Development and Validation of the Counselor Beliefs About Cultural Impact on Suicidality

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Abstract

Youth suicide remains a pressing issue, disproportionately affecting students from minoritized and marginalized backgrounds. School counselors play a pivotal role in addressing suicide risk through prevention, assessment, and postvention efforts in PreK-12 educational settings. Using a non-experimental, cross-sectional survey design, this study examined the relationships between culturally informed suicide response training, counselors' beliefs about the role of culture in suicidality, and their assessment self-efficacy. Surveys were completed by 995 school counselors across various school types to investigate these relationships and identify disparities in self-efficacy based on systemic factors such as caseload, school type, and counselor staffing. Results showed that both culturally informed training and stronger beliefs about the relevance of culture in suicide were positively associated with higher levels of self-efficacy. Significant differences in self-efficacy were also found across school levels and caseloads. Findings underscore the need for systemic changes in training and resource allocation to support school counselors in meeting the mental health needs of PreK-12 students from diverse backgrounds. Recommendations are provided to promote equity and justice through culturally sensitive suicide response practices in schools.

Keywords: suicidality, multicultural assessment, culturally informed practice, school counseling

Responding to suicide risk is an ethical and professional responsibility for school counselors. With the rise in youth suicide rates, particularly for culturally diverse populations, it is vital that school counselors are prepared to effectively support students navigating suicidal ideation. According to the National Center for Health Statistics (2023), suicide is a leading cause of death for youth ages 10 to 18, and racially minoritized youth and LGBTQ+ youth report disproportionate rates of suicidality. For example, Black youth had a 73% increase in suicide attempts between 1991 and 2017 (Lindsey et al., 2019), and nearly a quarter of youth ages 12 to 14 who died by suicide identified as LGBT (Ream, 2019).

Furthermore, youth with disabilities are 3.6 times more likely to attempt suicide than those without a disability (Moses, 2018). These disproportionate rates of suicidality risk among minoritized youth may be linked with relational and systemic factors, including racism-related stress and trauma, homophobia, stigma, reduced access to services, isolation, medical mistrust, bullying, and family or peer rejection (Leavitt et al., 2018; Opara et al., 2020; Ryan et al., 2009; Surace et al., 2021; Wiglesworth et al., 2022). The COVID-19 pandemic further influenced youth's suicidality behaviors, including earlier onset of suicidal ideation among girls ages 10 to 14 and high rates of suicidal ideation and attempts among Native American youth (Zhu & Crawford, 2023).

School counselor suicide response involves prevention efforts, risk assessment, mental health referrals, and postvention. In fact, a recent study of school counselors' experiences with student suicide revealed 79.6% of participants ($n = 657$) had worked with a student who attempted suicide, and 36.7% of participants had experienced student death by suicide in their school (Stickl Haugen et al., 2021). Although high school counselors and counselors with longer careers were most likely to have these experiences, school counselors across all grade levels, settings, and regions encountered student suicide.

The American School Counselor Association (ASCA, 2022) provides ethical standards for school counselors specific to student self-harm, including consulting with other professionals about student suicidality, using information-gathering tools as one component of suicide risk assessment, and providing culturally responsive mental health resources to guardians (standards A.9.a, b, d). Raising school-wide awareness about suicide, informing guardians of any suicide risk, and maintaining professional development about suicide prevention are best practices for school counselors (ASCA, 2024). According to the Model School District Suicide Prevention Policy Resource developed through partnership between ASCA, the American Foundation for Suicide Prevention (AFSP), the National Association of School Psychologists, and The Trevor Project (2019), school mental health professionals should conduct a same-day risk assessment for any student with potential suicidal ideation (AFSP et al.,

2019). Despite these recommendations, school counselors have reported gaps in training and readiness for conducting suicide risk assessments (Becnel et al., 2021; Gallo, 2018).

Relatedly, scholars have recommended an intentional focus for school counselors on culturally informed suicide prevention practices, including suicide risk assessment (Dari & Gay, 2022; Gallo et al., 2023). To be culturally competent when responding to suicide risk, school counselors should use culturally responsive suicide prevention strategies for student populations with elevated risk for suicide, including Black youth, LGBTQ youth, and American Indian/Alaska Native youth (AFSP et al., 2019). Despite the importance of assessment in suicide response, there is sparse scholarship connecting school counselors' cultural competency and assessment practices. This gap in the literature informed our research on school counselors' multicultural assessment self-efficacy, particularly connected to training received and their beliefs about the influence of culture on suicide and suicide prevention practices. We sought to understand the relationships among school counselors' beliefs about the role of culture in suicidality, their exposure to culturally informed suicide response training, and their multicultural assessment self-efficacy.

Importance of Suicide Assessment

Suicide assessment is a vital aspect of suicide prevention and response. The American Academy of Pediatrics (AAP, 2023) recommends that all youth ages 12 and older should be universally screened for suicide risk, with screening for children aged 8-11 conducted when clinically indicated and for those under 8 when warning signs are present. As youth spend most of their days in schools and educational settings, these environments could offer a natural opportunity to administer universal screenings. However, research has indicated several barriers to implementation of such screening, including challenges in obtaining parental consent (Stanford, 2024), insufficient staffing to address the needs arising from screening results (Hallfors et al., 2006), and concerns about exposing students to suicidal thoughts (Nestadt et al., 2020). Despite these challenges, schools serve as critical contexts for

implementing comprehensive and equitable suicide prevention programs (Singer et al., 2019). Such

programs, which often include culturally responsive approaches to assessing for suicide risk, have been

organized by public health officials as universal, selected, and targeted programs (Singer et al., 2019).

