

## Module 1: Scope of the Problem

### Definitions and Data

#### Goal

Participants completing this module will understand and be able to communicate basic definitions, suicide-related data, and suicide-related risk and protective factors.

#### Learning Objectives

By the end of this session, participants will be able to:

1. Use terms related to suicide behavior and survivorship accurately when discussing suicide
2. Discuss suicide-related data in terms of frequency
3. Recall the following data:
  - at least 3 mortality-related facts
  - at least 3 morbidity-related facts
  - at least 3 facts related to suicide ideation, suicide attempt survivors, and suicide survivors.
4. Define the terms: risk factor and protective factor
5. When given a case study of an individual at risk for suicide, identify at least 3 risk and 3 protective factors.
6. Discuss characteristics of risk and protective factors and implications for prevention

#### Preworkshop Reading and Assignment

Read Resource Sheet #1-1: Risk and Protective Factors and read through it prior to attending the workshop. Complete Exercise #1 and identify risk and protective factors that apply to the Case Study of Justina.

#### References

- ◆ Arias, E., Anderson, R.N., Murphy, S.L., & Kochanek, K.D. (2003). Deaths: Final data for 2001. National Vital Statistics Reports, 52(3). Hyattsville, MD: National Center for Health Statistics;
- ◆ American Association of Suicidology. [www.suicidology.org](http://www.suicidology.org);
- ◆ Suicide Prevention Resource Center. [www.sprc.org](http://www.sprc.org)
- ◆ National Institute of Mental Health. <http://www.nimh.nih.gov/research/suicide.cfm>
- ◆ Centers for Disease Prevention and Control. <http://www.cdc.gov/scientific.htm>

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## Welcome and Overview of the Module

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### Welcome and Overview of the Session

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#### Case Study of Justina

Justina is an 18 year old female who has been living in a women's shelter for the past 6 months because she has no other living alternative. Her mother lives in a large urban city with her partner and 4 of Justina's younger half-siblings. Her father lives just down the road in a small neighboring town. He is a chronic alcoholic and has not spoken with Justina in over a year. He is under a restraining order due to a history of child abuse. She has not lived with either parent since 11. Throughout her childhood and in between placements, Justina lived with her devotedly religious grandmother, for whom she has great fondness and respect. Her grandmother has congestive heart disease and is unable to care for Justina at times. During these times, Justina would skip school, attend drug parties, and steal. She was placed in treatment centers for drug abuse rehabilitation 4 times.

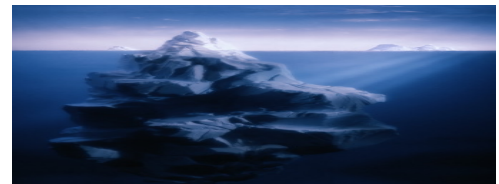
Justina neither completed high school nor obtained a GED. She can read and write but is not proficient at either. She never liked school and was teased for wearing garage-sale clothing, She often got into fights with other girls when they were picking on her. She taught the younger children how to be resourceful and avoid being bullied. Justina also has been resourceful and even entrepreneurial in finding clever (and legal) ways to earn extra money from time to time.

She first began contemplating suicide at the age of 12. At the age of 14, she consumed 20 aspirin to see what it would be like after hearing about a popular bandleader who overdosed on cocaine and died. She does not recall a time when she wasn't feeling sad or depressed.

She called the new counselor at the shelter and told her that she was feeling more and more depressed. The counselor said that she would stop by, but, before she could get there, Justina had apparently taken a full bottle of Tylenol with codeine and been transported to the local hospital.

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*Taking care of individuals who attempt and family members and loved ones of those who die by suicide is the "tip of the iceberg" and the most visible aspect of what communities can do.*



*In the Suicide Prevention Community Core Competencies Course, we will look below the surface at underlying factors to help us understand suicide and develop comprehensive and effective prevention programs.*

*We want to know how many "Justinas" there are in a community and what is common among them.*

*We want to know about other at-risk population groups and common characteristics of these groups. Programs often start when an individual dies or attempts suicide and the family/community becomes determined to prevent additional deaths and attempts. We will learn that the most effective way to prevent the most number of deaths is by taking a public health approach to prevention.*

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## The Language of Suicide

\* Definitions are from Institute of Medicine.2002. Reducing Suicide: A National Imperative.

### Suicidality

#### **Completed suicide or death by suicide**

Death from self-inflicted injury, poisoning, or suffocation where there is evidence that the act was intentional and led to the person's death.

The concept of suicide requires that the action was self-inflicted and the person had the **intent** (purpose, aim, or goal) of death.

