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The Prevalence of Suicide and Violence Assessment/Intervention Courses in CACREP- and COAMFTE-Accredited Counseling Curriculums

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The prevalence of suicide/violence intervention courses in Council for Accreditation of Counseling and Related Educational Programs (CACREP)-and Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)-accredited counseling curriculums falls under the category of a “review/evaluation of existing practices.” There are several reasons for counselor education/marriage and family therapy (MFT) faculty and practitioners in the field of continuing education for counselors to read this article. First, both suicide and domestic violence are major social issues. Suicide is the ninth leading cause of death for adults and the third leading cause of death for adolescents and young adults (ages 15 to 24) (National Institute of Mental Health, 1996). The incidence of domestic violence toward American women is estimated as between 11 and 16% of the population (American Psychological Association, 1996; Gelles, 1995; Strauss, 1999). Adding domestic violence toward American men by their female partners increases the domestic violence incidence even further. Second, suicide and domestic violence are common issues that counselors must regularly address in their daily clinical practice. Suicide rarely occurs without warning signs, which highlights the need for school/community counselors and marriage and family therapists to be clinically trained in suicide assessment/intervention. O’Leary, Barling, Arias, Rosenbaum, Malone, and Tyree (1989) emphasized the importance of intervention (counseling) because past incidents of domestic violence can predict future incidents of domestic violence in 46 to 72% of the cases. Third, suicide and domestic violence issues are so serious and complicated that they require additional coursework prior to practicum and internship. Moreover, the training need for domestic violence and suicide assessment/intervention has not gone unnoticed. Haddock (2002) designed a partner abuse curriculum for MFT master’s students, while Juhnke (1994) outlined a training strategy to teach counselor education students suicide

assessment skills. Nonetheless, the percentage of counselor education and MFT master’s programs that include suicide and domestic violence assessment/intervention in their clinical training curriculums has been unclear, although it could be expected that if the incidence of suicide and domestic violence are commonplace in the United States, and potential suicide/violence assessment/intervention courses have been developed, the percentage of counselor education and MFT programs with violence and suicide assessment/intervention coursework in place would be high.

This study’s target audience is counselor education/MFT faculty and practitioners in the field of continuing education for counselors. The study is beneficial for counselor education/MFT faculty because it aids in documenting a serious counselor education/MFT curriculum gap. Counselor education/MFT faculty can utilize this information on the curriculum gap to creatively find a way to train counselor education/MFT students in suicide and violence assessment/intervention. The identification of the curriculum gap in suicide and violence assessment/intervention could also be helpful to practitioners in the field of continuing education for counselors because it identifies where continuing education could supplement counseling curriculums. These practitioners in continuing education could develop in-service workshops for community counseling agencies and schools to address these counselor competency needs in suicide and violence assessment/intervention.

Method

Programs

To locate counselor education master’s degree programs, the list of CACREP-Accredited Programs was utilized. The selection process was limited to CACREP-accredited master’s degree programs with school and community counseling. The rationale for

the selection was that school and community counseling programs are the most common CACREP programs and would be most representative of typical CACREP programs. Thus, CACREP master's programs with both school and community counseling were included, though if a master's program had only school or community counseling, the program was excluded from selection. Other CACREP master's programs such as marriage and family counseling and mental health counseling were only included if the program had both school and community counseling.

To locate marriage and family therapy (MFT) master's degree programs, the list of COAMFTE-accredited master's degree programs was utilized. Only COAMFTE-accredited MFT master's programs were included. COAMFTE-accredited MFT doctoral programs were excluded from the list because the focus was on the master's curriculum. Fifty CACREP-accredited counselor education and 50 COAMFTE-accredited marriage and family therapy programs were selected for the study.

Data Collection Methods

The lists of counselor education and MFT programs were numbered for random selection. A random number table was utilized to select the 50 eligible programs from each list. For each program selected, the counselor education or MFT master's curriculum was reviewed by visiting the program's university Web site. Programs were dropped from the study and replaced randomly with another program only if the program's curriculum was unavailable on their Web site.

Each counselor education and MFT curriculum was reviewed to determine if the curriculum included domestic violence and/or suicide assessment/intervention coursework. This was determined by reviewing curriculum course titles and course descriptions that may include domestic violence or suicide intervention as topics. Courses such as crisis intervention counseling and special topic courses were usually the courses that required a review of the course description. Thus, if a course included domestic violence or suicide in the course title or course description, the curriculum was coded as including domestic violence or suicide assessment/intervention. Each program's curriculum had two types of data: (1) domestic violence coursework (coded yes or no); (2) suicide assessment/intervention coursework (coded yes or no).

Data Analysis Methods

Four variables were entered into SPSS: (1) violence coursework-counselor education programs;

(2) violence coursework—MFT programs; (3) suicide coursework—counselor education programs; and (4) suicide coursework—MFT Programs. Frequency tables were run to compare CACREP-accredited counselor education programs and COAMFTE-accredited marriage and family therapy programs in both violence and suicide assessment/intervention coursework. The percentage of counselor education and MFT programs with coursework in domestic violence and suicide assessment/intervention were computed.