This organization of programs aligns with schools' multitiered systems of support (MTSS), a systemic

framework designed to address the diverse developmental and cultural needs of all PreK-12 students

across three levels, which operate across three tiers: Tier 1 (universal prevention), Tier 2 (targeted

support for at-risk students), and Tier 3 (intensive, individualized interventions) (Singer et al., 2019).

Centering cultural responsiveness and equity within this framework ensures that suicide prevention

efforts adequately address systemic barriers and disparities impacting students from minoritized cultural

backgrounds.

The Suicide Prevention Resource Center (n.d.-b) led by the federal Substance Abuse and Mental

Health Services Administration (SAMHSA) recommends that school-based suicide screening

assessments be implemented systemically and that they be paired with education to establish

comprehensive support networks for youth at elevated risk for suicide. At the Tier 1 level, suicide

prevention can be implemented through a universal curriculum. One of the most widely researched

programs, *Signs of Suicide* (SOS), teaches students to respond to symptoms immediately and screens for

depression and other related risk factors using the SOS assessment (Singer et al., 2019). Screening for

suicide (and depression) universally allows for early identification of potential risk factors for suicide,

which can support targeted intervention efforts. Students flagged by the Tier 1 screener for suicide risk

are then transitioned to a Tier 2 level for further assessment. Tier 2 screeners might involve a validated

suicide assessment such as the Columbia Suicide Severity Rating Scale (CSSRS; Posner et al., 2008), or it

may be an informal assessment the school district has created. ASCA's position statement on this topic,

The School Counselor and Suicide Prevention, Intervention, and Postvention (2024), states that school counselors

play a pivotal role at this stage, advocating for evidence-based assessments and ensuring that parents or

guardians are notified whenever a suicide risk assessment is conducted. After discussing the details of the student's suicide assessment, school counselors can assist parents/guardians in navigating any outside healthcare providers, building a safety plan, and helping the student identify a support person at home and school (ASCA, 2024).

When a student identified as suicidal during a Tier 2 assessment returns to school, they should be identified as a Tier 3 student at-risk for suicidal ideations, and assessments should be frequent and more in-depth (Singer et al., 2019). Ryan and Oquendo (2020) maintain that as there are not precise indicators such as laboratory tests or imaging findings to assess for suicide, clinical judgment plays a critical role in suicide assessment. Throughout Tier 1, 2, and 3 assessments, school counselors must know and acknowledge how their clinical judgment, which includes their professional and personal beliefs and cultural competence, influences their assessment and response to students' suicidal ideation.

Culturally Responsive Assessment

Acknowledging and integrating students' cultural background is vital for conducting sound suicide risk assessments. Students' cultural backgrounds influence how they experience, express, and understand mental health, including suicidality (Chu et al., 2022). For an assessment to be effective, then, it must consider students' cultural contexts, highlighting the importance of culturally responsive assessments in suicide response. Shaw (2021) highlighted the need for culturally tailored suicide risk assessments for specific populations, particularly Alaska Native and American Indian Youth. Research shows that the Collaborative Assessment and Management of Suicidality model and the Suicide Intervention Response Inventory−2 may be effective when assessing suicide risk for Asian American college students (Choi et al., 2009), further emphasizing the importance of cultural responsiveness in suicide prevention and assessment.

While some widely used assessments such as SOS have not been explicitly evaluated for cultural responsiveness, culturally responsive assessments for suicide have recently been explored and developed

with some success. One of these is the Cultural Assessment for Risk of Suicide measure, which incorporates cultural factors into suicide risk assessment (Chu et al., 2013).

Overall, the importance of centering students' unique cultural experiences and backgrounds in counseling activities extends into suicide prevention and care. While the development of culturally responsive assessments is still in its infancy, it is a promising expansion of the culturally responsive tools available to counselors of students with suicidal ideation. While some measures are showing promise, culturally responsive suicide response measures specifically designed for school counselors are few and far between. Students and children have diverse needs, and cultures and suicidality manifests differently at various points throughout the lifespan. Until new, culturally responsive measures are developed, suicide risk assessment will inherently be biased against culturally minoritized groups that were not considered at the time of the measures' development—highlighting the importance of school counselors' beliefs and abilities to use suicide assessments in culturally responsive ways. This challenge is compounded by the gaps in training that many school counselors report, particularly around suicide prevention.

