

Crisis in the Curriculum? New Counselors' Crisis Preparation, Experiences, and Self-Efficacy

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Abstract:

Professional counselors are responsible for providing crisis assessment, referral, and intervention (Council for Accreditation of Counseling and Related Educational Programs, 2009); however, little is known about their preparation and experiences in these areas. This study examined new professional counselors' (N= 193) crisis intervention preparation, crisis intervention self-efficacy, and crisis intervention experiences. Although participants had limited crisis preparation during their master's programs, most engaged in crisis intervention during their field experiences. Implications for continuing education and counselor education are explored.

Keywords: crisis | counselor education | curriculum | professional counselors

Article:

From the counseling profession's history in developmental guidance to the common definition reached by the 20/20: A Vision for the Future of Counseling (2010) delegates, healthy development and wellness are central themes in professional counseling. Although the evidence base for attention to wellness in counseling is growing (Myers & Sweeney, 2008), many clients initiate counseling during times of crisis when they are focused on physical or emotional survival. Crisis, "a perception or experiencing of an event or situation as an intolerable difficulty that exceeds the person's current resources and coping mechanisms" (James, 2008, p. 3), is a normal part of life (Collins & Collins, 2005). Crises of all types present the potential for affective, behavioral, and cognitive disorganization and rather drastic changes in functioning (Collins & Collins, 2005; James, 2008). In short, crises provide linchpin opportunities for counselors to help clients return to normal or improved functioning in keeping with a professional orientation toward wellness.

The Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2009) Standards require professional counselor candidates to be aware of their responsibilities as part of interdisciplinary emergency response teams, be able to conceptualize effects of crises and

disasters on one's population of interest, and understand “crisis intervention and suicide prevention models, including the use of psychological first aid strategies” (Section II.G.5.g.). Specific student learning outcomes require candidates to be able to engage in crisis intervention; assess and manage suicide risk; screen for other high-risk indicators; and distinguish between pathological and normal reactions to crises, disasters, and other trauma-causing events.

There are multiple practical resources available for crisis-related training, including a body of foundational literature regarding how to address crisis in practice or supervision (e.g., Granello & Granello, 2007; McGlothlin, Rainey, & Kindsvatter, 2005; Wachter, Barrio Minton, & Clemens, 2008). Unfortunately, the professional counseling literature includes very limited attention to crisis preparation and practice experiences of professional counselors. Indeed, a thorough review of the literature revealed just one study regarding crisis-related preparation in CACREP-accredited master's-level counseling programs (Barrio Minton & Pease-Carter, 2011) and three studies specific to school counselor preparation (Allen et al., 2002; King, Price, Telljohann, & Wahl, 1999; Wachter, 2006). We were unable to identify any studies that examined the crisis-related training and experiences of professional counselors beyond the school setting. Without a clear sense of the status of crisis preparation in our profession, counselor educators may struggle to develop evidence-based crisis pedagogy responsive to the CACREP (2009) accreditation standards and the realities of practice across settings.

Results of research regarding school counselor crisis preparation indicate that school counselors may not have adequate training for crisis intervention. For example, Wachter (2006) found that nearly 30% of professional school counselors reported having no training in issues of suicide in their master's-level training, and nearly 70% reported having no training in school violence or gang violence. Similarly, Allen et al. (2002) found that 35% of school counselors received no training in crisis intervention in their graduate education, and 57% of school counselors felt either “not at all” or “minimally” prepared for crisis intervention. King et al. (1999) reported that only 38% of school counselors believed they could recognize a student at risk for suicide. The apparent lack of school counselor preparation for crisis intervention and scarcity of literature about training of counselors in other settings raise concerns regarding all counselors' preparation to respond to crises effectively.

Barrio Minton and Pease-Carter's (2011) findings may be used to corroborate school counselor crisis preparation literature. The authors found that less than half of CACREP-accredited programs in their sample ($n = 24$, 46.2%) offered a course in crisis intervention, and only 16.7% of programs that offered a crisis course required the course for master's-level students. Although programs characterized the typical master's graduate as receiving a median of 10 clock hours of crisis preparation, over one quarter of programs indicated that students graduated with 5 or fewer clock hours of crisis preparation. Furthermore, respondents had difficulty responding to questions regarding extent of preparation in specific crisis-related areas (e.g., approximately half of participants marked “unable to respond” on questions regarding coverage of suicide risk factors and assessment). The authors concluded that response patterns likely indicated a lack of systematic attention to crisis preparation on the program level, relegating crisis preparation priorities and curricula to the discretion of individual instructors.

