Abstract

Crisis counseling is critical when natural and man-made crises occur. Crises are also inevitable in clinical settings. Trauma induced by crisis is the primary concern for victims and counselors (Jones & Cureton, 2014; Knezevic & Olson, 2014). However, the literature indicates that counselor preparation falls short on crisis counseling training (Allen et al., 2002; Minton & Pease-Carter, 2011; Morris & Minton, 2012). In this study, the course descriptions of 654 CACREP-accredited counseling programs were examined to determine the number of programs that required crisis counseling courses. Among the 654 CACREP-accredited counseling programs examined, 192 (29.4%) required students to take a stand-alone crisis counseling course. Our findings reflect current practice and support a call for enhancing crisis counseling training in counselor preparation programs.

Keywords: crisis counseling training, crisis counseling courses, CACREP-accredited programs
Both natural disasters and man-made crises, such as hurricanes, tsunamis, school shootings, and terrorism, create intensive crisis situations. Natural disasters (Dass-Brailsford, 2010; Salzer & Bickman, 1999) and man-made crises (North & Pfefferbaum, 2013) impact individuals and communities, triggering crises responses. Crises bring trauma and physical damages while impacting communities and society (Alexander, 2005; Gard & Ruzek, 2006; Jones & Cureton, 2014; Knezevic & Olson, 2014). Counselors are often summoned to assist victims of crises and therefore require adequate crisis counseling skills (Miller, 2012). The recent number of crisis incidents around the world have placed the counseling profession on high alert for the importance of preparing counselors to provide crisis services (Allen et al., 2002; Brown & Rainer, 2006; Butler, Panzer, & Goldfrank, 2003; Gard & Ruzek, 2006; Roberts, 2002; Seeley, 2008).

Counselors also encounter crises in clinical settings (Miller, 2012). Literature shows that mental health counselors face crises involving client suicide. The percentage of client suicide attempts could range from 20% to 71% in clinical practice (McAdams & Foster, 2000; Rogers, Gueulette, Abbey-Hines, Carney, & Weth, 2001; Schwartz & Rogers, 2004). In addition to mental health crises, counselors are likely to work with individuals who have suffered a crisis in their lifetime. Breslau et al. (1998) surveyed 2,181 individuals in the Detroit area about their traumatic experiences, ranging from combat, assault, and injury to the sudden death of close friends or relatives. The researchers reported 89.6% lifetime prevalence rate of past trauma and a 31.1% post-traumatic stress disorder (PTSD) prevalence rate. Whether in the community or in their counseling offices, professional counselors face an inescapable reality that their work will involve clients dealing with crises (McAdams & Keener, 2008). The knowledge and skills of crisis counseling are essential for counselors.

Counselors and Crisis Counseling

Counselors in clinical and school settings have reported a substantial amount of crisis work (Echterling, Presbury, & McKee, 2005; Wachter, Barrio Minton, & Clemens, 2008). Atici (2014) interviewed nine school counselors to study their daily routines and reported that school counselors rank crisis counseling as the third most time and energy consuming task, behind individual counseling and consultation. Aggressiveness, abuse, injuries, illness, and bereavement, just to name a few, have been the crises that demand school counselors’ time and energy (Atici, 2014).

For mental health counselors, crisis work starts early in their professional career. McAdams and Foster (2000) studied 376 professional counselors to understand their experience of working with suicidal clients and discovered that 24% of these counselors had experienced working with suicidal clients early in their internship. According to another study, the results of a survey of 241 mental health counselors indicated that 71% of surveyed counselors reported that they had at least one client who made a suicide attempt (Rogers et al., 2001). Whether counselors work in clinical environments or educational settings, their role as a professional counselor will lead them to crisis counseling in practice. For professional counselors, possessing knowledge and skills about crises and crisis counseling is imperative.
What Constitutes a Crisis?

Crises can be categorized by several definitions (Cavaiola & Colford, 2005; Hoff, Hallisey, & Hoff, 2009; James, 2008; Kanel, 2015; Myers & Wee, 2005; Sandoval, 1988). Crises range from transitional events, such as divorce, to unanticipated incidents, such as natural disasters and the death of a loved one (Aguilera, 1998; Hoff et al., 2009). Crises may also consist of developmental crises and situational crises (Aguilera & Messick, 1982; Hoff et al., 2009; Kanel, 2015; Slaikeu, 1984). Aguilera (1998) categorized developmental crises as life cycle stressors, while Slaikeu (1984) described the developmental life crisis to include transitional crises through developmental stages. However, both included events and situations such as death, crime, violence, and economics under developmental crises (Aguilera, 1998; Slaikeu, 1984).

