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Teaching MSW Students Suicide Assessment, Intervention, and Postvention in Rural Areas

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Abstract. This teaching note argues the need for enhanced suicide assessment and intervention training for MSW students preparing for rural social work practice. A detailed outline of a suicide elective course is presented, addressing rural specific challenges. After course completion, students ($N = 49$) reported feeling better prepared to work with suicidal clients and better able to conduct an accurate assessment and suggest appropriate interventions.

Keywords: suicide, rural social work education

Rural America has been hardest hit by suicide with the rates in rural areas far higher than in more urban locations (Center for Disease Control, 2017). The American Psychological Association (APA) highlighted three concerns that impact the suicide rate among rural Americans: greater access to firearms, high rates of drug and alcohol use, and lower access to health-care providers and emergency medical facilities (APA, 2014). Based on these concerns, the APA identified four goals for reducing suicides in rural communities: preventing access to lethal means, overcoming stigma and increasing access to mental health and health care, addressing high levels of historical trauma among the American Indians and Alaska Natives who are prevalent in rural areas, and bringing care to rural veterans (2014). The National Advisory Committee on Rural Health and Human Services recently released a report calling for further research and prevention activities that support these goals (Department of Health and Human Services, 2017). Yet, services such as mental health and primary care are often limited and, with recent threats to the Affordable Care Act, cuts for mental health services are often looming, making the job of suicide prevention in rural areas even more challenging.

Unfortunately, many social workers and other mental health professionals enter the workforce with little training on the topic and are likely to be underprepared to effectively support clients who experience suicidal thoughts or behaviors (e.g., Almeida, O'Brien, & Norton, 2017b; Jahn et al., 2017; Osteen, Jacobson, & Sharpe, 2014). This lack of training results in decreased quality of care for clients and increased anxiety and burnout for the professional social worker. Yet, rural social work providers wear many hats and frequently are the only service provider for small communities, requiring social workers in rural communities to be highly prepared to deal with most anything. It has been argued that it is critical to study suicide as it “relates to the unique geographic, socioeconomic, political, and cultural characteristics of rural areas” (Hirsch, 2006, p. 189), so the authors developed a course on suicide response and postvention with these unique rural characteristics in mind.

Conceptualization and Implementation

At one point in time, the authors taught together at an MSW program located in the upper Midwest that had a strong commitment to students who worked in rural communities. This necessitated an advanced generalist curriculum in order to provide as broad a training as possible for these students. The program was intense and short which means many things could not be covered adequately during the student's preparation. Due primarily in large part to the clinical background and vast experience with suicidal clients of these two faculty members, suicide was identified as an issue worthy of inclusion. The course described here was offered in an online synchronous format, meaning that students signed into their online classroom and attended their class with their cohort similarly to a campus-based class. In the sections that follow, the course outline and content is discussed, and its usefulness is examined based on student perceptions following completion of the course.

The course was structured in a similar fashion to the one outlined in Almeida et al. (2017a) and also 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. However, it presented unique concerns due to the online format of the program. The instructor was concerned that the emotionally intense nature of the material might be a poor fit for an online delivery, without the customary cues of student well-being that are present in a traditional classroom setting. In an effort to increase student access to support during the course, several contact people were introduced to the students in the first class, each student talked with the instructor weekly in a virtual classroom, and additional resources were provided in the syllabus:

Please note: The content of this course may be disturbing to some students.

We will talk candidly about topics such as self-harm, suicide attempts, suicides, and death. I encourage you to practice good self-care and take advantage of counseling services when you need them. As a student, you have access to the counseling center. They can be contacted at this number: **xxx.xxx.xxxx**. Additionally, there is anonymous help available 24/7 at the Suicide Prevention Lifeline which can be contacted by phone at 1-800-TALK (8255). You can visit their website at: <http://www.suicidepreventionlifeline.org/>.

Please be in contact with me when I can offer support. I am available via my email address listed above (response time is generally 1 business day or less during the week, 1-2 days over the weekend and school holidays). If you do not receive a response from me within this timeframe, I urge you to contact me again. If you need immediate help, please call either the Suicide Prevention Lifeline or the Counseling Center at the numbers listed above.