Purpose of the Study

Given new accreditation standards (i.e., CACREP, 2009) and limited literature about the crisis-related preparation of professional counselors, there is a need to examine the crisis preparation of new professional counselors. We believe such study may raise awareness regarding the need for more sustained attention to crisis preparation in the counseling profession and assist counselor educators to assess the effectiveness of their own crisis preparation curricula as they integrate the CACREP 2009 Standards. The purpose of the present study was to explore new professional counselors' crisis preparation and intervention experiences during and after their master's-level field experiences. Specifically, our research questions were as follows:

1. How do new professional counselors rate their didactic preparation for a variety of crisis intervention tasks?
2. To what degree are new professional counselors called upon to engage in crisis intervention during pre- and postgraduation field experiences? What is their crisis-related self-efficacy?
3. Do new professional counselors' ratings of didactic crisis preparation and crisis self-efficacy vary by counseling setting or program accreditation status?
4. To what degree are participation in crisis preparation activities, didactic crisis preparation, and crisis self-efficacy related?
5. What recommendations do new professional counselors have for counselor educators?

Method

Participants and Procedure

The sample included 193 professional counselors who had completed master's degrees in counseling within the past 2 years and who were currently employed in the field. Participants ranged in age from 23 to 63 years ($M = 36.63$ years, $SD = 10.76$) and were mostly women (80.31%, $n = 155$). Participants identified as White/Caucasian (86.53%, $n = 167$), Black/African American (6.22%, $n = 12$), Hispanic/Latino(a) (4.66%, $n = 9$), multiethnic (2.07%, $n = 4$), and Asian/Asian American (0.52%, $n = 1$). Approximately two thirds (68.39%, $n = 132$) graduated from CACREP-accredited programs. Participants reported specialty areas in community or mental health counseling (59.59%, $n = 115$), school counseling (22.80%, $n = 44$), marriage and family counseling (6.74%, $n = 13$), college/university counseling (2.59%, $n = 5$), and other areas (8.29%, $n = 16$). Most students completed 48 to 59 credit hours (44.56%, $n = 86$) or 60 or more credit hours (50.78%, $n = 98$) for their master's degrees; only 3.11% ($n = 3$) of participants completed fewer than 48 credit hours in their master's-degree program.

After institutional review board approval, we mailed postcard invitations including a brief description of the survey, web address for a secure Internet-based data collection tool, and a participant identification code to a random sample of 990 new professional members of the American Counseling Association (ACA) and American School Counselor Association (ASCA). We chose to include ASCA members in addition to ACA because ASCA members are not required to be members of ACA and because much of the crisis preparation-related research has been on school counselors. Thus, including school counselors might allow us to compare and contrast findings of previous studies. As recommended by Fan and Yan (2010), we sent follow-

up reminders to nonresponders 10 and 20 days after the initial mailing in an attempt to maximize the response rate.

Upon conclusion of the initial round of data collection, 15.15% of the 990 potential participants ($n=150$) had visited the data collection tool, but only 72.66% ($n=109$) of those who visited were eligible for participation (11.01% of original sample). We received many communications from individuals who did not visit the data collection site; however, because they did not meet eligibility criteria noted on the postcard, we consulted with ASCA and ACA regarding an apparent error in classification of new professional members. In response, ACA offered electronic contact information for all new professional members, and we sent a second round of invitations to the remaining 783 new professional members of ACA who were not invited to participate in the first round.

During the second round of data collection, we sent all invitations to participate electronically. Because of the immediacy of the electronic format, reminders were delivered to nonresponders 5 and 10 days following the initial invitation. In total, 1,743 invitations were delivered, and 359 (20.60%) individuals visited the data collection site. This is consistent with lower research response rates in mental health professions (Van Horn, Green, & Martinussen, 2009). Of the 359 potential participants, 145 did not meet eligibility criteria, and 21 were excluded because of incomplete responses.