#### **Suicide attempt**

A potentially self-injurious behavior with a nonfatal outcome, for which there is evidence that the person had the **intent** to kill himself or herself, but failed, was rescued or thwarted, or changed one's mind. A suicide attempt may or may not result in injuries.

#### **Suicide ideation**

Self-reported thoughts of engaging in suicide-related behavior. Suicide ideators are individuals who think about suicide, but do not make an explicit attempt.

They may or may not form intent; they may or may not have a plan.

Ideation may be transient or ruminative, active or passive, acute or ongoing.

### **Suicide Attempt Survivors**

Individuals who have survived a prior suicide attempt.

### **Suicide Survivors**

Family members, significant others, or acquaintances who have lost a loved one due to suicide.

Note: sometimes this term is used, but used incorrectly, to mean suicide attempt survivors. It is important to clarify the use of this term when discussing or writing about suicide behavior and survivors.

### **Deliberate Self-harm (DSH)**

Deliberate self harm refers to intentional self-injurious behavior where there is no evidence of intent to die. DSH includes various methods by which individuals injure themselves, such as self-laceration, self-battering, taking overdoses, or exhibiting deliberate recklessness.

### **Unintentional Injury**

Self-inflicted behavior or behavior inflicted by another person with fatal or non-fatal outcome. There is no intent to kill or die.

### **Suicidology**

The scientific study of suicide and suicidal behavior.

### **Prevention**

Interventions designed to stop suicide attempts or completions from occurring by focusing efforts on at-risk individuals, environmental safeguards, and/or the availability of lethal methods.

### **Intervention or Treatment**

The care of suicidal people by licensed mental health caregivers, health care providers, and other caregivers with individually tailored strategies designed to change the behavior, mood, environment, or biology of individuals and help them identify and satisfy their needs without engaging in self-destructive behaviors.

### **Postvention**

This term is used to describe actions taken after a suicide has occurred largely to help survivors such as family, friends, and co-workers cope with the loss of a loved one.

**Exercise: Match scenarios with definitions**

<i>Behavior</i>	<i>Intent to Die</i>	<i>No intent to die</i>	<i>Unknown intent</i>	<i>Fatal outcome</i>	<i>Nonfatal outcome</i>	<i>Which scenario fits?</i>
Suicide						
Attempt						
Deliberate self-harm						
Deliberate self-harm						
Unintentional Injury						
Unintentional Injury						
Unintentional Injury						
Unintentional Injury						
Ideation						
Ideation						
Ideation						
Undetermined						

**Match each scenario to the behavior (above) it best exemplifies.**

1. 39 year old man wrote in a note stating that "life sucks, I'm outa here," put a gun to his head, and died. He had a history of troubles with the law and drug abuse.
2. 46 year old woman is found dead from an overdose of cocaine.
3. 67 year old man reported to his therapist that he has had thoughts about hanging himself in the closet.
4. 14 year old female ingested her mother's antidepressant medications (an estimated 20 pills) after having a fight with her boyfriend, went into a coma, and died 2 weeks later.
5. 12 year old male stabbed himself with a penknife on the back of his hand while in class...just as a test was about to start.
6. 54 year old female told her therapist that "she couldn't stand being depressed anymore" and that she "wanted to die." She had taken steps to hang herself, but did not follow through. She did not tell her therapist that she would soon try again.
7. 40 year old woman with chronic history of depression reported to her therapist that she just wants to go to sleep and never wake up, but says she would never take any deliberate action to end her life.
8. A 54 year old female was despondent over her husband's declaration that he wanted a divorce. She stabbed herself in the chest with a 6" kitchen knife, missing her heart by an inch.
9. A 21 year old male, whose girlfriend recently broke up with him, crashed into a tree along a winding road when driving home from a party where there had been much drinking, taken to the hospital, where he was dead on arrival.

The “problem” of suicide includes many overlapping yet distinct problems.

It is important to speak explicitly about suicidal behavior when initiating and implementing suicide prevention programs. You will be making decisions about where you will be focusing your efforts...on preventing deaths by suicide, preventing suicide attempts, addressing suicide ideation or self-destructive behaviors, or focusing on suicide survivors.

It takes time and practice to become comfortable speaking about suicide and to talk about the different aspects of the problem of suicide.

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### **Exercise: Explaining suicide and suicide ideation**

The purpose of the exercise is to become more comfortable talking about suicide and speaking accurately about suicide.

#### **Part 1**

Person A will ask Person B, **What is the difference between suicide attempt behavior and self-destructive behavior (such as self-laceration, self-battering, taking overdoses, or exhibiting deliberate recklessness?)**

Person B will have 2 minutes to respond while Person A just listens.

Person A will have 1 minute to provide feedback to Person B and indicate whether evidence of intent to die by suicide was included in the explanation.

