

AN ANALYSIS OF SUICIDE TRAINING IN GRADUATE PROGRAMS ACROSS
THE UNITED STATES

By

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Abstract

Death by suicide is a growing global epidemic. Across the world there have been increasing efforts to mitigate and implement new suicide prevention strategies with the hope of reducing suicide mortality rates. While personal and community involvement is crucial for preventing suicide, mental health professionals are at the forefront in encountering suicidal individuals. Research shows that clinicians in the mental health field are often underprepared to work with clients expressing suicidal behaviors. Within this analysis, I analyzed accredited public graduate programs across the United States to investigate where the deficit in knowledge and training emerges. A possible answer to the lack of understanding and confidence while working with suicidal clients may be inadequate or insufficient training that mental health professionals receive prior to beginning their practice. Although one of the most common accreditation programs (CACREP) states that suicide education and training is required for accreditation, only four out of 197 programs in the United States include a specific suicide prevention or education course in their curriculum. Research shows that suicide trainings and courses in suicidology increase levels of understanding, feelings of preparedness and confidence for mental health professionals working with suicidal patients. While this analysis provides insight to a clear lack of training in suicide, it also offers avenues for future research in how suicidology should be incorporated into graduate programs' curricula. With this in mind, accreditation bodies, graduate counseling programs, and state licensure boards should take into consideration how to integrate suicide-specific courses within curricula, as the implications for future mental health professionals and the well-being of their clients is substantial.

Overview

Suicide is the next global pandemic. Over the last few decades, suicide rates have steadily increased worldwide. In 2020 alone, suicide was the second leading cause of death for people ages 10-14 and 25-34 and in the top nine overall leading causes of death for people ages 10-64 in the U.S. (CDC, 2022). Global statistics are often inaccurate and underreported but in 2019 there were approximately 700,000 reported deaths globally (Dattani et al., 2023). The mortality rates of deaths by suicide are alarming, but the numbers of those who considered suicide, created plans for or attempted suicide are even more catastrophic. In 2020, the Center for Disease Control (CDC) reported over 40,000 deaths by suicide in the U.S. (CDC, 2023), over 12 million people considered suicide, over three million made a suicide plan, and over one million attempted suicide (CDC, 2023). These statistics are devastating and beg for new intervention strategies and prevention methods.

Prevention Programs

Death by suicide is preventable. The first steps in reducing the death by suicide mortality rates is educating a broad range of people on risk and warning signs of suicide, providing resources to mental health treatment, and creating inclusive environments where individuals feel safe, heard, and able to ask for support (Godoy Garraza et al., 2019). Studies show that suicide intervention methods must span several layers of an individual's environment in order to be most effective. Suicide prevention is a community-wide effort and needs to be implemented into every aspect of life. Studies done world-wide highlight the effectiveness of suicide prevention training, postvention plans and raising community awareness on lowering suicide rates. A study done in Australia showed that from 2007-2016, integrating suicide prevention programs decreased the suicide mortality rate by 7% across a population of almost 3.5 million people. In order for these prevention programs to create a successful impact on communities, efforts need to be

consistently and continuously implemented (Morgan et al., 2022). Most research on prevention programs primarily focuses on implementations in K-12 schools and raising community awareness through events and training. However, there is limited research on suicide education and prevention trainings implemented in higher education settings such as colleges, universities, and graduate degree programs.

Suicide Interventions

Common areas in suicide intervention and management methods examine risk factors, assessment of intent, restriction to lethal means, postvention practices and evidence-based treatments such as psychotherapy and psycho-pharmacological treatments (Bernert, 2014). Suicide risk assessments (SRAs) are essential for mitigating risk in those expressing suicidal thoughts or behaviors. Key elements of SRAs examine the duration, triggers, intensity or severity and history of suicidal behaviors in order to craft successful intervention plans (APA, 2010). Commonly used SRA scales such as the Beck Suicide Intent Scale or other scales derived from Repeated Episodes of Self-Harm score, provide clinicians with more insight to “high-risk” clients. However, these assessments are often unreliable and do not always provide clear predictions. More recently there has been a shift into research on data-driven models to better predict and identify suicidal behavior and risk in clinical settings (Velupillai et al., 2019). In order to best support individuals who are at high risk for suicide, it is crucial to have training and experience identifying warning signs and assessing the level of intent.

