

Common Crisis Triggers

Mild	Severe: Suicide Risk Factors
Low frustration tolerance, anxious, impulsive, high risk taking behavior	Mental illness, especially: depression, bipolar, borderline personality disorder, oppositional defiant d/o, conduct d/o
Starting to experiment with substances including cigarettes, alcohol and marijuana	Substance abuse, especially alcohol and cocaine
Difficulty getting dates; disappointed by a relationship	Marital status (separated, divorced or widowed). Risk increases for recent events.
Thoughts that no one really cares; feels like they have nothing to contribute	Talking about suicide, death or dying: <ul style="list-style-type: none"> • Direct cues: “I wish I were dead...” • Indirect cues: “You won’t have to worry about me for much longer...” • Lingering expressions of worthlessness and hopelessness: “Nothing’s going to change.”
Fleeting thoughts of going to sleep and never waking up	<ul style="list-style-type: none"> • Degree of formulation of the plan (Detailed plans) • Degree of implementation of the plan and means to carry out the plan
Risky behavior: tagging on freeways, reckless in sports, etc.	Taking steps toward self-injury: stockpiling meds, buying a gun, etc.
Marginally connected; no close friends.	Recent increase in isolation, withdrawal or irritability
Family discord, family split	<ul style="list-style-type: none"> • Family history of mental or substance abuse disorder • Family violence, including physical and sexual abuse
Life Phase pressures: <ul style="list-style-type: none"> • Adolescence: difficulty fitting in • Young children in the home • Empty nest • Need for marketable job skills • Normal physical changes of aging 	Over 45 years old or younger than 19
	Gender: males use more lethal methods; women with more frequent attempts
Asthma restricts participation in sports	Chronic Illness
<ul style="list-style-type: none"> • Grounded • Ran out of money for the month • Argument with spouse • Changing schools • Switching Case Managers • Change in bus route • Lost bus pass • Suspended from program 	Recent loss: relations, work, health, beloved pet, something of great importance, etc.
Difficulty during holidays	Anniversary reaction: History of emotional

	instability or high risk behavior associated with this particular date or time of year
	Recently suicidal with sudden improvement (many indicated increased energy to go through with the plan, or resolution of ambivalence associated with death)
	Giving away cherished items or completing business (wills, insurance, etc.)
Superficial cutting to relieve tension (not with the intent of seriously hurting self)	Previous attempts
Exposure to suicide in the media	<ul style="list-style-type: none"> • Family history of suicide • Exposure to suicidal behavior of others; i.e., family, peers, news or fictional characters
Reinforced by negative attention-getting behaviors	History of impulsive/reckless behavior
Immature Poor problem solving	Active psychosis or Organic Brain Syndrome
Socially awkward Lacking access to normal supports	No, or very little, social support
Gets teased frequently Cut off from normal resources	Hostile environment (real or perceived)
Restlessness	Insomnia
Enjoys violent themes and appears to overly identify with violent behaviors or role models	Pre-occupation with death or related areas
Carries a knife	Firearm in the home
Behaviors which could get them in trouble	Incarceration
Aimless and lacks goals	Helplessness and hopelessness
Embarrassed by seeing a counselor	Stigma associated with help seeking behavior

Protective Factors

Specific Examples	General
<ul style="list-style-type: none"> • Has a schedule of activities • Identifies activities they want to do 	Future orientation
<ul style="list-style-type: none"> • Exercises, has hobbies or other leisure activities • Budgets for events • Learns a skill they enjoy • Has music that helps them calm down • Has some favorite video movies that lifts their spirits 	Attitudes and behavior characteristics which are health sustaining
<ul style="list-style-type: none"> • Meets a friend for coffee regularly • Goes to 50 cent movies with a friend regularly • Support group • AA sponsor, BRIDGES, Church, volunteer work 	Family and community support
<ul style="list-style-type: none"> • Has insurance • Knows how to ask their doctor a question or raise a concern 	Effective and appropriate care: mental, physical and substance abuse
<ul style="list-style-type: none"> • Knows how to catch the bus to their doctor • Knows how to find out about bus routes • Carries a card with important phone numbers 	Easy access to clinical interventions and support for help seeking
<ul style="list-style-type: none"> • Watches what family members and friends bring into the home • Monitors children on the internet 	Restricted access to lethal methods of suicide
<ul style="list-style-type: none"> • Cultural, spiritual or other connections which help to ground them and value themselves • Walks on the beach, watching sunsets, etc. 	Cultural and/or religious beliefs that discourage suicide and support self preservation instinct
<ul style="list-style-type: none"> • Has a couple people in their lives who are supportive and non-judgmental 	Support from ongoing medical and mental health care relationship
<ul style="list-style-type: none"> • Able to “Tell myself to stop, think, there are other ways to do this...” 	Possesses problem solving skills and non-violent means of conflict resolution