Instrumentation

Instrumentation for this study was adapted from earlier studies (e.g., Barrio Minton & Pease-Carter, 2011; Wachter, 2006) and developed based on comprehensive reviews of the literature and a content analysis of major textbooks regarding crisis intervention. Instrument internal consistency reliabilities from previous studies were acceptable (i.e., $\alpha = .73$ to $.95$). We integrated several new items to assess preparation and experiences regarding the CACREP 2009 Standards. In all, instrumentation included the following: two eligibility screening items, 20 items assessing formal master's-level didactic preparation on a variety of topics (e.g., crisis theory, crises of loss, suicide assessment; $\alpha = .97$), 11 descriptive items regarding participation in crisis preparation activities (e.g., continuing education workshops, course work), 17 items assessing frequency of pregraduation participation in crisis intervention (e.g., needed to use basic crisis intervention skills, client experienced a traumatic loss, client experienced suicidal behavior), seven items assessing frequency of current participation in crisis intervention (e.g., enact basic crisis intervention skills, assess and manage risk of harm to self), 11 items each regarding pregraduation and current self-perceived crisis skills (e.g., conceptualize the impact of crisis and/or disaster specific to your population, assess and manage risk of harm to others; $\alpha = .94$ and $.96$, respectively), and 10 demographic items. Participants were also asked to respond to one open-ended item regarding recommendations for counselor educators and supervisors.

Data Analysis

To ensure anonymity of data, we stripped participant identification codes from the data set prior to further analysis of descriptive and inferential statistics in PASW Statistic 18. We used an alpha level of .05 to determine statistical significance, Bonferroni corrections to control for Type

I error, and measures of effect size to determine practical significance. An a priori power analysis indicated that sample sizes were sufficient to detect small effects at $P = .95$ for all multivariate analyses of variance (MANOVAs; $N = 108\text{--}192$, depending on statistical analyses). Because Research Question 5 involved analysis of responses to an open-ended question, we used several consensual qualitative research (CQR) principles to organize our process (Hill et al., 2005). We began the process by independently reviewing participant recommendations and developing a list of domains or themes. Next, we discussed impressions on themes until we came to consensus regarding names, definitions, and descriptions for each theme. During the second round of data analysis, we used the revised themes to recode each recommendation. Finally, a doctoral research assistant served as an auditor by reviewing themes we identified and checking coding to identify discrepancies that required resolution prior to presentation of results.

Results

Research Question 1: Didactic Crisis Preparation

Participants described participation in crisis intervention courses, crisis-oriented workshops, and clock hours dedicated to crisis topics in courses that were not focused on crisis intervention. Just 20.73% ($n = 40$) of participants reported completing a course in crisis intervention during their master's program; two thirds (67.36%, $n = 130$) of participants indicated that a crisis course was not offered at their universities, and an additional 11.92% ($n = 23$) reported not taking the course even though it was offered. Half of the participants took part in required (7.77%, $n = 15$) or optional (43.00%, $n = 83$) crisis intervention workshops while enrolled in their master's programs. Those who did not take part in organized crisis intervention courses estimated engaging in an average of 5.64 ($SD = 7.74$) clock hours of preparation for crisis during their master's-level course and cocurricular experiences; the median number of hours was 3.00, and the modal response was 0.00 hours (37.50%, $n = 60$).

Participants rated their degree of formal master's course work regarding 20 crisis topics and situations commonly found in crisis textbooks (e.g., crisis theory, suicide assessment, community disaster). As indicated in Table 1, the majority of participants reported receiving “no” or “minimal” preparation regarding 10 of 20 items; no item received a rating of “good preparation” or “excellent preparation” by the majority of participants.