Intervention Training in Graduate Programs

Across the U.S. many mental health counseling programs require several similar core courses for students to graduate with a master’s degree. For example, these may include courses about diagnosis and assessment of mental illness, using a variety of therapy models, and demonstrating

professional counseling skills. Suicide-related topics may be overviewed *within* some of these courses in order to maintain the institution's accreditation status and meet curricular requirements. Accordingly, topics related to suicide are typically embedded in courses that cover mental health diagnoses, treatment planning and crisis-situations; it is not common for programs to offer a specific course on suicide-related issues (i.e., prevention, intervention, postvention, risk assessment, etc.) despite the serious nature of this issue and the rising rates in the U.S. Several studies have investigated the preparedness of graduate students in managing suicide risk and found dramatic deficits in their training. Most graduate programs agree upon the importance of suicide training within their respective programs, but most training is allegedly embedded into the curricula of other courses or during field work such as an internship and practicum experience. However, many students over the past few decades report their training as inadequate (Cramer, 2016) and many studies highlight the need for improvement in training processes in order for trainees to obtain effective skills managing clients at risk for suicide (Mitchell, 2020).

This trend is noticeable across several counseling professions, including mental health counseling, school counseling and social work. Leane and colleagues (2019) compared the impact a suicide death on trainees versus senior psychiatrists who have spent years working in the field. In comparison to senior psychiatrists, trainees had significantly different reactions to suicide. One proposed hypothesis points to the lack of experience trainees have in managing suicide risk and postvention methods. These scholars investigated the amount of training in suicide risk assessment trainees in the field received and found that 44-96% reported they received training on assessment; while that indicates some exposure to suicide-related training, it is a wide range and does not represent that all graduates are prepared to take on these serious

clinical issues. Other studies highlight that on average, half of psychology interns have had suicide-related trainings, but that number decreases among other counseling professions. In general, there appears to be a lack of systematic training about suicide before working in the field as a mental health professional (Jacobson et al., 2012; Schmitz et al., 2012). The lack of training procedures completed prior to beginning work in a clinical setting not only affects the clinician's ability to properly aid their clients, but also diminishes the effectiveness of their treatment and poses a significant risk to client wellbeing.

Although there is limited research on the topic, several studies have highlighted the importance of training on suicide issues for clinical professional, highlighting the overall lack of suicide training within graduate programs. Additionally, these studies show the how the inclusion of suicide training impacts graduate students' confidence and levels of preparedness when working with a suicidal client. One study proposed a model course on suicide prevention methods and assessment that showed to improve students' abilities to interact with, identify risk, manage a suicidal patient (Cramer, 2016). Another similar study examined the successful implementation of a suicide training course into a master's in social work program and saw a positive correlation between knowledge, confidence, and feelings of preparedness after having a suicide-specific course (Almeida, 2017). The Cramer (2016) and Almeida (2017) studies offer promising solutions to the prior lack of education within graduate programs and how to improve the skillsets of mental health professionals.

Purpose

The purpose of this project was to gather information among different counseling programs across the United States and the inclusion or exclusion of suicide prevention and intervention courses within respective program's curricula. Considering the high mortality rates of deaths by

suicide, new intervention methods and management tactics are necessary. The aim of this analysis is to highlight the lack the attention devoted to suicide prevention training within graduate school as well as offer possible solutions to resolve the deficits in training.

Methods

Within this analysis, I utilized the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) website to search for accredited institutions that offer master's programs in clinical mental health counseling degrees. CACREP is an accrediting institution for counseling degrees within the United States that ensures that programs meet requirements in training students prepared to become licensed professionals in the mental health workforce. Data from institutions across all fifty states and Washington D.C. were included, with data being current as of April 2023. Utilizing the CACREP website, specifying filters were used to find institutions that fit the following criteria: 1) public institution 2) clinical mental health counseling graduate program 3) accredited, two-year accreditation or eight-year accreditation specification.