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*Note to Trainer: Keep track of time.*

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#### **Part 2**

Person B will ask Person A, **What is suicide ideation?**

Person A will have 2 minutes to respond which Person B just listens.

Person B will have 1 minute to provide feedback and indicate if the following points were included in the definition of suicide ideation: Suicide ideators are individuals who think about suicide, but do not make an explicit attempt. They may or may not form intent; they may or may not have a plan. Ideation may be transient or ruminative, active or passive, acute or ongoing.

### **Summary of the exercises**

Participants will become leaders in their community or agency and will be asked questions about suicide. It is important for them to become comfortable in speaking explicitly about different aspects of the “problem” of suicide.

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## Suicide-Related Data

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Information about completed suicides comes from mortality data. Mortality refers to death.

Information about attempted suicides comes from morbidity data. Morbidity usually refers to illness; in the case of suicidal behavior, morbidity refers to attempted suicides.

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### **Mortality: national data**

*The most current data is from National Vital Statistics Reports found on the AAS website at <http://www.suicidology.org/associations/1045/files/2002datapg2.pdf>*

*The following is based on 2002 data.*

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### ***General suicide mortality***

In the United States, at least 30,000 Americans of all ages are determined to have completed suicide each year. The true number is probably higher than that, although estimates vary as to how much higher.

Suicide was the 11th leading cause of death among all persons in the United States in 2003.

To appreciate the scope of the problem, compare deaths by suicide to other conditions.

- More people die by suicide annually than die by homicide.
- More people die from suicide annually than die from HIV/AIDS.

The method used most frequently among all population groups is firearms (54% of the total)

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### ***Youth suicide mortality***

In 2002, suicide ranked as the third leading cause of death for young people (ages 15-19 and 15-24); only accidents and homicides occurred more frequently.

Firearms remain the most commonly used method of suicide among youth, accounting for 52% of all completed suicides.

Each day there are approximately 11 youth deaths by suicide.

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### **Mortality: State data**

- How many people died by suicide in your State (for the year in which there is official data)?
- Where is your State ranked compared with other States?

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### **Mortality: Community data**

- How many people in your community died by suicide for the latest year in which you have official data?

### ***Limitations of community mortality data***

Community mortality data is not typically used for planning and evaluation because the numbers of completed and attempted suicides are too small and highly variable from year to year. For suicide data to be useful there must be a large population being studied.

## Suicide methods

Approximately 54% of the people who died by suicide used a firearm.

Approximately 20% of the people who completed suicide died by suffocation or hanging.

Approximately 17% of the people who completed suicide died by poisoning.

What is the most common method of suicide in your state?

What is the most common method of suicide in your community?

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## Quick Activity

The purpose of the activity is to practice discussing suicide-related statistics.

Ask participants to choose a partner. One will be Person A and the other Person B.

### *Part 1*

Person A will ask Person B “**how many people die by suicide?**” Person B will have 2 minutes to discuss suicide mortality data, nationally and in their State.

Person A will have 2 minutes to provide feedback to Person B about the accuracy of their statements.

### *Part 2*

Person B will ask Person A “**how do people complete suicide?**” Person A will have 1 minute to discuss suicide methods.

Person B will have 1 minute to provide feedback to Person A about the accuracy of their statements.

Unless otherwise noted, statistics presented in this curriculum are from *Official data source*: Kochanek, K.D., Murphy, S.L., Anderson, R.N., & Scott, C. (2004). Deaths: Final data for 2002. *National Vital Statistics Reports*, 53(5). Hyattsville, MD: National Center for Health Statistics. DHHS Publication No. (PHS) 2005-1120. 5-year number and rate data and some racial data from CDC's WISQARS website and "Fatal Injury Reports": <http://www.cdc.gov/ncipc/wisqars/> Population figures source: Table I, p. 108, of the National Center for Health Statistics (Kochanek et al., 2004) publication above.

These data are presented on AAS website: [www.suicidology.org](http://www.suicidology.org) and the Suicide Prevention Resource Center website: [www.sprc.org](http://www.sprc.org)

### **Morbidity/Attempted suicides: national data**

National suicide attempt data are not compiled in the US.

It is estimated that there are 25 attempted suicides for each completed suicide. Thus, it is estimated that approximately 800,000 Americans attempt suicide each year.

Attempted suicides among the young people are estimated to be 100:1. That means there are 100 attempted suicides for each completed suicide. Some estimates are 200:1.

Attempted suicides among the elderly are estimated to be 4:1. That means there are 4 attempts for each completed suicide.

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### **Suicide Ideation**

Linehan & Laffaw (1982) estimated that 31% of the clinical population and 24% of the general population have considered suicide at some time in their lives.\*

The percentage of students in grades 9-12 who reported (in 2003) having seriously considered suicide during the past 12 months was 16.9 %; females = 21.3 % and males = 12.8 %.