Weekly journals were assigned, and the instructor reviewed these for indications that a student was struggling with the course content. The instructor did not assess for whether the format added to, or detracted from, student engagement. However, students who completed the course later reported feeling as though the format was supportive and conducive to their learning.

One of the primary objectives of the instructor was to increase students' comfort level with the subject, preparing them to engage with clients calmly, and to manage their own reactions in crisis situations in order to provide effective services. Engaging with suicidal clients effectively requires that the social worker remain calm when the client discloses suicidal thoughts. Role-playing has been shown in the literature to be one way to increase self-efficacy and self-confidence with students and can be a tool to assist them in managing negative feelings such as anxiety in an environment involving minimal risk (e.g., Lane & Rollnick, 2007; Goldenberg, Andrusyszyn & Iwasiw, 2005). Therefore, these kinds of discussions were incorporated into the safety of a classroom, allowing these students to practice managing their reactions. A primary component of the course was the attention given to self-care, and students created an emergency, crisis self-care plan as an assignment. The purpose of this assignment was to prepare students for the possibility of working with a suicidal client, and to normalize the fact that they would be emotionally impacted by this. Time in each class was devoted to mindfulness, stress reduction, and other self-care techniques to provide students with a variety of strategies they could include in their self-care plans.

Course Structure

Course Description

This course examines the issue of suicide, with specific attention to prevention, intervention, and postvention approaches for advanced generalist social work practitioners. Students will gain an understanding of risk and protective factors for suicide. This course will familiarize students with evidence-based practices and ethical considerations with suicidal clients. Students will learn about current local, state, and national strategies for suicide prevention. Upon completion of this course students will have gained skills in suicide assessment, management of suicide risk, treatment techniques and intervention strategies for suicidal clients, and postvention approaches for working with survivors of suicide loss at the individual and community levels.

The Learning Objectives

There were four learning objectives listed for this course: 1) Understand the epidemiology and theories of suicide, as well as the various models of suicide prevention; 2) Understand risk and protective factors (at multiple levels) for suicide and identify and understand which social groups are at high risk for suicide; 3) Be able to critically evaluate, select, and apply evidence-based suicide risk screening and assessment; and 4) Learn about development and implementation of interventions for individuals with suicidal thoughts and behaviors.

Text and Required Readings

The required text chosen for this class is Jack Kornfield's *A lamp in the darkness: Illuminating the path through difficult times* (2014). This text was chosen because it offers students an opportunity to practice mindfulness techniques as part of their self-care practices and explore how they might use them with their clients. Another reason the instructor chose not to use a suicide textbook is that there is not one currently available that addresses the unique needs

of social workers working in rural communities. The instructor requires weekly readings consisting of journal articles, book chapters, and links to current articles in the news.

The instructor also provides a list of recommended readings including Kay Redfield's, *Night falls fast: Understanding suicide* (2001). This is a fascinating book written by a psychiatrist who struggles with bipolar disorder. The author's personal struggles with the suicidality accompanying her bipolar disorder and her years of working with clients who have suicidal ideation and intention provide her with rich insight into the mind of individuals as they struggle with suicidal thinking and behavior. As this book has been in print for several years, used copies are widely available so it is inexpensive and will not excessively burden students financially.

Assignment Descriptions

Reflection paper. In this assignment, students are asked to spend time reflecting on their thoughts/biases regarding death in general and suicide in specific. What factors influence their thoughts (Religion? Family belief systems? Experience?). This is often a difficult thing to explore so students are encouraged to make sure they take adequate time to consider this. They are to report what they know about suicide and how they learned about it the first time. Students are to include those things they wish they knew more about and what they hope to learn in the class. If they are comfortable, students are also encouraged to include any experiences they have with suicide.

Mindfulness journal. Each week students are asked to take one chapter from the book, *A Lamp in the Darkness*, read the chapter, and attempt one of the exercises suggested by the author in that chapter. The purpose of this assignment is to experiment with a different way of looking at experiencing and managing grief. As helpers, social workers are often required to set aside their own feelings so they can hold space for others. Since social workers are human, this can be challenging. Kornfield's book offers some ways to practice being more mindful of our own emotions and reactions and also to give ourselves some grace when we are experiencing difficult feelings. The goal is for the student to try these exercises and write honestly about how they went. They are asked to write a couple of paragraphs describing which exercise they tried, what happened when they tried it, and if they learned anything from the attempt.