Across the U.S. there are currently 198 public graduate programs among 47 states and Washington D.C. that fit the criteria for this analysis. No data was collected from Delaware, Hawaii, or Utah as there were no accredited public graduate programs for mental health counseling in those respective states. After compiling a list of programs, I examined each institution's course curriculum to determine whether a suicide-specific course was included as a requirement to graduate with a master's degree in clinical mental health counseling. If a suicide-specific course was listed on the curriculum (for example, Suicidology, Suicide Interventions, etc.), it was denoted as 'YES'; in contrast, a 'NO' was designated for that institution if a course was not included in the required curriculum. If an institution did not include a listing of coursework available to the public, this was denoted as "UNKNOWN" (see figure 1).

Findings

Within this content analysis, 198 graduate programs that offer clinical mental health counseling degrees offered from public institutions within the United States were identified. Among these programs, 47 of 50 states and Washington D.C. were represented. No accredited programs were identified in Delaware, Hawaii, or Utah. Data was collected in a table format with the public institutions from each respective state and denoted with a 'YES' or 'NO' to indicate whether a suicide-related course was offered in the program.

After examining the required course curricula, four out of the 198 programs reviewed included a suicide-specific course in their curriculum (see figure 1). Out of the programs evaluated, one in Washington (Eastern Washington University), one in Tennessee (University of Tennessee at Chattanooga), and two institutions in Alabama (University of Alabama, Birmingham | University of Montevallo) included a suicide-specific course. The following courses were identified as suicide focused: "Suicide Assessment and Treatment" (Eastern Washington University), "Crisis Counseling and Suicidology" (University of Tennessee at Chattanooga), "Suicide Prevention" (University of Alabama, Birmingham), and "Clinical Work with Suicidal Clients and Families" (University of Montevallo). In several programs, courses listed as "Crisis Counseling" or "Crisis and Trauma Counseling" included suicide as a topic of discussion but these were not included in the results as a suicide-specific course as they may involve other types of crises that are cause for clinical support. One program (University of South Carolina) did not publicly list a curriculum for the graduate counseling program.

Discussion

The majority of programs included in this review did not include suicide-specific course content. While they may meet requirements for accreditation by embedding this essential topic within

other clinical training coursework, there is room for improvement in curriculum design and student outcomes. These findings, in combination with prior research that has indicated a lack of training about suicide within graduate programs (Cramer, 2016; Mitchell, 2020) indicate potential specific implications for many stakeholders in community mental health and well-being. Below, I will present implications for training programs, accreditation bodies, and state licensure boards.

Implications for Graduate Schools

Graduate school programs that offer counseling degrees for mental health professionals offer similar courses nationwide on diagnostic criteria, treatment plans, evaluations and specific addictions or illnesses. Most graduate programs require up to 60 units of coursework to graduate alongside an applied clinical internship and/or practicum where trainees use concepts learned in lectures with clients and gain hands-on experience with a variety of clinical issues. The course outlines and curricula of graduate institutions are designed to prepare students for professional practice and provide them with the skills necessary to provide effective and appropriate care.

Courses are specifically designed to prepare graduate students with the knowledge, skills, and tools necessary to provide the best care possible for their future clients. However, with a lack of knowledge, practice and focus on suicidology, it is less likely that graduates are adequately prepared for working with individuals experiencing suicidal thoughts, which has been supported in prior research (Cramer, 2016; Mitchell, 2020). Out of all of institutions I analyzed, only four across the nation offer a course specifically on suicide. Many programs do include a crisis or trauma counseling course that covers suicide alongside other topics. For example, Western Illinois University has a course (Crisis and Trauma Counseling) that covers topics in crisis management and intervention in relation to grief, post-traumatic stress, suicide, domestic

violence, and child abuse. In the program at Governors State University, a similar course is offered that provides an overview of crisis intervention, crisis intervention models, and trauma counseling for individuals, groups, organizations, and communities. While these courses are necessary and cover a variety of important topics, they merely provide an overview of suicide rather than an in-depth study and may not adequately prepare mental health professionals for the multifaceted and complex issues they will likely encounter specific to suicide within their future careers.