Table 1. Perceptions of Formal Master's-Level Preparation

Crisis Preparation Area	% of Frequencies					Descriptives	
	1	2	3	4	5	M	SD
Definitions and characteristics of crisis	16.06	27.98	26.94	16.69	9.33	2.78	1.21
Crisis theory	36.79	34.20	17.62	6.22	5.18	2.09	1.12
Ethical and professional issues related to crisis	10.36	25.39	20.21	28.50	14.51	3.12	1.24
Basic crisis intervention skills	18.65	29.02	21.76	23.32	7.25	2.72	1.22
Case management skills for crisis	31.09	27.46	16.58	15.54	2.59	2.25	1.14
Collaboration skills for crisis intervention	26.42	31.09	19.69	14.51	6.74	2.43	1.22
Suicide assessment	4.15	22.80	26.94	23.83	21.24	3.35	1.17
Suicide management/intervention	6.22	30.05	25.39	23.32	15.03	3.11	1.17
Assessment of self-injurious behavior	13.99	32.12	27.98	21.76	4.15	2.70	1.09
Violence assessment	21.76	30.05	30.57	15.03	2.59	2.47	1.07
Violence management/intervention	23.32	34.72	24.87	13.99	2.59	2.24	1.07
Crises related to physical assault	27.46	33.16	22.28	13.47	2.59	2.30	1.10
Crises related to sexual assault	24.35	35.23	19.69	16.06	4.66	2.41	1.16
Crises related to partner violence	26.94	32.64	23.32	15.54	1.55	2.32	1.08
Crises related to abuse/neglect	15.54	30.05	25.39	21.76	6.74	2.74	1.16
Crises related to loss	16.58	30.57	29.02	17.62	5.70	2.65	1.12
Chemical dependency crises	20.21	29.53	25.39	17.10	7.25	2.61	1.20
Psychiatric/severe mental health crises	15.54	29.53	33.68	17.10	3.63	2.64	1.05
Individual or family-level trauma	24.35	33.16	23.83	16.06	2.59	2.39	1.10
Community disaster	35.75	35.75	18.13	6.74	3.63	2.07	1.07
All items						2.59	0.89

Note. Self-perceived degree of didactic preparation in master's program. 1 = no preparation; 2 = minimal preparation; 3 = adequate preparation; 4 = good preparation; 5 = excellent preparation.

Research Question 2: Participation in Crisis Intervention and Crisis-Related Self-Efficacy

Participants indicated the frequency with which they used specific crisis intervention skills during master's-level field experiences and in their current positions. As indicated in Table 2, with just two exceptions (i.e., client completed suicide and community disaster), a majority of participants reported experiencing each of 15 crisis situations at least once during their field experiences, and many reported engaging in crisis intervention experiences regularly during field experiences. Participants reported more frequent engagement in crisis intervention currently.

Participants indicated crisis intervention self-efficacy at graduation and currently by rating the degree to which they felt able to engage in a variety of crisis intervention activities on the following scale: 1 = *not at all*, 2 = *minimally*, 3 = *adequately*, 4 = *well*, and 5 = *very well*. When we

examined the specific types of crisis, self-efficacy was adequate at graduation ($M= 3.08$, $SD= 0.83$), with lowest ratings for responding to disasters ($M= 2.37$, $SD= 1.07$) and highest ratings for assessing and managing risk of harm to others ($M= 3.56$, $SD= 0.94$). Similarly, participants noted current self-efficacy as between adequate and well ($M= 3.46$, $SD= 0.87$), with lowest ratings for responding to disasters ($M= 2.85$, $SD= 1.10$) and highest ratings for assessing and managing risk of harm to self ($M= 3.86$, $SD= 0.91$).

Table 2. Percentage of Participation in Crisis Intervention

Crisis Intervention Activity	% of Participation				
	1	2	3	4	5
Field experiences prior to graduation					
Used basic crisis intervention skills	13.47	16.58	33.16	24.87	11.40
Used case management skills for crisis	22.80	16.58	29.02	18.65	12.44
Collaborated with other professionals regarding a client in crisis	7.77	17.10	30.05	27.46	17.10
Client experienced suicidal ideation	17.10	20.73	31.61	18.65	10.36
Client experienced suicidal behavior	40.93	15.54	27.98	7.25	7.25
Client completed suicide	89.12	3.63	3.63	1.04	1.55
Client engaged in self-injurious behavior	29.02	25.39	27.98	9.84	7.25
Client threatened or perpetrated violence or abuse	41.45	19.69	24.87	8.29	4.66
Client experienced physical assault	36.79	20.21	24.87	11.40	6.22
Client experienced sexual assault	42.49	16.06	24.35	9.33	6.74
Client experienced partner violence	48.19	18.13	18.13	8.81	5.70
Client experienced abuse or neglect	24.87	20.21	30.05	13.47	10.88
Client experienced a traumatic loss	19.17	20.73	34.20	17.10	7.77
Client experienced crisis related to chemical dependency	34.72	13.47	23.83	13.47	13.47
Client experienced psychiatric/severe mental health crisis	33.68	20.73	17.62	16.06	10.88
Client experienced other individual or family-level trauma	39.90	23.83	23.32	9.33	3.11
Community disaster	75.65	12.95	7.77	1.04	1.04
Current crisis intervention experiences					
Enact basic crisis intervention skills	8.81	9.84	21.76	24.35	35.23
Assess and manage risk of harm to self	10.88	7.25	27.46	24.87	29.53
Assess and manage risk of harm to others	13.99	11.40	25.39	21.76	26.42
Respond to crises involving abuse or victimization	14.51	13.99	23.32	26.42	20.73
Assess and manage crises related to severe mental health or chemical dependency	15.54	19.69	17.10	19.17	27.98
Respond to client crises involving individual or family-level trauma	26.42	19.69	27.98	14.51	11.40
Respond to community-level disasters	70.98	17.10	7.77	2.07	2.07