Training and Self-Efficacy

Though school counselors frequently conduct suicide assessments, they report gaps in suicide prevention training. High school counselors in one study ($n = 200$) indicated that 67% of participants were performing monthly suicide risk assessments (Gallo, 2018). Although it is statistically likely that all school counselors will serve students experiencing suicidal thoughts or behaviors, only 50% of school counselors believed their graduate training adequately prepared them to assess for suicide (Gallo, 2018). In another study of school counselors ($n = 226$) with membership in ASCA, 38% of participants indicated that they were not prepared for suicide prevention during graduate training (Bencel et al., 2021). Further, a quarter of the school counselors reported that they received no postgraduate training in suicide prevention, and half reported receiving between 1 and 10 hours (Bencel et al., 2021). The results

of these studies contrast with training guidelines and ethical standards, which emphasize the importance of educating students on suicide prevention and response. For example, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) identifies suicide prevention models and strategies as a standard for all graduate counseling training programs in 2016 (5.L) and 2024 (E. 19). Additionally, CACREP training standards include procedures for assessing and responding to risk of aggression or danger to others, self-inflicted harm, and suicide (2016: 7. C; 2024: G.13). Similarly, the ASCA Ethical Standards (2022) include the importance of ongoing professional development and training for school counselors (section B.3). These training gaps warrant further attention, as numerous studies support the importance of training programs to increase workplace performance (e.g., Na-Nan & Sanamthong, 2020; Rivaldo & Nabella, 2023) and employee self-efficacy (Saad et al., 2022). More specifically, the level of mental health practitioner confidence when assessing youth at risk for suicide is associated with the level of risk assessment training and preparedness (Schmidt, 2016).

Self-efficacy—a belief in one's capabilities—facilitates cognitive processes and performance across various settings (Zulkosky, 2009). In addition, people's self-efficacy beliefs influence decision-making, motivation levels, and willingness to approach difficult tasks versus avoiding them (Zulkosky, 2009). For school counselors, self-efficacy plays an important role in delivering quality counseling services (Mullen et al., 2015). Bodenhorn and Skaggs (2005) found that highly self-efficacious school counselors set higher goals for themselves and showed stronger commitment, resilience, motivation, and perseverance in achieving those goals. School counselors with multicultural self-efficacy believe in their abilities to work with diverse students and leverage resources to address barriers to student success (Holcomb-McCoy et al., 2008). As with suicide prevention, Johnson et al. (2016) found that training and experience are correlated with higher levels of school counselors' multicultural self-efficacy.

Given the significant role self-efficacy plays in shaping counselors' confidence and actions, it is important to recognize that their beliefs extend beyond self-perception. Counselors' beliefs about their

capabilities influence their approaches to various aspects of counseling, including how they respond to suicidal ideation. This connection between self-efficacy and belief systems provides a foundation for exploring how counselors' beliefs, in general, impact professional practices.

Counselor Beliefs and Practices

Counselors' beliefs influence their work with clients, the effectiveness of their interventions, and the outcomes of clients' experience. Within the school counseling literature, scholars have identified connections between what school counselors believe and their professional practices. For example, school counselors' beliefs have been linked to their implementation of effective counseling (Larson & Daniels, 1998), implementation of Comprehensive School Counseling Program components (Young & Kaffenberger, 2011), accountability practices (Topdemir, 2013), use of data (Hatch & Chen-Hayes, 2008), and social justice advocacy (Parikh et al., 2011). Furthermore, counselor attitudes and beliefs are critical components of multicultural competence (Sue et al., 1992). Building upon this body of literature, suicide response practices may also be influenced by counselor attitudes and beliefs. Banks (2016) found a relationship between counselor trainee attitudes about suicide and simulated responses. However, our literature review found a significant lack of research around school counselors' beliefs and attitudes about suicide, particularly about how school counselor beliefs relate to suicide assessment. An examination of teacher education literature reveals a more extensive body of scholarship connecting teacher beliefs to training and instructional practices (e.g., Fives & Gill, 2015). In one study, instructional practices and differing classroom climates were connected to teacher beliefs, characteristics, and school contextual variables (Rubie-Davies et al., 2011). These findings in teacher education scholarship give credence to the importance of exploring connections between school counselors' beliefs and multicultural assessment self-efficacy with diverse students.

Purpose and Significance of the Study

In this study, we explored the relationships among school counselors' beliefs about the role of culture in suicidality, their exposure to culturally informed suicide response training, and their self-efficacy in conducting culturally sensitive assessments. We also explored whether school counselors' self-reported multicultural assessment self-efficacy differed across contextual factors such as school level, school type, counselor caseload, and number of counselors in a building. The following research questions guided the study:

1. To what extent does culturally informed suicide response training (received during graduate or post-graduate training) predict school counselors' multicultural assessment self-efficacy, controlling for years of experience and clinical licensure?

2. Do school counselors with stronger beliefs about the role of culture in suicidality have higher levels of multicultural assessment self-efficacy?

3. Is there a difference in school counselors' self-reported levels of multicultural assessment self-efficacy based on the following variables:

   a. School Level

   b. School Type

   c. Counselor Caseload

   d. Number of School Counselors in a Building

This study was exploratory in nature. Rather than testing specific hypotheses, we aimed to examine patterns and relationships among school counselors' training, beliefs, and self-efficacy. Our goal was to identify factors that may influence school counselors' preparedness to engage in culturally responsive assessments, rather than to confirm any predefined theory. By investigating the factors that influence school counselors' preparedness to assess and respond to suicide risk in a culturally informed way, this study aims to address this gap in this knowledge base. Our research has the potential to

illuminate how training and personal beliefs might contribute to a counselor's confidence in responding to suicide when working with students from diverse backgrounds. This knowledge can inform the development of more effective training programs and professional development opportunities for school counselors.

