



# Case Study

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## Using Virtual Reality as an Experiential Pedagogical Tool in Suicide Preparedness Training

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# Introduction

**Many students experience symptoms of anxiety as they begin a counselor education program due to the demands of graduate training and the unique demands of the role of a counselor (Granello, 2012; Oswalt & Riddock, 2007).**

One unique demand on counselors is the ability to deal with situations that require high levels of cognitive complexity (Granello, 2002) whereby students need to identify, integrate, and use multiple perspectives and large amounts of information to create comprehensive conceptualizations of their clients (Fong, Borders, Ethington, & Pitts, 1997; Granello, 2010).

Increases in students' cognitions and skills have been demonstrated during counselor training where students at the end of a counseling program (post-internship) have exhibited more complex thinking than students at the beginning of their program (Choate & Granello, 2006.) Moreover, Skovholt and Ronnestad (1992) have found that individuals continue to develop complex cognitive skills after more than 10 years of practice.

**These studies seem to demonstrate that exposure to - and experience with - actual counseling situations is a component of counselor development that may help reduce anxiety.**

# Introduction

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Technological advancements such as virtual reality (VR) show promise for creating opportunities for controlled, experiential learning within counselor education settings to increase exposure to higher-risk situations that would allow assessments of students' dispositional and clinical reactions prior to their field experience contexts (Padilha, Machado, Ribeiro, & Ramos, 2018; Wilkinson & Bazille, 2019).

In counselor education, preliminary research suggests that VR may have a place as an innovative pedagogical tool in the development of counselors by creating immersive experiences that approximate actual counseling scenarios (Wilkinson & Bazille, 2019) and that may provide benefits above and beyond that which is typically gained from traditional, written case studies.



# Method

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**The authors used an immersive content library called Mindscape Commons. This database holds over 100 mental health VR experiences.**

Items from the Perceived Preparation for Suicide Counseling Scale (PPSC; Brinkley & Liebert, 2015) and two additional items we developed are used as a pre-test and post-test measure. Items are rated on a 5-point Likert-type scale (1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree.)

After completing a survey as a pre-test measure, students were invited to participate in the treatment intervention where they were randomly assigned to either a written case study or a VR case study of the same case.

After reading or watching the case, participants were asked to complete the PPSC as a post-test and to complete an interview with the researchers. The interview asked about the participants experiences and felt preparedness dealing with suicidal clients per the case study.

# Participants

**Students enrolled in their first semesters of master's level counseling programs in Clinical Mental Health Counseling, School Counseling, and Clinical Rehabilitation counseling at a CACREP-accredited university in the Southeastern United States were recruited for this study.**

We decided to only include first semester students to control for the impact of any prior training in suicide intervention. The data presented is preliminary data regarding the post-test scores from the instrumentation. COVID-19 has made it difficult for the researchers to bring participants into the VR lab to undergo the treatment. The results include 9 participants. All participants report their gender as Female and being enrolled in a CMHC program. Participants' average age is 28.22 years old (SD = 11.893) and they identified being White (44%), Black (33%) and Hispanic/Latino (22%). Most of the participants have never received any formal training in suicide assessment (89%) while 67% of the participants report that they or a family member has had suicidal ideation or a suicide attempt.