Three-part assignment. As most of the students have worked as social work professionals and witnessed first-hand the gaps that exist in their clients' systems of care, this assignment is designed to have them look beyond what already exists in terms of suicide prevention, intervention, or postvention in their communities and think outside the box about the kinds of opportunities that would be useful for their clients. To do this, they need to know what services already exist, how their clients (or a population of interest) learn about the services that are available to them, what types of interventions they can access if they feel suicidal, and whether these interventions are culturally appropriate and offered in a way their clients feel comfortable accessing or are missing altogether. An example of a creative solution that was low cost and immediate is provided to the students, so they have an idea of the kinds of things to look for. The three assignments, a resource list, a literature review, and an intervention idea, are

intended to build upon each other so that students are able to better understand the resources in their home community.

1. Resource list. In this first assignment, students take a close look at the resources in their community: what programs exist for those experiencing suicidal ideations or who have made suicide attempts? How is information about these programs distributed? Students start with a broad look at what their community offers. After they have identified the resources, they need to identify a specific population (veterans, youth, elderly) they think they might work with in the future and examine the resources available to them. Then they identify the gaps and barriers that exist that might keep someone from accessing services. Students turn in the list of the resources they found, provide a brief explanation of their identified population, present their understanding of how the services are accessed and if they are culturally appropriate for their community, and an examination of the gaps and barriers in the services in a paper.

2. Literature review. This second part of the assignment requires students to look for social work literature that addresses an aspect of suicide prevention, intervention, or postvention with the population they identified in the previous assignment. Students then write a review of the articles they found in a way that demonstrates their understanding of what the author(s) presented. Students provide an example of what these articles identify as the best treatments and discuss if it is congruent with what they found in other articles. The purpose of this part of the assignment is to provide students with the information they need to create their pre/inter/postvention idea with logical and evidence-based support. Students are required to use at least 5 articles from scholarly journals.

3. Intervention idea. In this third and final part of the assignment, students draw from all the information collected from previous assignments in order to create a prevention, intervention, or postvention program designed for a population in their community. The goal is for them to think outside the box – allow themselves to be creative as they consider the possibilities of what might work. Many students may have ideas they strongly believe would work but feel this would be impossible because of lack of funding or other limitations. They are asked to ignore those restrictions in the interest of allowing creativity and critical thinking to take over. Students present this as a paper and share their ideas as a class presentation to their peers.

Course Overview

The course is a two-credit, 16-week course. Thus, it met weekly for roughly two hours. It was organized in the following manner:

- **Week 1. Overview of the course.** Define terms, describe student and instructor expectations, discuss possible reactions.
- **Week 2. Theories of suicide, history of suicide, beliefs about suicide, and ethical issues.** Discuss theories pertaining to suicide throughout history, the impact of our beliefs on suicide and our response to individuals experiencing suicidal ideation and intention, and ethical issues social workers face when working with suicidal clients.

- **Week 3. Skills needed at micro level: suicide assessment.** Students explore methods of assessing suicide risk, understand theories about the core risk and protective factors influencing suicidal ideation, learn about suicide assessment tools/measures, role play asking core assessment questions.
- **Week 4. Micro level: Awareness of warning signs.** Students learn how to become more aware of suicide warning signs in order to rely less on client self-report of suicide risk level; discuss population-specific warning signs.
- **Week 5. Available interventions; Evidence-based practice; decision-making, Dialectical Behavior Therapy and Cognitive Behavioral Therapy approaches, and Hospitalization.** Discuss the current best practices, how to assist clients' in accessing services, and the unique challenges of rural service provision.
- **Week 6. Schools, agencies, and communities.** Examine strategies for working with school teachers and administrators to provide suicide education and support to students; discuss their agency policies and procedures related to working with suicidal clients; explore ways to establish community partnerships in order to provide prevention and postvention services.
- **Week 7. Postvention.** Define postvention at the micro, mezzo, and macro levels; examine what postvention plans currently exist in their placements or workplaces; identify the key components of an effective postvention plan.
- **Week 8. Safety planning.** Describe the difference between safety plans and safety contracts; discuss the key elements of a safety plan and how to support clients in identifying their supports; role-play writing a safety plan with a client.
- **Week 9. Special populations: veterans/military; older males.** Address population specific risks and interventions.
- **Week 10. Special populations: rural communities.** Address population specific risks and interventions.
- **Week 11. Special populations: LGBTQ; youth.** Address population specific risks and interventions.
- **Week 12. Special populations: American Indians and Pacific Islanders.** Address population specific risks and interventions.
- **Week 13. Diversity, cultural challenges and cultural views of suicide.** Discuss the impact that diversity and culture have on suicide prevention, intervention, and postvention.