Furthermore, the study investigates potential differences in self-efficacy across various counselor groups based on factors like school level, type, caseload, and the number of counselors in a building. Understanding these disparities can reveal areas where targeted support or training might be needed to ensure equitable access to culturally competent assessment and suicide prevention practices across different school settings. This study's findings have the potential to contribute to improved training for school counselors, leading to a more culturally competent workforce equipped to address the diverse needs of students struggling with suicidal ideation. By enhancing counselors' self-efficacy in culturally sensitive assessments, the research can ultimately contribute to more effective suicide prevention efforts within schools.

Method

This study employed a non-experimental, cross-sectional survey design to explore the relationships among school counselors' training experiences, cultural beliefs, and multicultural assessment self-efficacy (Creswell & Creswell, 2017). Data were collected using an online survey distribution from a national sample of currently practicing school counselors.

Participants and Procedures

Upon receiving approval from the Institutional Review Board (IRB), we began recruiting participants who met the inclusion criteria, which included being certified and currently employed as a school counselor. Due to an institutional grant, we were able to provide $20 gift cards to the first 180 participants who completed the survey. The survey was distributed using Qualtrics XM and all participants provided electronic informed consent before completing survey items. After 180 responses

were received, participants received a message that all gift cards were awarded. We used a broad-based, multi-channel recruitment strategy. Recruitment began across multiple platforms including the ASCA SCENE professional listserv and multiple Facebook groups (Elementary School Counselor Exchange, Elementary School Counselor, Caught in the Middle School Counselors, High School Counselors' Network). However, the invitations posted on these sites resulted in low response rates. After several months, we collected publicly available email addresses for representatives of the school counselor associations for all 50 states and school counseling coordinators for 14 states. These representatives received emails asking them to share the recruitment invitation with all school counselors in their state. This sampling occurred over a three-month period in 2023 and yielded 1,026 participants. Of the 1,026 participants, 995 met the inclusion criteria. A post-hoc power analysis was conducted using G*Power 3.1 (Faul et al., 2009) to evaluate the adequacy of the sample size for the primary regression analysis. Using parameters of a medium effect size ($f^2 = 0.15$), an alpha level of .05, four predictors, and a total sample size of 995 participants, the achieved statistical power was 1.00. This indicates that the study was sufficiently powered to detect medium effects.

Responses to demographic questions were voluntary to prioritize participant psychological safety and minimize survey fatigue, particularly given the sensitive nature of investigating suicide and cultural experiences. This approach aligns with ethical research practices that respect participant autonomy and create a more inclusive experience while completing the survey (Hammer, 2017). However, of those who responded, 452 identified as female (54.7%), 294 identified as male (35.6%), 4 identified as nonbinary/genderqueer (.5%), 3 identified as other (.4%), leaving 73 (8.8%) who provided no response. Further, 67 identified as Asian/Asian American (8.1%), 80 identified as Black/African American (9.7%), 506 (61.3%) identified as White/European American, 40 (4.8%) identified as Native American/Indigenous American, 13 (1.6%) identified as Native Hawaiian/Pacific Islander, and 72 (8.7%) chose not to answer. Study participants also reported the school setting in which they worked.

Participants who worked in a high school setting comprised 27.5% ($n = 256$) of the sample, followed by 29.7% ($n = 277$) from middle schools, and 14.1% ($n = 131$) from elementary schools; 6.9% ($n = 64$) selected the 'combined' option, 21.9% ($n = 204$) did not indicate their level. Because recruitment occurred through a combination of social media groups, professional listservs, and outreach to state school counselor organizations, we were unable to track how many individuals received or viewed the survey invitation. As such, a precise response rate could not be calculated. This is a common limitation in studies using open online recruitment.

Measures

This study consisted of a demographic questionnaire, which participants were not required to answer, as well as two scales: the Counselor Beliefs about Cultural Impact on Suicidality Scale (CBCIS) and the School Counselor Multicultural Efficacy Scale (SCMES).

Demographic Questionnaire

The author-created demographic questionnaire inquired about participants' race/ethnicity, sexual orientation, gender identity, years of school counseling experience, number of students on caseload and number of school counselors in the building, school type, level, location, region, and percentage of students qualifying for free or reduced-price meals, clinical licensure (e.g., LPC, LPCC) separate from their school counselor certification or licensure, and prior training on culturally informed suicide response. Participants were asked two dichotomous questions (Yes/No) to assess whether they had received culturally informed suicide response training, either in their graduate program or post-graduate through professional development. These items were coded as 1 = Yes and 0 = No.

Counselor Beliefs about Cultural Impact on Suicidality (CBCIS) Scale

The CBCIS was developed and validated to assess counselors' beliefs about the role of culture in suicidality and suicide response practices (Edwin et al., 2025). Initial construct validity was supported through exploratory factor analysis and relationships with related multicultural constructs. This measure

is directly aligned with the second research question, examining the relationship between counselors' beliefs about cultural factors and their multicultural assessment self-efficacy. CBCIS is a 19-item inventory with two subscales: (1) Student Experience of Suicide and (2) Counselor Response to Suicide. We used both subscales in this study. Participants use Likert response options (1-strongly disagree, 2-disagree, 3-not sure, 4-agree, and 5-strongly agree) to rate the extent to which statements reflect their beliefs about the impact of culture on suicidality. The scale includes statements that address beliefs about culture and suicidal thoughts, behaviors, intent, and plans. Example items include "*Culture affects the types of life stressors that lead to suicidality*" and "*My culture influences the way I think about suicide.*" The internal consistency for the scale was high (Cronbach's α = .89) (Edwin et al., 2025).

