate assessment of suicide risk should be a thorough, extensive, and multifaceted activity. Although asking about suicidal ideation is a start, there should be a more thorough assessment of history (Rudd & Joiner, 1998), relational aspects of suicide risk (Jobes et al., 2004; Joiner, 2005), cognitive aspects (e.g., hopelessness and suicide-related cognitions; Beck, 1986), environmental factors (e.g., access to lethal means; Lester, 1989) and among other things to allow counselors to adequately understand the potential for suicidal behavior.

Counselors agreed that in assessing suicide risk there can be limits to purely interview-based clinical judgments which underscore the obvious value of supplementing interview assessments with additional assessment tools. In this vein,

Barnett and Porter (1998) highlighted the importance of using objective assessment measures to supplement more subjective interviews. A myriad of measures, scales, and diagnostic tools are available to assess suicide risk. These falls into two broad categories: clinician assessment and self-assessment instruments (Range & Knott, 1997). The Los Angeles Suicide Prevention Center Scale is an example of a clinician-rated assessment tool which focuses on demographic and clinical characteristics to predict the likelihood that a client will engage in suicidal behavior (Farberow, Helig, & Litman, 1968). Examples of self-rated suicide assessment tools include the Beck Depression Inventory (BDI), Beck Hopelessness Scale (BHS), and the Minnesota Multiphasic Personality Inventory – 2 (MMPI-2) (Packman, Marlitt, Bongar, & Pennuto, 2004). Other measures, such as the Reasons For Living Inventory, attempt to establish protective factors rather than assess risk factors (Range & Knott, 1997), the Columbia Suicide Severity Rating Scale (C-SSRS) is a suicidal ideation and behavior rating scale to evaluate suicide risk. It rates an individual's degree of suicidal ideation on a scale, ranging from "wish to be dead" to "active suicidal ideation with specific plan and intent and behaviors."

For the initial management of suicide risk, the counselors concurred that parent notification and referring out to an outside professional was best practice when working with students who have suicidal risk. Referral to mental health specialists like psychiatrists or psychologists was considered as a standard of care for further assessment of the student and to initiate treatment and primary management in order to mitigate risk of suicide. Counselors stressed that communication about the primary management with mental health services should be clear so that roles can be established. In most cases, counselors only rely on the treatment provided by mental health specialists and so counselors focus on following up and monitoring the student at risk.

Counselors also emphasized the need for key support people like the academic team and crisis team to be integrated within the initial management of suicide risk. Counselors consult with the school administrator who will then inform the appropriate personnel to minimize any immediate risk. Then, the counselor informs the family or caregivers of the risk and proposes management as appropriate. To ensure the student’s immediate safety, counselor arranges for any hand-over of responsibility (including information about safety precautions) to the family or caregivers or a health professional.

The “No Suicide Contract” is still currently being utilized by counselors, however there is an increasing controversy regarding its use. There are no data that support the idea that no-suicide contracts reduce suicide (Rudd, Mandrusiak, & Joiner, 2006) or if a student in the midst of a suicidal crisis would decide not to make an attempt because he or she signed a piece of paper. In place of a no-suicide contract, the current best practice standard of care is to create a safety plan (Brent, Poling, & Goldstein, 2011; King, Foster, & Rogalski, 2013). The basic idea behind safety plan is that rather than being a legal document, it is a clinical tool that the student can use before and during a suicidal crisis. Eventually, some of the counselors who participated in this study have been introduced this practice and some have implemented it as an intervention tool.

Counselors in this research study felt more competent when they utilized professional support resources, such as supervision, consultation, or peer support groups. Regularly scheduled clinical supervision was noted as very essential during the case management of suicidal clients and was discussed as a means of providing counselors with an opportunity for reflective practice and self-care. Counselors in this study also emphasized the importance of regular access to high-quality, relevant continuing professional development related to managing suicidal ideation.