Graduate schools should consider the implications that a lack of training and time spent learning about suicide risks, signs, safety plans and prevention methods has on future mental healthcare within our society. Previous research on suicide training and clinical practice guidelines highlight that this lack of training and preparation is not a new phenomenon (Bernert, 2015). Furthermore, these institutions should consider the suicide mortality rates in comparison to other mental health crises such as addiction, trauma or domestic and sexual violence and treat suicide as an equally important topic to cover in depth. Research consistently demonstrates that suicide intervention/prevention/postvention training is effective. These trainings are shown to improve overall knowledge, assessment and documentation skills, self-perceived competence and also decrease negative views or attitudes towards suicidal clients (Mitchell, 2020). With this in mind, graduate schools should implement courses entirely devoted to suicide just as they may with other topics such a grief, trauma, violence, or addiction.

Implications for CACREP

Within their 2024 revision standards, CACREP states that “The eight foundational curricula required of all entry areas represent the knowledge level counselor education graduates.

Counselor education programs must document where each of the lettered standards listed below

is covered in the curriculum” (*CACREP 2024 standards adoption 2023*). Under the “Foundation Counseling Curriculum” section titled “COUNSELING PRACTICE AND RELATIONSHIPS” item *t* lists the requirement for “suicide prevention and response models and strategies.” Additionally, listed in section titled “ASSESSMENT AND DIAGNOSTIC PROCESSES” item *m* includes the “procedures for assessing and responding to risk of aggression or danger to others, self-inflicted harm, and suicide” (*CACREP 2024 standards adoption 2023*). Considering the findings of this analysis, there is an absence of suicide-related courses implemented into graduate program curricula. Within the CACREP 2024 revision outline, it states that the inclusion of suicide topics and trainings are a requirement for accreditation. However, in my analysis it is unclear whether these topics are discussed at every institution and the depth to which they are studied. Within the *2024 CACREP standards adoption*, CACREP delineates accreditation requirements for graduate program’s inclusion of suicide training. However, “*they do not dictate the manner in which programs may choose to meet standards*” (*CACREP 2024 standards adoption 2023*). Without specifying the manner in which training or education occurs, graduate programs are not required to provide in depth courses on suicidology, which may result in gaps in trainee knowledge and experience with a topic vital to successful practice and client well-being.

In order to meet the CACREP standards, graduate programs may overview suicide-related content within courses covering several topics. The language utilized within the CACREP standards poses an issue for any changes to be made within graduate programs’ curricula. CACREP accredited programs are intended to adequately prepare students for real-world scenarios and are expected to provide them with the skills necessary to work with and support clients from all backgrounds. However, without an in-depth understanding and practice

working with suicidal clients, it is likely that suicide rates across the globe will not decrease. CACREP should consider the implications of the language utilized in this report and how this may impact or eliminate any changes to graduate programs' current curricula and the subsequent impact for future mental health professionals. Although these requirements appear to include suicide as an important topic for education, there is no clear strategy for implementation, education, or practical work with suicidal clients. Without a larger emphasis on suicide training, mental health professionals may continue to be underprepared for clients dealing with suicidal behaviors or ideations. CACREP should consider these implications so that their next report may more clearly address suicide-related education of graduate students.

Implications for State Licensure

Those pursuing a counseling profession must obtain a master's degree in addition to supervised experience and the completion of a comprehensive exam such as the NCE (National Counselor Examination), NCMHCE (National Clinical Mental Health Counselor Examination), CRCE (Certified Rehabilitation Counselor Examination) or the ECCP (Examination of Clinical Counselor Practice). Additionally, several states also require a state exam on specific state laws that may impact their practice (California, Colorado, Maryland, North Carolina, Ohio, Oklahoma, Oregon, Tennessee, Texas, Utah, and Wisconsin). Most states also require that professionals complete continuing education credits, annual or biannual, to maintain their credentials (ACA).