School Counselor Multicultural Efficacy Scale (SCMES)

We used one subscale from the School Counselor Multicultural Efficacy Scale (SCMES; Holcomb-McCoy et al., 2008) to assess school counselors' multicultural assessment self-efficacy. SCMES is a 52-item measure where school counselors rate their ability to perform multicultural counseling tasks within six factors: (1) Knowledge of Multicultural Counseling Concepts, (2) Using Data and Understanding Systemic Change, (3) Developing Cross-Cultural Relationships, (4) Multicultural Counseling Awareness, (5) Multicultural Assessment, and (6) Applying of Racial and Cultural Knowledge to Practice. Due to our focus on culturally responsive assessments, we only included Factor 5 (Multicultural Assessment) to assess school counselors' multicultural assessment self-efficacy. Example items in this factor include "*I can use culturally appropriate instruments when I assess students*" and "*I can identify whether or not the assessment process is culturally sensitive.*" The internal consistency estimate for the subscale (Cronbach α = .89) was high. To ensure reliability, we conducted Cronbach alpha with our sample, which was .83 for the Multicultural Assessment subscale. The SCMES has a demonstrated validity through correlations with measures of multicultural counseling competence (Holcomb-McCoy et al., 2008). The Multicultural Assessment subscale specifically measured counselors' confidence in using

culturally responsive assessment practices. While the Multicultural Assessment is not specific to suicide risk assessment, it was selected due to its focus on counselors' confidence in conducting culturally responsive assessments in school settings. Given the absence of an existing measure of culturally informed suicide risk assessment, we used this subscale as a conceptual proxy for culturally responsive practices, which may include, but are not limited to, suicide risk assessment.

Data Analysis and Results

Prior to analyzing data, we tested for assumptions, missing data, and outliers. All scale items from the CBCIS and SCMES were required in the Qualtrics survey, resulting in no missing data for those instruments. Demographic questions were optional, and skipped responses for those items were excluded from analyses involving those variables. Our preliminary analyses indicated a violation of the homogeneity of variance assumption. Given the exploratory nature of the study, analyses focused on identifying relationships and differences without testing specific hypotheses. The data analysis and assumptions to answer each research question are as follows.

Research Question 1: Culturally Informed Suicide Response Training and Multicultural Assessment Self-Efficacy

A hierarchical linear regression analysis was conducted to examine if the addition of graduate and post-graduate training improved the prediction of multicultural assessment self-efficacy over and above school counselors' years of experience and clinical licensure. See Table 1 below for full details on each regression model. The full model of graduate training, post-graduate training, years of experience, and clinical licensure (Model 2) was statistically significant $R^2 = .025$, $F(4, 719) = 4.689$, $p < .001$; adjusted $R^2 = .020$. The addition of graduate and post-graduate training on culturally informed suicide response led to a statistically significant increase in R^2 of .021, $F(2, 719) = 7.847$, $p < .001$.

Table 1

Hierarchical Multiple Regression Predicting Multicultural Assessment Self-Efficacy from Number of Years as a School Counselor, Clinical Licensure, and Graduate and Post-Graduate Training on Culturally Informed Suicide Response

| | Multicultural Assessment Self-Efficacy | | | | | |
| | Model 1 | | | Model 2 | | |
Variable	*B*	*SE*	β	*B*	*SE*	β
Constant	45.667	1.377		43.670	1.469	
Years of Experience	.562	.461	.046	.542	.456	.044
Clinical Licensure	-1.163	1.093	-.040	-3.334*	1.316	-.114
Graduate Training				.569	1.487	.019
Post-Graduate Training				4.486***	1.332	.152

Note. $N = 724$, $*p < .05$, $***p < .001$

Research Question 2: Beliefs about Cultural Impact on Suicide and Self-Efficacy

Pearson's correlation coefficients were calculated to explore the relationship between school counselors' beliefs about the impact of culture on suicide (measured using the CBCIS Student Experience of Suicide [CBCIS-SE] and the Counselor Response to Suicide [CBCIS-CR] subscales) and their multicultural assessment self-efficacy. Both correlations were statistically significant (CBCIS-SE: $r = .235$, $p < .001$; CBCIS-CR: $r = .236$, $p < .001$). These findings indicate that counselors with stronger beliefs about the significance of cultural factors in suicide risk assessment tend to report higher levels of self-efficacy in conducting culturally sensitive assessments themselves.

Research Question 3: Difference in Multicultural Assessment by School Variables

Four one-way ANOVAs were conducted to determine if school counselors' multicultural assessment self-efficacy was different for groups within school level, school type, counselor caseload, and number of school counselors in a building. Due to homogeneity assumption violations, we were unable to explore potential interaction effects using two or three-way ANOVAs.

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Multicultural Assessment and School Level

There was homogeneity of variances, as assessed by Levene's test for equality of variances (p = .303). School counselors were classified into four groups: elementary (n = 131), middle (n = 277), high (n = 56), and combined (n = 64). Multicultural assessment was statistically significantly different for school counselors working at different school levels $F(3, 724)$ = 3.677, p = .012, η^2 = .015. Tukey post hoc analysis revealed that the mean increase in SCMASE score from middle (M = 44.31, SD = 13.95) to high (M = 47.41, SD = 13.40) was statistically significant (p = .042), no other group differences were statistically significant. Scores for all groups are presented in Table 2 below.