With regards to treatment modality, counselors also agreed that cognitive– behavioral and problem-solving approaches are core interventions that are effective at reducing suicidal ideation, depression, and hopelessness which also supported the findings of Rudd et al. (2001). As Linehan (2007) has recently discussed, that psychosocial interventions are most effective for treating suicidal ideation and behaviors. Yet, medications are still widely used and may well be the primary treatment response for suicidal people. Beyond considerations of suicide risk, it is interesting to note that although medications appear to work for many patients, they do not work for many others, and length of treatment is an important consideration (e.g., Rush et al., 2006).

Participating counselors highlighted the importance of ongoing suicide risk assessment. Follow patients at risk of suicide regularly and reassess risk frequently, particularly when they return to school. The frequency of contact should be determined on an individual basis and increased when there are increases in risk factors or indicators of suicide risk. Support should include reinforcement of the safety plan at regular intervals. Contact and support can be helpful even when telephone, letters, or brief intervention provides it.

Conclusion

The current study investigated the Filipino school counselor's knowledge, attitudes, and competencies in suicide intervention as well as their experiences and practices in suicide intervention. The study also aimed to develop and standardize the guidelines in delivering the appropriate interventions for suicidal clients.

The study is composed of two (2) phases. Phase 1 has quantitative and qualitative studies that utilized a descriptive method of research. 100 counselors that are twenty-five (25) were selected from the National Capital Region, Luzon, Visayas, and Mindanao who participated in the quantitative study of Phase 1. The counselors were asked to answer three (3) standardized instruments to measure their level of knowledge, attitude, and competencies regarding suicide.

Phase 1 of the study revealed that counselors did not report high levels of knowledge on suicidal behaviors, the results suggested that some counselors still hold stigmatizing attitudes toward suicidal behavior and that there are counselors who need to acquire better intervention skills. The trainings received by counselors may not be sufficient enough and it may influence their attitudes towards suicide risk assessment and management. The lack of training and experience among some counselors may also affect how they deal with suicidal clients because they may lack intervention skills to be able to provide the necessary support among clients with suicide risk.

Meanwhile, from the 100 counselors, twenty (20) were selected (five (5) from each geographical location) to participate in the qualitative part of Phase 1. The qualitative phase used thematic analysis to analyze the data gathered from the interviews. The data revealed that counselors perceived that working with suicidal clients posed high accountability. It was also a dilemma to be able to break the confidentiality about their client's harm to self.

All of the counselor participants utilized a specific screening tool in assessing the risk of suicide among students. Counselors value the process of assessment in order to identify contributory factors of suicidal behavior among their clients by observing the existence of warning signs and recognizing risk and protective factors. Counselors would notify the parents of the students at risk for suicide as an initial management practice. Counselors also recognized the support of the academic team in handling suicidal students. They make immediate referral to a specialist particularly to a psychiatrist for low to moderate risk of suicide. Generally, but not all counselors of this study provide evidence-based counseling interventions to their clients because some rely on the intervention provided by the psychiatrists in terms of medication or by the psychologists who provides psychotherapy sessions. There are schools that set re-entry conditions prior to the student resuming attendance by seeking medical clearance and recommendations from the psychiatrists or psychologists as to whether the student is fit to resume study. Counselors viewed that follow-up of clients at risk of suicide should be done regularly and reassess risk frequently as well as monitor their treatment compliance. Counselors have also suggested to explore different ways in following up the client so that they will not fall out of the session.

In summary, knowledge, attitudes, and training related to suicide may influence suicide intervention skills and therefore aid or hamper suicide prevention and that enhance suicide intervention skills could make a difference between the life and death of a client. Counselors in this study have stressed that risk assessment is an important part of suicide intervention and that counselors should be competent in this area. Involvement of parents in the treatment and referral to mental health services is being practiced by counselors when working with students who have suicidal risk. Counselors felt more competent when they utilized professional support resources, such as supervision, consultation, or peer support groups. Schools lack written and structured protocol in handling suicidal crisis.

For the Phase 2 of the study, suicide intervention practice guidelines were developed using the Delphi process. The tentative guideline was constructed based on the content analysis of the actions related to suicide intervention taken from previous studies and from the practices implemented by counselors taken from the qualitative study of Phase 1. After three (3) Delphi rounds and the consensus from sixteen (16) mental health experts, 145 intervention actions can be implemented by school counselors in handling suicidal clients.

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