Results

Domestic Violence Assessment/Intervention Course

Considerably more COAMFTE-accredited marriage and family therapy programs (34%; 17 out of 50 programs) were found to have a domestic violence assessment/intervention course than CACREP-accredited counselor education programs (4%; 2 out of 50 programs).

Suicide Assessment/Intervention Course

The suicide assessment/intervention course was found to be rare in both COAMFTE-accredited marriage and family therapy programs (6%, 3 out of 50 programs) and CACREP-accredited counselor education programs (2%; 1 out of 50 programs).

Discussion

It is troubling to find that the incidence of suicide and domestic violence is common in American society, yet the clinical coursework in suicide and violence assessment/intervention seems to be lacking in the majority of CACREP-accredited counselor education and COAMFTE-accredited marriage and family therapy master's programs.

There are several potential explanations for the lack of coursework in suicide and violence assessment/intervention. It is possible that counselor education or MFT master's programs do in fact train counselors/marriage and family therapy students in suicide and violence assessment/intervention without having a specific course on the topics (or without including them in other course descriptions). Thus, counselor education or MFT master's programs integrate suicide and violence assessment/intervention into their curriculum in much of the same way as multicultural diversity was handled earlier in counseling/MFT curriculums (before becoming a separate course).

Another explanation for the lack of suicide and violence assessment/intervention courses in counselor education and MFT master's programs is due to the constraints of the current curriculum. CACREP and

COAMFTE require counselor education and marriage and family therapy programs to reflect the standard curriculum in order to obtain/maintain their accreditation. Thus, the only semipermanent way that suicide and violence intervention/assessment can get into the counselor education and MFT curriculum is to be mentioned specifically in CACREP and COAMFTE accreditation standards for the curriculum. For example, CACREP standards do mention crisis counseling though do not specifically mention violence or suicide assessment/intervention. Thus, crisis counseling was identified as either a course or more commonly as a topic in another counselor education course (like Community Counseling). The other way that suicide and violence assessment/intervention can be included in the curriculum is to add it as an elective course. However, the inherent problem with having suicide and violence assessment/intervention as an elective course is the choice element. Counselor education and MFT students can choose not to take the course. We would all be in trouble if medical doctors were trained in a similar manner.

Recommendations

Counselor education/MFT faculty should evaluate their curriculums in terms of how suicide and violence assessment/intervention are presently addressed. Are there specific courses offered? Are the courses required or electives? Are suicide and/or violence assessment/intervention addressed as topics in other counseling courses? How does the counseling/MFT program evaluate the competency of students in suicide and violence assessment/intervention? How are the results of the competency evaluation used to change counseling curriculum and/or training processes? This program evaluation should assist counselor education/MFT faculty to identify their own curriculum and training needs in terms of suicide and violence assessment/intervention.

Continuing education workshop developers/providers should evaluate their local mental health communities for competency needs in suicide and violence assessment/intervention. Even fortunate counseling graduates who receive specific courses in suicide and violence assessment/intervention will still have significant training needs. Counselor education/MFT faculty, agency directors, practicing MFT/counselors, and professional counseling associations are excellent sources on competency gaps in suicide and violence assessment intervention. This would ensure that counseling students could both benefit from curriculum improvements and opportunities to continue to develop their competency in suicide and violence

assessment/intervention in the communities where they choose to practice.

Summary

Domestic violence (APA, 1996; Gelles, 1995; Strauss, 1999) and suicide (NIMH, 1996) are major social problems. Haddock (2002) designed a partner abuse curriculum for MFT master's students, and Juhnke (1994) outlined a training strategy to teach counselor education students suicide assessment skills. However, the proportion of accredited counselor education and MFT master's programs that include violence and suicide courses in their clinical training curriculums is unclear. More MFT programs (34%) were found to have a domestic violence course than counselor education programs (4%). Only a small minority of MFT (6%) and counselor education (2%) programs had a suicide course.

Conclusion

More MFT programs (34%) were found to have a domestic violence course than counselor education programs (4%). Although this finding may be due to the more specific language in COAMFTE accreditation standards compared with the more general language of the CACREP accreditation standards, it still emphasizes a glaring curriculum gap in both MFT and counselor education programs.

Similarly, only a small minority of MFT (6%) and counselor education (2%) programs had a suicide course. Neither COAMFTE nor CACREP accreditation standards mention suicide assessment/intervention as a training competency need, which may reflect the rarity of finding a suicide course in either MFT or counselor education curriculums.

It is imperative that MFT/counselor education faculty and practitioners involved in continuing education for counselors fill in the counseling training curriculum gap of suicide and violence assessment/intervention. Suicide and domestic violence are just as significant social problems as substance abuse, yet only substance abuse is a mainstay of MFT/counseling curriculums. Likely, suicide and violence assessment/intervention have been addressed by integration across the counseling curriculum without offering specific courses. However, the topic of diversity was earlier addressed in the curriculum through integration but later evolved into a cultural foundations course in addition to integration. It is hoped that suicide and violence assessment/intervention will enjoy a similar fate in counseling curriculums.

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