Roberts (1996) wrote of crises, “. . . all sudden interruptions or stressful life events are synonymous with a psychological crisis” (p. 19). Crisis is an individual’s perception of instability or intolerability that has exceeded a person’s coping capacity (Alexander, 2005; Cavaiola & Colford, 2005; Hoff et al., 2009; James & Gilliland, 2013; Miller, 2012; Roberts, 2000; Seeley, 2008; Studer & Salter, 2010). Such a broad definition of crisis reminds counselors to become sensitive to clients’ crises and to respond with proper crisis counseling interventions.

The Need for Crisis Training

Counselors are often summoned to provide emergency services in crises (Dupre, Echterling, Meixner, Anderson, & Kielty, 2014; Miller, 2012; Myers & Wee, 2005). Our literature review also sketches a picture with a broad definition of crisis and the high probability that counselors will serve a client in a crisis situation. By understanding what awaits counselors in their careers, it is apparent that crisis counseling training needs to be delivered to counseling students to ensure that counselors are equipped with clinical knowledge and skills specific for crisis intervention (Morris & Minton, 2012; Sawyer, Peters, & Willis, 2013). The 2016 CACREP Standards (Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2015) list the term “crisis” five times in counselor preparation. It appears twice in the core curriculums of Human Growth and Development and Counseling and Helping Relationships. Crisis is also mentioned once in three contextual dimensions of specialty areas: clinical mental health, clinical rehabilitation counseling, and marriage, couple, and family counseling. Crisis counseling has become a learning objective required in the curriculum of CACREP-accredited counselor programs. However, the contemporary literature warns the counseling profession about insufficient quality and quantity of crisis counseling training (Allen et al., 2002; Minton & Pease-Carter, 2011).

Minton and Pease-Carter (2011) surveyed 52 program coordinators from CACREP-accredited programs and concluded that less than half of the 52 programs offered a crisis counseling course, and 7.7% of these 52 programs offered no crisis preparation (Minton & Pease-Carter, 2011). The study of Minton and Pease-Carter reiterates the concern of the lack of crisis counseling training currently delivered in counselor preparation programs.
In order to continue the previous studies on crisis counseling training in counselor preparation, this study was designed to investigate the current condition of crisis counseling training among CACREP-accredited counseling programs. The main objective of this study was to understand how many accredited counseling programs require a core course of crisis counseling. The results were expected to continue informing the counseling profession on the status of crisis counseling training in counselor education and what the future development of crisis counseling training will be.

Methods

Understanding the concern of insufficient crisis counseling training, our study intended to revisit the topic of crisis counseling training and to investigate what is the current status of such training in CACREP-accredited counseling programs. This study utilized the published CACREP directory to access the program Web pages of CACREP-accredited counseling programs. Our mission was to look for a required crisis counseling course listed in the course description or curriculum requirement of a counseling program.

Demographics

From the CACREP directory, 655 accredited counseling programs were identified. The program Web pages of 654 accredited programs (99.8%) were accessible during academic year 2014–2015. Sixty three doctoral counselor education programs (9.6%) were included in the 654 accredited programs. These counseling programs were located in 294 universities and colleges. There were 68 institutions (23.1%) offering one accredited counseling program, 123 institutions (41.8%) with two programs, 77 institutions (26.2%) with three programs, and 21 institutions (7.1%) with four programs. Five institutions (1.7%) were found to house five distinct accredited counseling programs.

Among the 591 master’s counseling programs, there were 241 (36.9%) school counseling programs, 148 (22.6%) clinical mental health counseling programs, 83 (12.7%) community counseling programs, 40 (6.1%) family counseling programs, 32 (4.9%) mental health counseling programs, 15 (2.3%) student affair counseling programs, 17 (2.7%) college counseling programs, and 11 (1.7%) career counseling programs. There were also three (0.5%) addiction counseling programs and one (0.2%) gerontological counseling program.

Data Analysis

The research team designated the third author of this study to conduct the first review of CACREP-accredited counseling program Web pages. The team regularly reviewed the collection process to ensure the accuracy of data collection. The information on each program Web page was documented on a spreadsheet. Information collected included the name of the institution, types of accredited programs (e.g., school counseling, community counseling, etc.), and the names of the crisis counseling courses. The search of the crisis counseling courses aimed to reveal the entire coursework in the counseling preparation program. The target items in our search were the 2-year or 3-year
course description or curriculum requirement and the plan of study that would list all required and elective courses for a student to complete a counseling degree.