Note. 1 = never; 2 = once; 3 = more than once to monthly; 4 = more than monthly to weekly; 5 = more than weekly to daily.

Research Question 3: Program Status and Specialty Setting

We used a MANOVA to assess whether participants who graduated from CACREP-accredited programs reported mean differences in clock hours of crisis preparation, didactic preparation, crisis self-efficacy at graduation, and current crisis self-efficacy. Assumptions for normality and

homoscedasticity were met. Results showed no multivariate effect for CACREP accreditation status of participants' programs, $\lambda = .95$, $F(4, 164) = 2.18$, $p = .07$.

Next, we used a MANOVA to compare ratings of didactic preparation, crisis self-efficacy at graduation, and current crisis self-efficacy for participants, grouped by type of setting (i.e., community/mental health, school, and other). Statistical assumptions were met, and results indicated no multivariate effect for specialty setting, $\lambda = .97$, $F(6, 374) = 1.12$, $p = .35$.

Research Question 4: Crisis Preparation, Didactic Preparation, and Self-Efficacy

We used a MANOVA to determine mean differences in ratings of didactic preparation, crisis self-efficacy at graduation, and current crisis self-efficacy for participants who had and had not completed a course dedicated to crisis intervention. Assumptions for normality and homoscedasticity were met. Results showed a statistically significant multivariate effect for course, $\lambda = .86$, $F(3, 188) = 10.63$, $p < .001$, partial $\eta^2 = .15$. Univariate F tests showed that those who had completed a crisis course rated didactic preparation ($F = 21.50$, $p < .001$, $R^2 = .14$), crisis self-efficacy at graduation ($F = 9.35$, $p < .01$, $R^2 = .05$), and current crisis self-efficacy ($F = 6.11$, $p = .01$, $R^2 = .03$) more favorably than those who did not complete a crisis course.

For participants who did not complete a dedicated crisis preparation course, clock hours of crisis preparation correlated with ratings of didactic preparation ($r = .50$, $p < .001$), crisis self-efficacy at graduation ($r = .36$, $p < .001$), and current crisis self-efficacy ($r = .33$, $p < .001$). Mean ratings of didactic preparation were correlated with self-efficacy at graduation ($r = .52$, $p < .001$) and currently ($r = .45$, $p < .001$). Correlations reflected a moderate effect size and were statistically significant even after requiring $p < .01$ to correct for Type I error.

Finally, we used simultaneous multiple regression to determine the degree to which clock hours of preparation and ratings of didactic preparation predicted crisis self-efficacy. Initial results indicated that crisis preparation was a statistically, $F(2, 134) = 27.45$, $p < .001$, and practically ($R^2 = .29$, adjusted $R^2 = .28$) significant predictor for crisis self-efficacy at graduation. Examination of beta weights and structure coefficients indicated that both clock hours, $\beta = .12$, $t(134) = 1.46$, $p = .15$, $r_s = .66$, $r_s^2 = .44$, and didactic preparation ratings, $\beta = .47$, $t(134) = 5.55$, $p < .001$, $r_s = .98$, $r_s^2 = .96$, accounted for crisis self-efficacy at graduation. The same pattern held for current crisis self-efficacy, $F(2, 134) = 20.19$, $p < .001$, $R^2 = .24$, adjusted $R^2 = .22$, as predicted by clock hours of preparation, $\beta = .12$, $t(134) = 1.38$, $p = .17$, $r_s = .68$, $r_s^2 = .46$, and didactic preparation ratings, $\beta = .41$, $t(134) = 4.58$, $p < .001$, $r_s = .98$, $r_s^2 = .97$.