Considering the lack of suicide training provided during graduate school, revisiting how state licensure boards address issues related to suicide-specific training is a potential supplemental avenue worth exploring. One option would be for state boards to implement suicide training (prevention, intervention, assessment, postvention, etc.) within their continuing

education requirements. Requiring continual education for mental health clinicians not only refreshes their skillsets with new methods, strategies, and practices, but also ensures that clinicians have the most updated knowledge about their clientele and how to best support them. Without continuous and frequent education on suicide assessment and treatment, suicidal clients will not receive the care and support they need. States should consider how the lack of training on suicide risk, assessment, and treatment impacts their citizens, especially within states with high suicide mortality rates. In states like Wyoming, Alaska, Montana, and New Mexico, where the death by suicide rates were the highest in 2020, legislators and state boards should be implementing new strategies to prevent such high mortality rates in the future. One avenue of prevention could be requiring a suicide prevention and training course to be licensed to practice in that state, and/or to introduce/include suicide-specific continuing education requirements for professionals actively maintaining a clinical mental health license.

Limitations

Although this analysis provides an outline regarding the lack of training and focus on suicide-related topics, there are a few limitations in my study due to the lack of public information available, the specific criteria I used, and number of institutions I investigated. One of the largest limitations in this analysis is the specificity of my research. I primarily investigated if each institution had a course specific to suicidology and suicide-related topics, and only looked at one type of mental health degree.

Another large limitation is the information available to the public on each program's curriculum. Although there were no suicide courses, there are several institutions that require a crisis prevention or crisis counseling type of course. Additionally, some of these courses did mention suicide in the posted course descriptions, while others did not provide course

descriptions at all. Some courses may cover suicide-related topics, but this information is not clear to public viewers. Without a publicly available course syllabus from each institution, it is unclear how in depth the course goes into suicide topics and what the learning outcomes are.

Since suicide is frequently approached as a mental health issue, I only examined programs for those seeking a clinical mental health degree and did not examine programs for master's degrees in addiction or school counseling. Although suicide is typically studied within a mental health lens, considering the effects addiction can have on suicide-related behaviors and the age range of most suicide deaths, prevention efforts may also be prominent within programs that train counselors for schools and addiction. Lastly, in this analysis I solely investigated public institutions and there may be private graduate school programs that do address suicide in more depth and offer courses tailored to the subject. Altogether, these limitations offer several directions for future suicide-prevention research within both public and private institutions and considering other counseling professions.

Although there is room for future research into the specific course contents of graduate counseling programs, this analysis highlights a significant disparity between the subjects studied in graduate school. If prospective students are expected to emerge from graduate programs with the skills and tools necessary to provide the best quality of care, then those same institutions, accreditation boards and state licensure boards should consider updating the areas of mental health care that need more attention. While every mental health issue should be given equitable attention, the growing epidemic of deaths by suicide begs for a more focused solution. The lack of training and education for mental health professionals is apparent through this analysis and through studies on self-disclosure reports. The contents of this analysis demonstrate clear gaps that need to be filled. Suicide is preventable if clinicians have the tools they need to be prepared

to work with suicidal clients. Increasing and building those tools within training programs, state licensing guidelines, and accrediting bodies are essential steps in reducing deaths by suicide and the associated toll on communities and families.

Conclusion

Death by suicide is preventable. There are several prevention strategies that have proven to be effective in reducing suicide risk and managing suicidal behaviors. Many of these strategies span across school settings and require personal, community and professional involvement to be most effective. However, mortality rates are still increasing, and recent research has highlighted areas for improvement. One area for improvement is the training provided to mental health professionals during graduate school. This analysis shows that there is a significant lack of suicide-related courses among graduate programs in the United States. It should be noted that only public accredited institutions were included in this analysis and results may vary among private institutions in the U.S. Some programs offer crisis counseling or crises intervention courses that list suicide as a topic, but course descriptions were not provided from every institution. This analysis begs the question of why prospective mental health professionals are not being adequately trained in suicidology. If prospective students are expected to emerge from graduate programs with the skills and tools necessary to provide the best quality of care, then those same institutions, accreditation boards and state licensure boards should consider which areas of mental health care need more attention. With a lack of knowledge, practice and focus on suicidology, it is less likely that graduates are adequately prepared for working with individuals experiencing suicidal thoughts. Taking the contents of this analysis and recent research into account, graduate programs should consider implementing coursework devoted to suicide education and training similar to courses that educate on grief, trauma, violence, or addiction

counseling. Additionally, accreditation programs like CACREP should consider revising their accreditation statuses if programs offer inadequate attention to suicide-specific trainings and working with suicidal clients. Similarly, state licensing boards should consider the inclusion of suicide training in their continuing education requirements to further prepare clinicians.