The nature of our research project endorsed the use of descriptive analysis due to the types of data collected from program Web pages. Our study assigned each type of data a numerical code. Each institution was coded numerically starting from number one. The research team created a code sheet to document the categories of accredited programs and to assign each category one numerical number. The crisis counseling courses were coded by the course names. When the course names were the same, these courses were given the same numerical code.

**Results**

Among the 654 CACREP-accredited counseling programs, the researchers were not able to access the course descriptions of 21 programs (3.2%) after repeated attempts. A total of 441 programs (67.4%) did not offer one stand-alone crisis counseling course, and 192 counseling programs (29.4%) in 118 departments mandated students to take such a course. Table 1 displays the demographic information of the 192 programs.

**Table 1**

<table>
<thead>
<tr>
<th>Program</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Counseling</td>
<td>61</td>
<td>31.8%</td>
</tr>
<tr>
<td>Clinical Mental Health Counseling</td>
<td>60</td>
<td>31.3%</td>
</tr>
<tr>
<td>Community Counseling</td>
<td>36</td>
<td>18.8%</td>
</tr>
<tr>
<td>Mental Health Counseling</td>
<td>10</td>
<td>5.2%</td>
</tr>
<tr>
<td>Marriage, Couple and Family Counseling</td>
<td>9</td>
<td>4.7%</td>
</tr>
<tr>
<td>Counselor Education and Supervision</td>
<td>6</td>
<td>3.1%</td>
</tr>
<tr>
<td>Student Affairs Counseling</td>
<td>4</td>
<td>2.1%</td>
</tr>
<tr>
<td>College Counseling</td>
<td>3</td>
<td>1.5%</td>
</tr>
<tr>
<td>Career Counseling</td>
<td>3</td>
<td>1.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>192</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

A descriptive analysis was conducted to study the crisis counseling courses. The researchers found that 103 courses (53.6%) used a course title of either crisis counseling or crisis intervention. Some programs offered a crisis counseling course in conjunction with another subject area. There were 89 crisis counseling courses (46.4%) found to coexist with various course subjects: 39 with trauma work (20%), 10 with trauma and disaster counseling (5.2%), eight with disaster counseling (4.2%), eight with grief counseling (4.2%), seven with trauma and grief counseling (3.6%), five with consultation (2.6%), three with addiction counseling (1.6%), two with ethics (1%), one with substance abuse (.5%), one with community counseling (.5%), and one with consultation and
trauma (.5%). Three crisis courses (1.6%) were offered as a special topic class in the subject areas of **LGBT Identity Development**, **Play Therapy**, and **Spirituality in Counseling**.

**Discussion**

The crisis counseling courses in CACREP-accredited programs were investigated through the curriculum descriptions and course requirements published on the program Web pages. Our research focused on the stand-alone crisis counseling courses that were offered as the core course. The results indicate that 29.4% of CACREP-accredited counseling programs required students to take one stand-alone crisis counseling course. This finding shows a higher percentage of mandatory crisis counseling courses compared to a previous study reporting a rate of 16.7% (Minton & Pease-Carter, 2011). Our study finds that 31.8% of school counseling programs do offer a required crisis counseling course. This percentage is three times larger than the previous finding (10.6%) a decade ago (Allen et al., 2002). However, our results yield percentages far less than 50% of all programs. This result should continue to echo the same concern of scholars regarding the need to strengthen crisis counseling training in counselor preparation programs (Allen et al., 2002; Minton & Pease-Carter, 2011; Morris & Minton, 2012).

Another finding from our study is the creativity revealed in the offering of the crisis counseling courses. Almost half of the 192 counseling programs (46.4%) placed the crisis counseling course in a curriculum with another subject area. Will these co-existing subject areas, from trauma to ethics, benefit the teaching and learning of crisis counseling? While scholars advocate for specific training in crisis counseling, a shared curriculum featuring crisis counseling and another subject area should be investigated further to determine its effectiveness (Brown & Rainer, 2006; McAdams & Keener, 2008; Roberts, 2000).

**Implications for Professional Counseling**

Crisis training becomes essential when counselors face psychologically disturbing crises in clinical practices (McAdams & Keener, 2008). The literature has called for counseling programs to accelerate the development of crisis counseling training (Allen et al., 2002; Minton & Pease-Carter, 2011; Morris & Minton, 2012). Although current accreditation standards for counselor preparation (CACREP, 2015) include the knowledge of crisis in the core curriculum criteria, these standards do not demand a stand-alone crisis counseling course. When this study revisited the research topic of crisis counseling training, the findings agreed with previous studies on the notion that crisis counseling training has room to grow in counselor preparation programs.