- **Week 14. What if? How to “prepare” for the worst-case scenario.** This week is for students to identify their self-care techniques and to create a safety plan of their own that will include specific steps they will take if presented with a client’s suicide.
- **Weeks 15 – 16. Student presentation of projects.** This is an opportunity to share their projects with their peers.

Discussion

Being a skilled advanced generalist social worker has never been more challenging. Facing a reality of scarce resources and increasingly complex client situations, rural social workers need to be as fully prepared as possible to meet the many needs with which they will be faced. The ramifications of a lack of skill or knowledge in situations with a suicidal client are significant. Legally and occupationally, a primary outcome of the loss of a client to suicide is fear or threat of legal action. Clinicians face intense scrutiny following a client suicide and the pressure is often immense. Some agencies provide their employees with legal support, yet many other clinicians are left to 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 both personally and career changing. (e.g., Collins, 2003; Tillman, 2006; Figueroa & Dalack, 2013). Emotionally, many clinicians report feeling stigmatized in the wake of a client death and social workers in rural communities may find themselves more isolated and without support than those who live in more highly populated areas and have multiple professional colleagues to draw support from.

MSW students and new professionals recognize the ramifications of losing a client to suicide which creates a great deal of anxiety about working with clients who may be suicidal. Even trained social workers do not know why some people die by suicide and this lack of understanding creates worry that they may lose other clients in the same way. Social workers begin to second guess all their decisions following the death of a client. Decisions about hospitalizing a client or referring for a medication evaluation dominate all reflections on client cases. The greatest fear of many social work students and recent graduates is having a client express suicidal thoughts or behaviors. “...losing a client to suicide has been shown to bring about feelings of incompetence and isolation among social workers” (Almeida et al., 2017b, p. 183).

Many social workers find themselves so daunted by the ramifications of these kinds of life or death decisions, their work with client’s 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., 2017b, p. 183). Clients are often aware of their social worker’s hesitation to talk about certain issues. What the social worker 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. “Research has shown that clients with suicidal ideation perceived counselors as non-accepting and unhelpful when counselors did not address the topic of suicide” (Binkley & Leibert, 2015)

Professional social workers provide services to vulnerable populations, often with few resources. The responsibility for adequately preparing this workforce rests with MSW programs and it is critical that these training programs include sufficient content that addresses suicidal ideations, attempts, and survivors.

This kind of training extends beyond initial MSW training. In fact, a course of this nature could be formatted into a continuing education course (or series of continuing education courses) and marketed for social workers, especially those in rural areas. As has been suggested previously (e.g., Nedegaard & Zwilling, 2017), one potential way of reaching a broader audience, especially those in more rural areas who cannot easily attend conferences due to geographic distance, would be to conduct some or all of a continuing education course online. This could be done in a synchronous manner through the use of online platforms such as Skype, Zoom or Adobe Connect. With education and practice, professionals can learn to recognize and respond to suicide risk, improving self-efficacy in their work with suicidal clients, potentially improving client outcomes (Pisani, Cross, & Gould, 2011).

Benefits Associated with this Course

Narrative data was collected from students (n = 49) from recorded group discussions as part of their end of course evaluation. Students were asked three questions: 1) Describe how your feeling of preparedness to work with a suicidal client changed because of the course; 2) What was the most valuable thing you learned in the course?; and 3) What was the most beneficial outcome of the class lectures and other materials?

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 that was acknowledged was normalizing the topic of suicide and learning it was acceptable to ask clients about their suicidal thoughts. One student 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.

Students noted one main benefit of their training was increased awareness of the possibilities in their communities. One student stated, “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 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.”

Students described the 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 students 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.

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