Table 2
Means, Standard Deviations, and One-Way Analyses of Variance in School Counselors' Multicultural Assessment Self-Efficacy and School Level, Type, And Counselor Caseload.

Measure	School Level									
	Elementary *(n = 131)*		Middle *(n = 277)*		High *(n = 56)*		Combined *(n = 64)*		F(3, 724)	Post-Hoc
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*		
SCMASE	45.15	13.72	44.31	13.95	47.41	13.40	49.14	11.62	3.677*	H > M
	School Type									
	Private *(n = 236)*		Public *(n = 413)*		Charter *(n = 80)*				F(2, 726)	Post-Hoc
	M	*SD*	*M*	*SD*	*M*	*SD*				
SCMASE	44.40	13.81	47.45	13.37	43.21	13.36			5.733**	PU > PR > CH
	Counselor Load									
	0-250 *(n = 257)*		251-500 *(n = 337)*		501-750 *(n = 104)*		751 or more *(n = 51)*		F(3, 745)	Post-Hoc
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*		
SCMASE	44.64	13.15	45.20	14.03	48.13	13.33	50.96	11.97	4.360**	751+ > 251 > 0

Note: M = Middle, H = High, PU = Public, PR = Private, CH = Charter; *p < .05, ** p < .01

Multicultural Assessment and School Type

There was homogeneity of variances, as assessed by Levene's test for equality of variances (p = .877). School counselors were classified into three groups: private (n = 236), public (n = 413), and charter (n = 80). Multicultural assessment was statistically significantly different for school counselors working at different school types $F(2, 726)$ = 5.733, p = .003, η^2 = .016. Tukey post hoc analysis revealed that the mean decrease in SCMASE score from public (M = 47.45, SD = 13.37) to private (M = 44.40, SD = 13.81) was statistically significant (p = .016), as well as the decrease from public to charter (M = 43.21, SD = 13.36; p = .028). Scores for all groups are presented in Table 2.

Multicultural Assessment and Counselor Load

There was homogeneity of variances, as assessed by Levene's test for equality of variances (p = .358). School counselor caseload was classified into four groups: 0-250 (n = 257), 251-500 (n = 337), 501-750 (n = 104), 751 or more students (n = 51). Multicultural assessment was statistically significantly different for school counselors with different caseloads $F(3, 745)$ = 4.360, p = .005, η^2 = .017. Tukey post hoc analysis revealed that the mean decrease in SCMASE score from a 751+ (M = 50.96, SD = 11.97) to a 251-500 (M = 45.20, SD = 14.03) caseload was statistically significant, (p = .013) as well as the decrease from a 751+ to a 0-250 caseload (M = 44.64, SD = 13.15; p = .024). No other group differences were statistically significant. Scores for all groups are presented in Table 2.

Multicultural Assessment and Number of School Counselors in a Building

The assumption of homogeneity of variances was violated, as assessed by Levene's test for equality of variances (p = .043). The number of school counselors in the building was classified into six groups: one (n = 92), two (n = 212), three (n = 180), four (n = 94), five (n = 55), six or more school counselors (n = 114). SCMASE scores decreased from schools with four school counselors (M = 48.75, SD = 10.84) to one (M = 47.72, SD = 13.44), two (M = 43.50, SD = 13.40), three (M = 44.17, SD = 13.75), five (M = 47.75, SD = 14.71), and six or more (M = 48.01, SD = 14.38) school

counselors in the building. Games-Howell post hoc analysis revealed that the mean decrease from four to two school counselors was statistically significant, ($p = .005$) as well as the decrease from four to three school counselors ($p = .033$). No other group differences were statistically significant. Scores for all groups are presented in Table 3 below.

Table 3
Means, Standard Deviations, and One-Way Analyses of Variance in School Counselors' Multicultural Assessment Self-Efficacy and Number of School Counselors in a Building

Measure	One Counselor (n = 92)		Two Counselors (n = 212)		Three Counselors (n = 180)		Four Counselors (n = 94)		Five Counselors (n = 55)		Six or More Counselors (n = 114)		F(5, 741)	Post-Hoc[a]
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD		
SCMASE	47.72	13.44	43.50	13.40	44.17	13.75	48.75	10.84	47.75	14.71	48.01	14.38	3.889*	4 > 3 > 2

[a]4 = Four School Counselors, 3 = Three School Counselors, 2 = Two School Counselors; *$p < .05$

Discussion

This study investigated factors influencing school counselors' preparedness to conduct culturally informed suicide assessments. Our findings highlight critical factors, revealing systemic barriers and opportunities for equity-focused interventions. The results of our hierarchical linear regression analysis provide evidence supporting the notion that culturally informed suicide response training contributes significantly to school counselors' multicultural assessment self-efficacy. Specifically, counselors who reported receiving such training, either during their graduate training or their professional careers, reported higher levels of confidence in their ability to conduct culturally responsive assessments. This finding is consistent with previous research about the importance of training for increasing self-efficacy (e.g. Becnel et al., 2021; Mullen at al., 2016; Urbani et al., 2002) and underscores the importance of integrating culturally responsive practices into school counselor training programs and professional development.