Research Question 5: Recommendations for Counselor Educators

We asked participants, "If you could recommend one thing to counselor educators regarding crisis preparation, what would you recommend?" Nearly all participants (93.8%, $n = 181$) responded. Using CQR principles (Hill et al., 2005) discussed previously, we coded responses into several categories: Increased Curricular Attention, Advice to Students, Practical Experience, Suggestions to Counselor Educators, Specific Content, and Reflections on Crisis. Because some participants included multiple recommendations, we coded 228 data points. Percentages noted in this section represent percentages of recommendations.

Nearly one third (32.02%, n= 73) of recommendations fell into the Increased Curricular Attention category. Specifically, participants advised programs to increase amount or depth of attention given to crisis, either recommending semester-long course(s) on crisis (14.47%, n= 33) or recommending increased coverage through workshops or inclusion of crisis topics in existing course work (17.54%, n= 40). Specific Content (10.53%, n= 24) comprised another primary category of suggestions. In this category, participants recommended specific models and topics (e.g., postvention strategies, grief and loss, disaster) as additions to the curriculum.

In the Advice to Students category (19.30%, n= 44), participants gave a variety of recommendations to current counseling students. Responses were further grouped into two subcategories: suggestions related to future work (13.16%, n= 30) and suggestions to increase crisis-related course work or content (6.14%, n= 14). Suggestions related to future work included directives to seek support, consult, and knowledge of local resources. Suggestions to increase crisis-related course work or content included statements urging students to take crisis courses or seek out professional development opportunities.

In the Practical Experience category (15.35%, n= 35), participants endorsed incorporation of experiential activities in the curriculum or recommended incorporation of additional field work, volunteer experience, or participation in crisis intervention in field experiences. Similarly, in the Suggestions to Counselor Educators category (14.04%, n= 32), participants recommended a variety of training strategies (e.g., role play, guest speakers, modeling, small-group activities) to augment didactic content and provided suggestions about how to help students become more competent (e.g., finding community or text resources).

Finally, in the Reflections on Crisis category, participants reflected on their crisis preparation experiences, noting that crisis intervention in practice is different than it is in texts (2.63%, n= 6), personal experiences with crisis intervention (2.19%, n= 5), the need to be prepared in general (2.19%, n= 5), that crisis is common (1.32%, n= 3), and that there were no recommendations at the time (0.44%, n= 1).

Discussion

In a manner consistent with existing literature (e.g., Allen et al., 2002; Barrio Minton & Pease-Carter, 2011; Wachter, 2006), most participants reported having limited exposure to crisis preparation during their master's programs. Over one third of participants reported zero hours of classroom attention to crisis, indicating that a significant minority of master's-level counselors are graduating without being prepared to respond to crises. Even those who participated in didactic crisis preparation reported their preparation as lacking; no single content area was rated as good or excellent by a majority of participants. Suicide assessment and ethical and professional issues related to crisis had the highest percentage of participants reporting good or excellent training (45.07% and 43.01%, respectively). Given the risk inherent in responding to crises, we consider even those to be unacceptably low.

Findings indicate multiple topics of concern for new professionals in which a majority of participants reported having either no or minimal training. These included community disaster

(71.50%), crisis theory (70.99%), crises related to physical assault (60.62%), crises related to sexual assault (59.58%), crises related to partner violence (59.58%), case management skills for crisis (58.55%), violence management/intervention (58.04%), individual or family-level trauma (57.51%), collaboration skills for crisis intervention (57.51%), and violence assessment (51.81%). In fact, there was only one area, suicide assessment (26.95%), in which less than one third of participants reported no or minimal training.

Given that most participants reported responding to high-risk crises during their master's-level field experiences (e.g., 86.53% used basic crisis intervention skills, 82.90% worked with suicidal clients), student and new professional counselors may be intervening in crises without adequate preparation. Unfortunately, this is consistent with findings from counseling programs that reported they first attended to crisis preparation after students began master's-level practica and internship experiences (Barrio Minton & Pease-Carter, 2011). This is particularly concerning because many participants reported performing crisis intervention on a regular basis (e.g., one quarter used basic crisis intervention skills or worked with clients experiencing suicidal ideation at least once a month); crisis intervention is a regular workplace expectation rather than an anomaly. To ensure ethical and effective practice, classroom preparation must catch up with field experience expectations so that counselors-in-training can develop crisis intervention skills from a position of knowledge and best practice.