# Results

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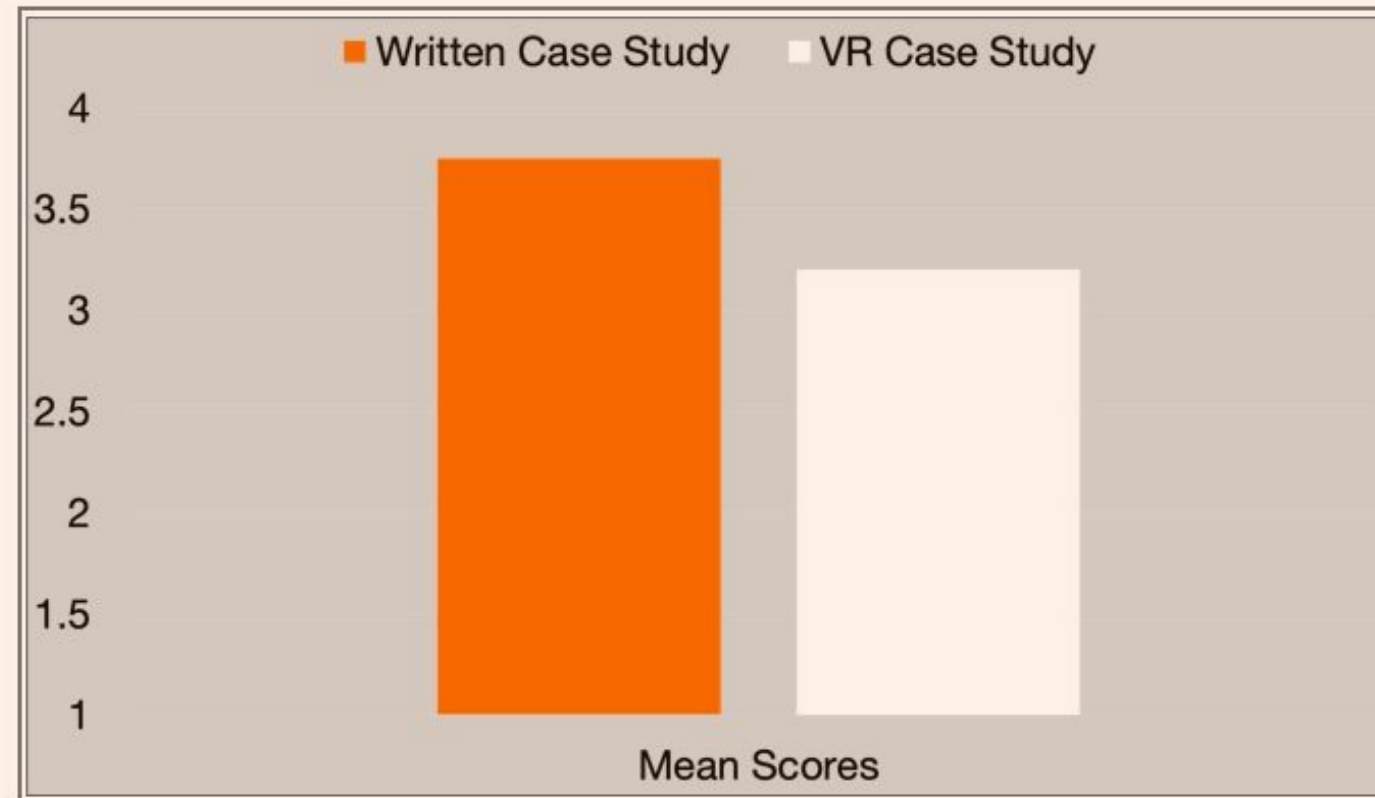
Explanatory mixed methods design is used to interpret the data (Creswell & Plano Clark, 2018). We utilized t tests to analyze mean scores on the items ( $n = 9$ ) in the survey based on the type of case study with which the individuals interacted (written or VR). Initial findings indicate a significant difference with a large effect ( $d = .890$ ) on the item “When I think about counseling a suicidal client, I feel anxious,”  $t(7) = .921$ ,  $p = .007$ , with the individuals in the written case study group reporting higher mean scores ( $M = 3.75$ ). Findings indicate a trend in differences with a large effect on mean scores on the item “I know what to say to a client who is talking about suicide” [ $t(7) = .073$ ,  $p = .073$ ,  $d = 1.183$ )]

# Figure 1

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**Students who experience a VR case study indicated feeling less anxious about potentially working with a suicidal client as compared to students reading a traditional case study.**