Consistent with research emphasizing the role of counselors' beliefs on professional practice (Hatch & Chen-Hayes, 2008; Hatch et al., 2015; Topdemir, 2013), our correlational analysis revealed a positive relationship between school counselors' beliefs about the impact of culture on suicide and their multicultural assessment self-efficacy. Counselors who held stronger beliefs regarding the significance of cultural factors in suicide risk behavior and response reported greater confidence in their ability to conduct culturally sensitive assessments. This finding underscores the interconnectedness of counselors' attitudes, beliefs, and skills in navigating cultural dynamics when addressing sensitive issues such as suicide within diverse school communities.

The examination of school-level variables revealed interesting insights into the school building factors that may influence counselors' multicultural assessment self-efficacy. While counselors across different school levels demonstrated similar levels of self-efficacy, there was a notable increase in self-efficacy among counselors working at the high school level. This finding may reflect increases in suicide rates as individuals get older (CDC, 2025). Adolescence is a stressful time for youth as they navigate through the challenges of puberty, coping with new feelings, transitioning from middle to high school, onset of mental health disorders, and identity formation (Aggarawal et al., 2007; CDC, 2024; Jiang et al., 2021). Perhaps adolescents experience higher rates of suicidality as they navigate these various stressors and challenges. Higher suicide rates at the high school level would likely lead to high school counselors having increased exposure to responding to suicidality, thereby improving school counselors' self-efficacy relating to completing culturally sensitive assessments as increased exposure results in increased self-efficacy (Becnel et al., 2021). Additionally, counselors in public schools reported higher levels of self-efficacy compared to their counterparts in private and charter schools, highlighting potential disparities in access to training and resources across different school types. This result may reflect previous findings where public schools reported an increase in the percentage of students seeking mental health services since the start of the

pandemic (Gross & Hamilton, 2023; Zhu & Crawford, 2023). The increased experience of school counselors in addressing students' mental health needs may have contributed to higher self-efficacy.

Furthermore, our analysis of counselor caseload and the number of counselors in a building revealed nuanced patterns in counselors' self-efficacy. Counselors in schools with smaller caseloads or fewer counselors reported lower self-efficacy, suggesting that systemic barriers such as understaffing may hinder their ability to provide equitable mental health support. Additionally, the finding indicating that counselors with smaller caseloads have lower self-efficacy levels around completing culturally sensitive suicide assessments may point to the ways in which exposure to suicide attempts shape counselor self-efficacy. According to Becnel et al. (2021), school counselors who were exposed to a student suicide attempt reported higher suicide assessment self-efficacy. Perhaps school counselors with higher caseloads experience higher rates of exposure to suicide attempts in their school buildings compared to school counselors with lower caseloads. Following this line of thought, the finding regarding self-efficacy levels and student caseload points to the importance of culturally sensitive suicide response training for all school counselors, particularly those with smaller caseloads. Addressing these disparities requires systemic change to ensure equitable distribution of resources, training opportunities, and manageable workloads. These findings reinforce the importance of workload management and staffing considerations in fostering counselors' capacity to address the diverse needs of students effectively.

The findings also underscore the relevance of these issues across the PreK-12 spectrum. Variations in self-efficacy by school level, with high school counselors reporting higher levels than their middle and elementary counterparts, point to developmental differences in suicide risk and response needs. These results suggest that training programs and school systems should tailor their strategies to align with the students' developmental stages, ensuring that elementary school counselors are equally equipped to address suicide risk effectively. By embedding culturally

responsive suicide prevention practices within a systemic framework like Multi-Tiered Systems of Support (MTSS) (Singer et al., 2019), schools can better address the diverse and developmental needs of students while fostering equitable and just educational environments.

Limitations and Future Research

A limitation of the study was the inability to calculate an exact response rate due to the nature of the recruitment strategy. Because the survey was distributed via listservs, social media and forwarded emails, we could not determine the total number of individuals who received the invitation. This limits our ability to assess representativeness and introduces potential sampling bias. Additionally, because the demographic questionnaires were not required, there was a lack of information about some participants' demographics. This places constraints on the subgroup analyses we conducted and limits the study's generalizability. Moreover, the self-reported nature of the scales used in this study opens participants to social desirability bias and self-perception inaccuracies (Chung & Monroe, 2003). Participants may have overestimated their cultural competence or underreported beliefs they perceive as socially undesirable when it comes to suicide response. This study did not assess the content, duration, or delivery method of the culturally informed suicide response training reported by participants. As such, the binary training variables may not capture the diversity of training modalities, which may influence participants' self-efficacy in more nuanced ways. A dichotomous variable was chosen to reduce participant response burden and increase clarity in responses. Future studies should consider incorporating more comprehensive and validated measures of suicide response training. This study did not determine whether participants were currently engaged in suicide risk assessment, which may vary by district policy. Additionally, the Multicultural Assessment subscale, while conceptually relevant, is not specific to conducting suicide assessments. Findings should be interpreted as reflecting general multicultural assessment self-efficacy and not suicide specific assessment skills.