Given that students reported very little formal coverage of crisis-related topics across counseling settings and specialty areas, counselor education faculty need to assess program curricula and preparation of faculty and students to identify gaps in preparation. Results of this study showed that counselors at least perceived crisis preparation to be effective: Those who took a crisis course in their master's program rated their didactic crisis preparation, crisis self-efficacy at graduation, and current crisis self-efficacy higher than those who did not take a crisis course. For students who did not take a crisis course, clock hours of preparation were related to respondent ratings of didactic preparation and, in turn, higher levels of crisis self-efficacy at graduation and at the time of study. Thus, if a stand-alone crisis course is not a feasible addition to the curriculum, an infusion model may be an effective alternative if appropriate amounts of time and attention are dedicated to crisis-related topics. Overwhelmingly, results from the open-ended item indicated that new professional counselors considered enhanced, practical coverage of crisis to be an essential component of counselor preparation.

Our participants also indicated that many took part in optional continuing education during their master's programs. It is clear that continuing education will be critical for current and future practitioners. Although we did not focus on counselor educators in this study, it is likely that new and veteran counselor educators also lack preparation for crisis prevention, intervention, postvention, and education. With the expectation that they will continue to see clients who experience crises, counselors have an ethical responsibility to ensure that they are practicing within their scope of competence (ACA, 2005; ASCA, 2010), something that is not possible without a clear understanding of crisis intervention skills and how to work with clients in an acute crisis state. To prepare competent practitioners, counselor educators must also be competent in crisis-related topics so that they are able to critically examine and deliver curricula.

Limitations

Although we took care to minimize threats to validity, we note several limitations. In efforts to identify a national sample of new professional counselors, we used a sampling frame that included many individuals who did not meet eligibility criteria for the study and were screened out or self-selected out without visiting the data collection tool. We are unable to calculate a true response rate, a situation consistent with the majority of electronic survey research in counseling and clinical psychology (Van Horn et al., 2009). We are also unable to determine whether those who chose not to participate had different experiences from those who participated. Additionally, we used a national sample of individuals who chose to remain affiliated with ACA or ASCA, and it is possible that there may be differences between individuals who continued membership in professional associations and those who never joined or discontinued their membership. Thus, the diversity of our sample may have been limited by reliance on membership in national organizations and was unequally distributed because the second data collection sample comprised only ACA members. Finally, the self-report data relied on participant recall of information that may have happened several years in the past. It is possible that the data collection instrument did not capture crisis preparation and experiences adequately and that participants over- or underestimated their preparation, crisis intervention experiences, or levels of competence.

Implications

Preparation and Practice

Continuing education is critical for counselors in all settings and at all levels, and continuing education in crisis-related topics is a way to ensure that counselors have training experiences that build and maintain their skills as effective crisis interventionists. As with course work, the importance of building hands-on practical experience into continuing education opportunities is vital to the skill development of counselors. There are a number of comprehensive resources available to individuals free of charge that might serve as useful materials for professional development or to share with colleagues and students.

The CACREP 2009 Standards related to crisis, disaster, and trauma cover topics that consist of client response to crisis across the life span; knowledge of emergency preparedness and response structures; and ability to engage in crisis response, psychological first aid, suicide assessment and management, and crisis risk assessment. There is a need for enhanced academic and practical coverage throughout programs. Without a sense of curricular gaps, counselor educators may assume that topics are being covered somewhere in the core course work when material may not be covered, may be out of date, or may lack a practical component. Counselor educators should assess their programs to determine whether they are effectively preparing future counselors to be competent crisis interventionists. Individuals who wish to facilitate this review may use prompts provided in the tables of this article, the CACREP 2009 Standards, and the crisis competencies proposed within Engels, Barrio Minton, Ray, and Associates (2010). Because students may perceive preparation and needs differently from their professors, counselor educator programs may wish to conduct focus groups with recent graduates or use the instrumentation from this study to perform a program evaluation regarding crisis preparation.