Although there is room for future research on the specific course contents and learning outcomes of graduate counseling programs required coursework, this analysis brings to light the disparity between the subjects studied during graduate school. If graduate institutions, accreditation programs and state licensing boards do not edit their requirements for licensure, then there may not be a decrease in death by suicide mortality rates any time soon. If suicide prevention training is shown to be effective and research highlights the benefits of suicide education and assessment training, then suicidology should be specifically included in the majority of graduate programs' curricular requirements.

Figure 1. Suicide Training Courses Offered By Respective States

STATE	INSTITUTION NAME	COURSE OFFERED
Alabama	Alabama State University	NO
	Auburn University	NO
	Auburn University at Montgomery	NO
	Jacksonville State University	NO
	Troy University	NO
	University of Alabama	NO
	University of Alabama, Birmingham	YES
	University of Montevallo	YES
	University of North Alabama	NO
	University of South Alabama	NO
Alaska	University of Alaska Fairbanks	NO
Arizona	Northern Arizona University	NO
Arkansas	Arkansas State University	NO
	Harding University	NO
	Henderson State University	NO
	University of Arkansas	NO
California	California State University, Fullerton	NO
	San Francisco State University	NO
Colorado	Adams State University	NO
	University of Colorado at Colorado Springs	NO
	University of Northern Colorado, College of Education and Behavioral Sciences	NO
	University of Colorado at Denver	NO
	Colorado State University	NO
Connecticut	Southern Connecticut State University	NO
	Western Connecticut State University	NO
Delaware	N/A	N/A
District of Columbia (D.C)	The Chicago School of Professional Psychology Washington D.C	NO

Florida	Florida Atlantic University	NO
	Florida Gulf Coast University	NO
	Florida International University	NO
	Florida State University	NO
	University of Central Florida	NO
	University of Florida	NO
	University of North Florida, Brooks College of Health	NO
Georgia	Augusta University	NO
	Columbus State University	NO
	Fort Valley State University, Counseling	NO
	Georgia Southern University	NO
	Georgia State University	NO
	University of North Georgia	NO
	University of West Georgia	NO
Hawaii	N/A	N/A
Idaho	Idaho State University	NO
Illinois	Chicago State University	NO
	Eastern Illinois University	NO
	Governors State University	NO
	Northeastern Illinois University	NO
	Northern Illinois University	NO
	University of Illinois Springfield	NO
	Western Illinois University Quad Cities	NO
Indiana	Indiana State University	NO
	Indiana University South Bend	NO
	Purdue University Fort Wayne	NO
	Purdue University Northwest	NO
Iowa	University of Iowa	NO
	University of Northern Iowa	NO
Kansas	Emporia State University	NO
	Fort Hays State University	NO

	Wichita State University	NO
Kentucky	Eastern Kentucky University	NO
	Murray State University	NO
	Northern Kentucky University	NO
	University of Kentucky	NO
	Western Kentucky University	NO
Louisiana	Louisiana State University	NO
	Louisiana State University Shreveport	NO
	Nicholls State University	NO
	Northwestern State University of Louisiana	NO
	Southeastern Louisiana University	NO
	University of Louisiana at Lafayette	NO
	University of Louisiana at Monroe	NO
	University of New Orleans	NO
Maine	University of Southern Maine	NO
Maryland	Bowie State University	NO
Massachusetts	Bridgewater State University	NO
Michigan	Central Michigan University	NO
	Eastern Michigan University	NO
	Oakland University	NO
	Wayne State University	NO
	Western Michigan University	NO
Minnesota	Minnesota State University Mankato	NO
	Minnesota State University Moorhead	NO
	St. Cloud State University	NO
	Winona State University	NO
Mississippi	Delta State University	NO
	Jackson State University	NO
	Mississippi State University	NO
	University of Mississippi	NO
Missouri	Missouri State University	NO