Furthermore, the CBCIS is a relatively new scale that has not undergone extensive validation across diverse populations or settings. Future researchers might consider investigating the reliability and validity of the measure with diverse populations of counselors. An additional limitation of the study was the absence of suicide-specific self-efficacy scales used in conjunction with the CBCIS. Future research that investigates counselors' responses to a suicide self-efficacy measure could provide a more comprehensive understanding of counselors' preparedness and beliefs regarding culturally sensitive suicide interventions. Finally, qualitative research could delve deeper into investigating the reasons behind counselors' beliefs and self-efficacy levels. Such research could advance study in this area and provide more information that can improve school counseling practice and training around culturally sensitive suicide response.

Implications

School Counseling Practice

School counselors engage in suicide prevention as they respond to the mental health needs of students through risk assessment and mental health care. They are ethically obligated to provide culturally responsive services and to monitor for suicidality and possible self-harm (ASCA, 2022). Our research points to the importance of ensuring these are integrated practices, meaning that suicide assessments are intentionally attuned to the culture of students and families. This fosters more equitable suicide prevention to meet the needs of all students.

Given our findings about the importance of school counselors' beliefs about cultural factors in suicide behavior and confidence in conducting culturally sensitive assessments, school counselors should reflect on their beliefs and intentionality to be culturally responsive. School counselors' efforts to help students identify emotions, demonstrate empathy for others, foster social relationships, and communicate their need for help (all components of social emotional learning) is

suicide prevention. The comprehensive suicide prevention model from the Suicide Prevention Resource Center (SPRC, n.d.-a) includes identifying persons at risk, increasing mental health support, providing effective intervention and transition of care, responding to those in crisis, providing postvention efforts, reducing access to means, and enhancing resilience and connectedness – all components of an effective school counseling program. To ensure they promote the emotional well-being and connectedness of all students, school counselors can do a self-assessment of their beliefs about culture and suicide using the CBCIS scale (Edwin et al., 2025). Increased self-awareness may help school counselors recognize and adjust their suicide response practices.

Additionally, our finding about the importance of school counselors' beliefs for related self-efficacy should lead school counselors to audit their suicide assessment practices and policies for cultural responsiveness. Many school districts have adopted protocols for suicide assessment, and school counselors can advocate for these to be revised for more intentional focus on culture. School counselors may use the *Information-Gathering Tool: Suicide Concern* (ASCA, 2023) as a guide for conversations with students and parents about suicidality. This tool recommends school counselors gather information about student cultural identities and supportive networks (e.g., community, religion, activities). Additionally, conversations with parents about student suicidality need to be culturally attuned, recognizing and not stereotyping parents' beliefs about topics such as mental health, gender identity, or relationships (AFSP et al., 2019).

School Counseling Training

Counselor educators help prepare school counselors for suicide prevention and can infuse a focus on culturally informed suicide response throughout the curriculum. Given the concerns about training gaps (Bencel et al., 2021; Gallo, 2018), counselor educators need to ensure future school counselors are prepared for suicide assessment. As the results from this study indicate, counselors

who reported receiving culturally informed suicide response training, either during their graduate training or their professional careers, reported higher levels of confidence in their ability to conduct culturally responsive assessments. Therefore, training strategies should include intentional reflection about bias and beliefs about suicide and culture, case study discussion focused on K-12 students with diverse developmental and cultural identities, and role play and practice of suicide assessment and response (Brown et al., 2024; Gallo et al., 2021). By equipping school counselors with the necessary knowledge and skills, individuals responsible for their training and development can enhance their ability to address the diverse needs of PreK-12 students struggling with suicidal thoughts and behaviors. Training can help school counselors identify the aforementioned systemic factors that contribute to student suicidality, including racism, homophobia, reduced access to services, isolation, and medical mistrust (Leavitt et al., 2018; Opara et al., 2020; Ryan et al., 2009; Surace et al., 2021; Wiglesworth et al., 2022).

Given the findings of this study on the importance of suicide prevention training, ongoing professional development is needed to ensure school counselors have the knowledge and skills to implement culturally informed suicide assessment. School counseling supervisors also have an important role in addressing preparation or practice gaps for school counselors (Goodman-Scott et al., 2020). While annual suicide prevention training is now required for many K-12 educators (Kreuze et al., 2018), these trainings are focused on recognizing suicide risk and may not provide the necessary skills for suicide assessment. Based on our findings that beliefs are connected to self-efficacy, those teaching school counselors can provide a more nuanced training that focuses on self-reflection, broaching skills with students and families, and ethical use of assessment tools. School district leaders can ensure that suicide prevention training for school counselors is targeted for this professional need. Finally, school counseling supervisors are leaders in advocating for policy changes. Given our finding that school counselors with smaller caseloads or lower numbers of

school counselors in the building had reduced self-efficacy, school counseling supervisors can be mindful of advocating for personnel, training opportunities, and resources for school counselors. This may be particularly important as resources serve as a mediator for school counselor burnout (Bardhoshi & Um, 2021).

Conclusion

School counselors have an important role in youth suicide prevention in PreK-12 educational settings. Grounding prevention efforts in multicultural and social justice principles helps promote culturally informed suicide prevention to provide more equitable care. This study examined the influence of culturally informed suicide response training and school counselors' beliefs about the impact of culture on suicidality for their multicultural assessment self-efficacy. The results of this study point to the importance of culturally informed training to improve school counselors' self-efficacy. School counselors, school counseling supervisors, and counselor educators can engage in self-reflection of beliefs about culture and suicidality, focused learning about this topic, and changes to policy and practice to engage in more culturally responsive suicide assessments and prevention practices.

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