Counselor educators can infuse crisis-related topics in appropriate courses to increase time dedicated to crisis preparation or design a course that allows students to learn and practice crisis prevention, intervention, and postvention. For example, the second author's counselor education program requires students to learn and demonstrate psychological first aid during the first essential counseling skills course and suicide assessment and intervention during the advanced skills course, prior to their endorsement for practicum. Developmental responses to crisis and trauma are taught in the human development course. Courses specific to clinical mental health, school, and college counseling include units in which students explore setting-based, systems-level, and interdisciplinary crisis response procedures; these courses require students to create or critique an existing crisis response plan as a course assignment. Other opportunities to integrate crisis throughout the curriculum include addressing crisis theory within a counseling theories course, ethical issues within a professional orientation course, and crisis screening materials within appraisal courses. Instructors may also attend to specific types of crises in specialty courses such as family systems, gender issues in counseling, or counseling children and adolescents.

Counselor educators wishing to bridge the crisis preparation gap may develop continuing education opportunities and workshops for students, site supervisors, counselor educators, and other members of the counseling community. The use of a conceptual framework, such as Preparation, Action, Recovery (McAdams & Keener, 2008), could be useful as counselor educators and supervisors structure curriculum or continuing education activities for crisis intervention. Applying crisis-specific clinical supervision models (e.g., Cube Model of Supervision and Suicide; McGlothlin et al., 2005) and training students and practicing counselors in crisis-specific peer supervision models (e.g., the P-SAEF Model; Wachter et al., 2008) may help identify areas for targeted professional development while providing structure and guidance to crisis-related supervision.

Crisis course work and professional development should have hands-on components that allow participants to practice their skills in a supervised setting. This is consistent with the CACREP 2009 Standards that demand programs document that graduates receive knowledge of “crisis intervention and suicide prevention models, including the use of psychological first aid strategies” (Section II.G.5.g.) and demonstrate that they have the skills to understand normal crisis responses, intervene in crises, and assess and manage suicide risk. Finally, supervisors can dedicate attention to crisis response in field experiences. In addition to reviewing crisis intervention protocols at the outset of the experience, field experience supervisors can require students to talk with their site supervisors about expectations for crisis intervention and review the site's crisis response plan. In our experience, this exercise often leads to the realization that the current plan is missing a crisis response plan or is inadequate, thus presenting rich opportunities for discussion and often resulting in an invitation for the student to assist in the process of developing or revising the plan. Given that nearly all students reported engaging in crisis intervention during their field experiences, supervisors may also require that students submit audio- or video-recorded critiques of crisis intervention sessions; if recording is not possible, students may be required to submit alternative reflections and analyses.

Research

This research is an initial step in assessing the perceived crisis competency of current practitioners trained recently in counseling programs. As the CACREP 2009 Standards are being adopted, it will be important to understand whether and how counseling programs adapt their curricula to meet the new accreditation standards. In the future, researchers may investigate whether individuals who graduate from programs accredited under the 2009 Standards perceive enhanced crisis preparation and greater levels of crisis intervention self-efficacy.

As counseling programs infuse and incorporate greater levels of didactic and experiential crisis preparation activities, it is important to investigate the effectiveness of various instructional methods (e.g., didactic, supervised experience, volunteer crisis intervention roles, class activities) for enhancing crisis intervention competency and self-efficacy. What academic methods and processes used by programs meet crisis curriculum requirements? Specifically, under what conditions do training opportunities, both didactic and experiential in nature, maximize crisis intervention self-efficacy and counselor crisis competence? How might the amount of didactic versus practical training shift according to one's counseling experience? Because crisis work is such a critical area, counselor educators need to understand the combination of theory and practice that will maximize counselors' crisis self-efficacy, competence, and knowledge.

Although beyond the scope of our research questions, respondents appeared to report an increase in crisis work intervention self-efficacy from graduation to the present. This could be a reflection of a number of things, including more experience in crisis intervention, additional training in crisis intervention, or self-report bias. Further research to explore sources of crisis intervention self-efficacy and its relation to crisis intervention effectiveness could be helpful in illuminating how to increase counselors' crisis intervention self-efficacy and skills effectively. Finally, current literature on crisis and crisis competencies focuses primarily on perceptions of crisis competency and preparation. Research is needed on the current practice of crisis work and level of crisis competency. Use of simulation activities or observation of counselors in practice might provide researchers, practitioners, and counselor educators with information on how knowledge and skill training are applied in practice.

Conclusion

Crisis preparation needs further attention. Although it may be daunting to realize how much we have to learn about crisis-related areas, this is an opportunity for counselors, counselors-in-training, and counselor educators to remind ourselves that crises are a normal part of life. When we choose to enhance our own crisis competencies, we choose to become better counselors, better educators, better advocates, and better stewards of our profession.

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