

Suicide-related Experience, Knowledge, and Perceived Comfort and Crisis Competency Among Vocational Rehabilitation Support Staff

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Suicide is a leading cause of death in the United States. Individuals with disabilities are more likely to experience suicidal thoughts, behaviors, and deaths by suicide, therefore, it is imperative that vocational rehabilitation (VR) support staff be knowledgeable and skilled at interacting with people in crisis. This survey explores the suicide-related knowledge, comfort, and competency in a multistate sample of 93 VR support staff. Almost 90% of the sample reported having worked with suicidal clients, with over a third reporting doing so more than once per year. However, less than a third of participants reported having received training on suicide. Participants were generally knowledgeable about suicide and willing to ask about suicide and work with suicidal clients but rated themselves low in both overall suicide assessment and crisis intervention competency and in specific skills. Implications for research and practice are discussed.

Suicide was the 10th leading cause of death in the United States in 2017 and was responsible for over 47,000 American deaths that year (Drapeau & McIntosh, 2018). Furthermore, suicide rates increased significantly in 44 US states from 1999 to 2016, with 25 states experiencing suicide rate increases of over 30% (Stone et al., 2018). In addition to the tens of thousands of deaths by suicide each year, there are approximately 25 suicide attempts for every death by suicide (Drapeau & McIntosh, 2018).

Suicidality in People with Disabilities

Although suicide affects individuals from all backgrounds, certain groups may be more at-risk for suicidal thoughts, behaviors, and deaths than others (Centers for Disease Control and Prevention, 2015). Individuals with disabilities have been consistent-

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ly found to be one such group, with researchers finding that they are at increased risk for suicidal thoughts, attempts, and deaths relative to those without disabilities. This has been consistently shown both within disability as a broad category (Lund, Nadorff, & Seader, 2016; Lund, Nadorff, Thomas, & Galbraith, 2019; McConnell, Hahn, Savage, Dube, & Park, 2015), and across a number of specific disability categories, such as psychiatric disability (Lund et al., 2016), physical disability (Khazem, 2018; Khazem, Jahn, Cukrowicz, & Anestis, 2017), multiple sclerosis (Giannini et al., 2010; Pompili et al., 2011), autism spectrum disorders (Segers & Rawana, 2014), spinal cord injury (Giannini et al., 2010), intellectual disabilities (Wark, McKay, Ryan, & Muller, 2018), and Huntington's Disease (Wetzel et al., 2011). Youth aged 15-24 with disabilities have also been shown to have disproportionate number of suicide attempts and suicides when compared to same aged peers without disabilities (Moses, 2018). The exact mechanism underlying the relationship between suicide and disability is unclear; although the increased rates of depression seen in people with disabilities is certainly a contributing factor in the increased