**Future Development of Crisis Counseling**

Our findings conclude that a stand-alone crisis counseling course is not a curriculum requirement among a majority of CACREP-accredited counseling programs. The results signal a similar concern of insufficient crisis counseling training for professional counselors, as has been voiced in the literature (King, Price, Telljohann, &

In a review of the 9/11 terrorist attack incidents, Roberts (2002) stated clearly that the helping profession had not prepared service providers with proper training before counselors rushed to deal with the aftermath of the crisis. Scholars advocated the application of a training framework of crisis counseling in counselor preparation but warned that it might not do enough to meet unanticipated crisis incidents (McAdams & Keener, 2008). However, crisis counseling training that adopts an existing crisis intervention model could be the trend to ensure competency (Brown & Rainer, 2006).

With crisis counseling as a required component in counselor preparation (CACREP, 2015), traditional counseling courses have incorporated the teaching of crisis counseling in curriculum design (Morris & Minton, 2012). Our findings show programs utilizing another approach where crisis counseling shares one curriculum with another subject domain, such as ethics or trauma. Even though creative approaches can be applied in counselor preparation programs to fulfill the CACREP requirements, counseling programs should not overlook the calls for strengthening crisis counseling training (Allen et al., 2002; Minton & Pease-Carter, 2011). Counselor preparation should prepare counselors-in-training to face many types of crises with effective knowledge and skills.

Limitations

While this study provides research results on crisis counseling courses in CACREP-accredited counseling programs, its research method carries certain limitations. Our study investigated only the information published on program Web pages. This information gathering method limits our ability to detect any immediate changes made by the counseling programs or to acquire answers from individuals during the information gathering process. The limitation of data collection has to be addressed when the only data source is the Web pages.

While this study explored the contents of course descriptions and curriculum requirements posted on program Web pages, its research method did not carry the capacity to verify gathered information. We strived to visit all Web pages of CACREP-accredited programs to ensure that we had not omitted necessary information in data collection process. However, there were program Web pages that were not accessible. Without a complete review of all CACREP-accredited program Web pages, our findings can only reflect the analysis of program Web pages we were able to access.

This study was set to examine the stand-alone crisis counseling courses in CACREP-accredited programs. Readers should understand that the 2016 CACREP Standards (CACREP, 2015) do not mandate a stand-alone crisis counseling course. The criteria of crisis training that appears in the 2016 standards can be achieved by embedding the knowledge of crisis counseling in different courses. Although the data collected in this study include the crisis counseling training offered in conjunction with other subject areas, our findings are limited by a data collection process that did not permit an understanding of the instructional methods and course contents of those conjunction courses. Without the ability to verify the proportion of crisis counseling training in these conjunction courses, our findings on crisis counseling training are
limited to the discussion of stand-alone crisis counseling courses only. Further research should be planned to investigate the details in these conjunction courses.

Conclusion

Crisis counseling attracts researchers’ attention because of the increasing demand for counseling skills training necessary for a variety of crisis situations (Minton & Pease-Carter, 2011; Morris & Minton, 2012). Professional counselors in both clinical and educational settings inevitably encounter crises and must be well trained in crisis counseling skills in order to manage crises (Allen et al., 2002; Atici, 2014; McAdams & Keener, 2008). Society also summons counselors for mental health services during natural disasters and man-made crises (Miller, 2012; Myers & Wee, 2005). The demand for counselors’ services during crises affirms the call for crisis counseling training in counselor education. Although this call for crisis counseling training is reflected in the current CACREP standards (CACREP, 2015), there is no positive confirmation in the current literature of sufficient crisis counseling training among CACREP-accredited programs (Allen et al., 2002; Minton & Pease-Carter, 2011). Professional counselors still perform their jobs without competent crisis counseling training (Allen et al., 2002). Our research results confirm the literature findings on insufficient crisis counseling training among CACREP-accredited programs. Counseling programs have made positive progress in offering crisis counseling training; however, a dramatic increase in crisis counseling training should be considered for the future development of counselor education. It is critical to understand the limitations of our study due to the nature of its research design and data collection procedures; however, our findings contribute essential knowledge of crisis counseling training to the current literature. The findings indicate that counselor education should continue to pay attention to the needs of crisis counseling training in order to better prepare future counselors for crisis work.

References


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