	Southeast Missouri State University	NO
	University of Central Missouri	NO
	University of Missouri St. Louis	NO
Montana	Montana State University	NO
	University of Montana	NO
Nebraska	University of Nebraska at Kearney	NO
	University of Nebraska at Omaha	NO
	Wayne State College	NO
Nevada	University of Nevada Las Vegas	NO
	University of Nevada Reno	NO
New Hampshire	Plymouth State University	NO
New Jersey	Kean University	NO
	Montclair State University	NO
	New Jersey City University	NO
	Rutgers, the State University of New Jersey, School	NO
	The College of New Jersey	NO
	William Paterson University	NO
New Mexico	New Mexico Highlands University	NO
	University of New Mexico	NO
	New Mexico State University	NO
New York	Queens College, City University of New York	NO
	State University of New York at New Paltz	NO
	State University of New York at Oswego	NO
	State University of New York College at Plattsburgh	NO
	SUNY Brockport	NO
North Carolina	Appalachian State University	NO
	East Carolina University, College of Allied Health Sciences	NO
	East Carolina University, College of Education	NO
	North Carolina A&T State University	NO
	North Carolina Central University	NO
	North Carolina State University	NO

	University of North Carolina at Charlotte	NO
	University of North Carolina at Greensboro	NO
	University of North Carolina at Pembroke	NO
	Western Carolina University	NO
North Dakota	North Dakota State University	NO
Ohio	Bowling Green State University	NO
	Cleveland State University	NO
	Kent State University	NO
	Ohio State University	NO
	Ohio University	NO
	University of Akron	NO
	University of Cincinnati	NO
	University of Toledo	NO
	Wright State University	NO
	Youngstown State University	NO
Oklahoma	Northeastern State University	NO
	Oklahoma State University	NO
Oregon	Oregon State University	NO
	Portland State University	NO
	Southern Oregon University	NO
Pennsylvania	California University of Pennsylvania	NO
	Commonwealth University of Pennsylvania Lock Haven	NO
	Edinboro University of Pennsylvania	NO
	Indiana University of Pennsylvania	NO
	Kutztown University	NO
	Pennsylvania State University	NO
	Shippensburg University	NO
	West Chester University	NO
Rhode Island	Rhode Island College	NO
South Carolina	Clemson University	NO
	University of South Carolina	UNKNOWN

	Winthrop University	NO
South Dakota	Northern State University	NO
	South Dakota State University	NO
	University of South Dakota	NO
Tennessee	Austin Peay State University	NO
	East Tennessee State University	NO
	Middle Tennessee State University	NO
	Tennessee Tech University	NO
	University of Memphis	NO
	University of Tennessee at Chattanooga	YES
	University of Tennessee at Knoxville	NO
Texas	Midwestern State University	NO
	Sam Houston State University	NO
	Stephen F. Austin State University	NO
	Tarleton State University	NO
	Texas A&M University - Central Texas	NO
	Texas A&M University - Commerce	NO
	Texas A&M University - Corpus Christi	NO
	Texas A&M University - Kingsville	NO
	Texas A&M University - San Antonio	NO
	Texas State University	NO
	Texas Tech University Health Sciences Center	NO
	Texas Tech University College of Education	NO
	Texas Woman's University	NO
	University of Houston Clear Lake	NO
	University of Houston Victoria	NO
	University of North Texas Dallas	NO
	University of North Texas College of Education	NO
	University of Texas at El Paso, College of Education	NO
	University of Texas at San Antonio	NO
	University of Texas at Tyler	NO

	University of Texas Rio Grande Valley, College of Education	NO
Utah	N/A	N/A
Vermont	University of Vermont	NO
Virginia	College of William and Mary	NO
	George Mason University	NO
	James Madison University	NO
	Longwood University	NO
	Old Dominion University	NO
	Radford University	NO
	Virginia Polytechnic Institute and State University	NO
Washington	Central Washington University	NO
	Eastern Washington University	YES
	Western Washington University, College of Humanities and Social Sciences	NO
West Virginia	Marshall University	NO
	West Virginia University	NO
Wisconsin	University of Wisconsin Stout	NO
	University of Wisconsin Whitewater	NO
	University of Wisconsin Oshkosh	NO
Wyoming	University of Wyoming	NO

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