

RISK FACTORS FOR SUICIDE

STATIC (Baseline risk)	AGGRAVATING (Elevated risk)
Chronic	Acute
<p>History of Self-Harm</p> <ul style="list-style-type: none"> ➤ Prior attempts; lethality of attempts ➤ Aborted attempts ➤ Self-harm (all types) <p>Family History</p> <ul style="list-style-type: none"> ➤ Family history of suicide ➤ Abuse, substance use ➤ Mental illness (Axis I & II) <p>Client's Mental Health History</p> <ul style="list-style-type: none"> ➤ Axis I/Axis II diagnoses ➤ History of psychosis ➤ Any type of abuse ➤ Treatment history ➤ Response to treatment ➤ Compliance with treatment <p>Alcohol/Substance Use/Abuse</p> <ul style="list-style-type: none"> ➤ General use ➤ AOD use associated with suicide attempt? <p>Medical Diagnoses</p> <ul style="list-style-type: none"> ➤ Cancer, HIV+, heart disease ➤ Degenerative concerns ➤ Chronic pain ➤ Traumatic brain injury (TBI) <p>Demographic Risk Factors</p> <ul style="list-style-type: none"> ➤ Males more at risk (except with Bipolar disorder) ➤ Risk increases with age ➤ White males 65+ most at risk <p>Characteristic Impulsivity Characteristic Low Distress Tolerance Access to Weapons</p>	<p>Precipitants/Life Stressors</p> <ul style="list-style-type: none"> ➤ Losses, conflict ➤ Relationship concerns ➤ Academic problems ➤ Recent health problems ➤ Financial or legal problems ➤ Support systems decrease <p style="padding-left: 20px;">Ex: Discharge from hospital Therapist on vacation Moving; life transitions</p> <p>Current Symptoms</p> <ul style="list-style-type: none"> ➤ Suicide ideation, plan or intent ➤ Debilitating depression ➤ Severe anxiety or panic ➤ Symptom type/severity/duration ➤ Impact on psychosocial functioning ➤ Impact on cognition (distortion impairment) ➤ Psychosis <p>Hopelessness/Feeling Burdensome</p> <ul style="list-style-type: none"> ➤ Increased painful emotions ➤ Increased affective intolerance

←Gender Identity or GLBTIQ Issues→

←Multicultural Issues→¹

¹ From Rudd, M.D. (2005). *The Standard of Care in the Management of Suicidality*. Workshop held at Eastern Kentucky University Counseling Center, May 20, 2005.

PROTECTIVE FACTORS

Social Support

- Supports needs to be available and accessible
- Have they been supported through other crises?
- Ex: People, animals, computer friends, therapy

Coping Skills/Problem-Solving Skills

- Have they handled previous crises well?
- Distress tolerance
- Do they utilize crisis response plans, hope boxes, emergency phone numbers?

Religious Beliefs

Life Satisfaction/Joy

Strong Reality Testing

Pregnancy (women only)

Good Therapeutic Relationship

Treatment Compliance

- Is client invested in treatment?
- Commitment to living and treatment?
- Compliance with appointments, homework

$$\text{SUICIDE RISK} = \frac{\text{Static Factors} + \text{Aggravating Factors}}{\text{Protective Factors}^1}$$

¹ From Rudd, M.D. (2005). *The Standard of Care in the Management of Suicidality*. Workshop held at Eastern Kentucky University Counseling Center, May 20, 2005.