*When I think about counseling a suicidal client, I feel anxious*



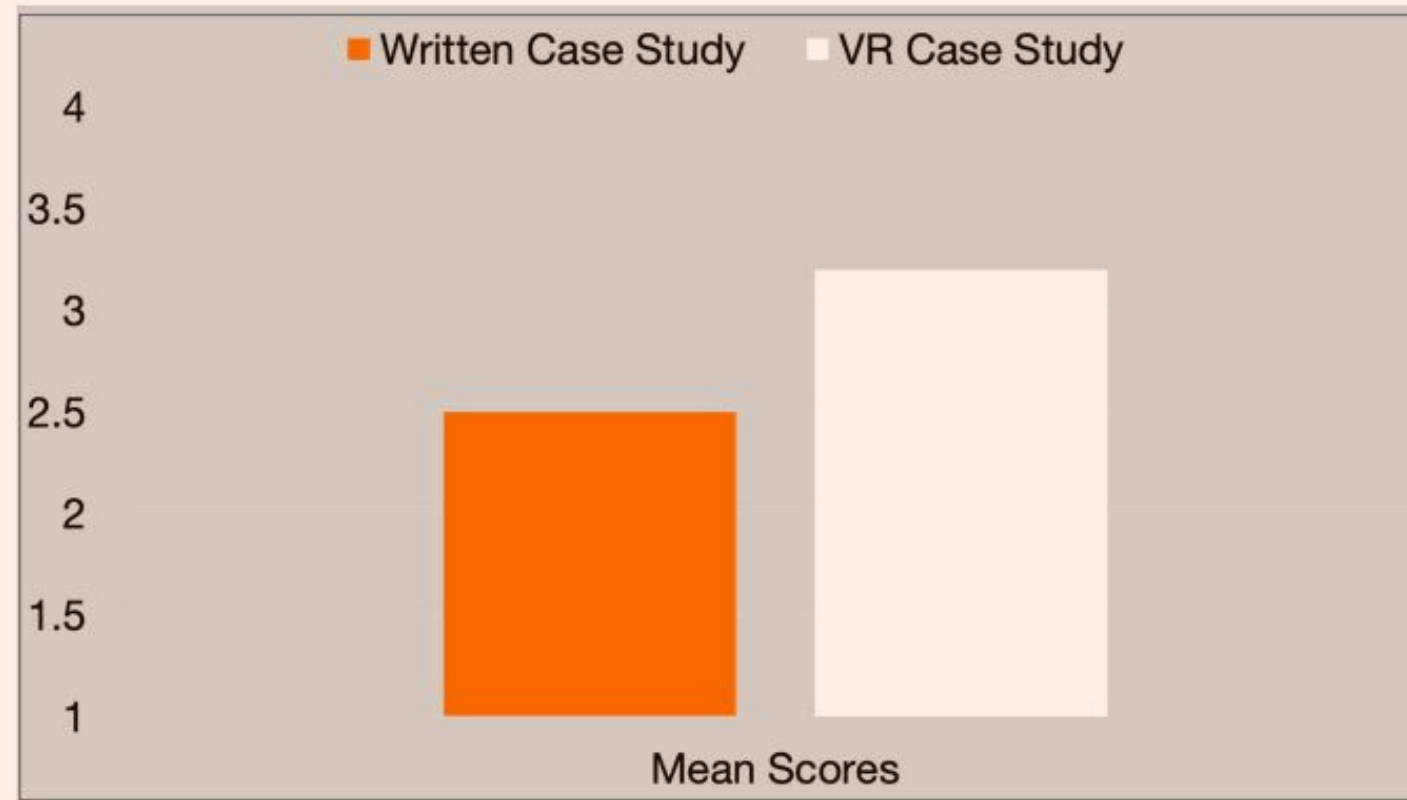
*Note.* Higher scores indicate higher levels of agreement on the item.

# Figure 2

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**Students who experience a VR case study indicated feeling greater confidence in knowing what to say with a suicidal client as compared to students reading a traditional case study**

*I know what to say to a client who is talking about suicide*



*Note.* Higher scores indicate higher levels of agreement on the item.



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It makes you think about your presence in the room...I felt comfortable running through questions in my head, "what should I ask, what should I do next, and what would work for them?" You can sit in the classroom and learn about these scenarios and watch videos, but it a completely different feeling when you are actually in the moment.

**STUDENT PARTICIPANT**

”

“

It made me realize that you have to choose words wisely when speaking to a suicidal client.

**STUDENT PARTICIPANT**

”

“

I am not exactly sure that I would know just what to say in this case, but it did allow me to think about it. It was very thought provoking.

**STUDENT PARTICIPANT**

”

“

I do feel calmer going into the aspect of suicide intervention.

**STUDENT PARTICIPANT**

”

## CONTACT

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About this item: 20.500.12592/5hqc73

### Virtual Microcase: Suicidal Thoughts 1

2020 • 360° Video • 3m 41s

Watch in HMD With Transcript Preview

Tyler Wilkinson Mindscape



About this item: 20.500.12592/0rxwhg

### Virtual Microcase: Suicidal Thoughts 4

2020 • 360° Video • 2m 29s

Watch in HMD With Transcript Preview

Tyler Wilkinson Mindscape



About this item: 20.500.12592/s7h4vp

### Virtual Microcase: Suicidal Thoughts 2

2020 • 360° Video • 2m 24s

Watch in HMD With Transcript Preview

Tyler Wilkinson Mindscape



About this item: 20.500.12592/mkx4z

### Virtual Microcase: Suicidal Thoughts 5

2020 • 360° Video • 4m 46s

Watch in HMD With Transcript Preview

Tyler Wilkinson Mindscape



About this item: 20.500.12592/d254q7

### Virtual Microcase: Suicidal Thoughts 3

2020 • 360° Video • 5m 27s

Watch in HMD With Transcript Preview

Tyler Wilkinson Mindscape

Virtual Microcases: Suicidal Thoughts.  
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