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\* Linehan, M. M., & Laffaw, J. A. (1982). Suicidal behaviors among clients at an outpatient psychology clinic vs. the general population. *Suicide and Life-Threatening Behavior*, 12, 234-239.

## **Suicide survivors**

It is estimated (conservatively) that for every suicide there are at least 6 survivors. Based on this estimate, it has been suggested that there are now at least 4.5 million American survivors of suicide.

Surviving family members not only suffer the trauma of losing a loved one to suicide, but are themselves at higher risk of suicide and emotional problems.

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***Part 1***

Person A will ask Person B **“how many people attempt suicide.”** Person A will have 1 minute to discuss suicide morbidity/attempt data.

Person A will have 1 minute to provide feedback to Person A about the accuracy of their statements.

***Part 2***

Person B will ask Person A **“how many people think about suicide.”** Person A will have 1 minute to discuss suicide ideation.

Person B will have 1 minute to provide feedback to Person A about the accuracy of their statements.

***Part 3***

Person A will ask Person B **“how many people are affected by suicide?”** Person B will have 1 minute to discuss suicide survivors.

Person A will have 1 minute to provide feedback to Person B about the accuracy of their statements.

***Part 4***

Person B will ask Person A **“how many people die by suicide, attempt suicide, and think about suicide?”** Person A will have 1 minute discuss the relationship between these numbers.

Person B will have 1 minute to provide feedback to Person A about the accuracy of their statements.

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### **Exercise: Question and Answer Game**

The purpose of this activity is to have fun and to review the data presented in this module in a question and answer game format.

Form small groups with 4 people per group.

Select a leader who will raise his or her hand when the group has the answer to the question posed by the trainer.

The first person to raise a hand will be recognized. When an incorrect answer is given, provide the correct answer or ask another group to provide the answer.

***Answers for the Question and Answer Game***

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## Risk and Protective Factors

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### Risk factor

A risk factor is an aspect of personal behavior or lifestyle, an environmental exposure, or an inborn or inherited characteristic that has been shown to be associated with an increased occurrence of death by suicide.

Risk factors are associated with suicidal behavior and ideation...not predictors or causes of suicide. Simply put, they are correlated with an increased risk that one day an individual will die by suicide.

- **A risk factor may be fixed, that is, not changeable**
- **A risk factor may be variable, that is, subject to change**

*Read the risk factors presented on page 1 of Resource Sheet #1-1: Risk and Protective Factors.*

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### Cause and association

It is appropriate to say that each risk factor increases the likelihood that someone will attempt or complete suicide. It is appropriate to say that each risk factor is associated with an increased occurrence of suicidal behavior.

Do not use the terms “causes” or “leads to.”

Fact: Over 90 percent of suicides are associated with mental disorders including alcohol and/or substance use disorders

Does a mental disorder cause suicide? Does alcohol or substance abuse cause suicide?

*The most accurate way of speaking is to say that a characteristic, what we call a risk factor, increases the chance that someone will attempt or complete suicide.*

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### **Protective factor**

A protective factor is a characteristic or attribute that has been shown to be associated with an increased probability of not attempting or completing suicide.

Protective factors are those skills, strengths, or resources that help individuals deal more effectively with stressful life events.

Protective factors moderate our exposure to risk; they enhance resiliency, and are important to healthy development.

*Read the protective factors presented on page \_\_\_\_ of Resource Sheet #1-1: Risk and Protective Factors.*

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### **Resilience**

Resilience may be defined as the capacity to bounce back after adversity. Resilience refers to the capacities within a person that promote positive mental health and well-being and protection from factors that might otherwise put the person at risk.

The presence of protective factors, regardless of the number of risk factors, has been shown to lower the level of risk. However, it cannot be assumed that protective factors will always override the effect of risk factors. For example:

People who have high resilience are still vulnerable to adverse events and circumstances.

Resilience changes over time and is specific to particular areas of life and stages of development.

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**Exercise #1: Resource Sheet #1-1: Risk and Protective Factors**

**List risk factors and protective factors that apply to Justina.**

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Risk Factors	Protective Factors

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## Implications for Prevention

*Refer to page \_\_\_ of Resource Sheet #1-1: Risk and Protective Factors*

### Characteristics of risk and protective factors and implications related to prevention

Risk and protective factors may be characterized according to whether or not they are subject to manipulation (ie., can they be changed, either reduced or eliminated). Risk and protective factors may be:

- Fixed
- Variable

**Fixed:** A fixed risk or protective factor is one that cannot be changed

### *Implications for prevention*

Fixed risk and protective factors might define groups to be targeted for an intervention, but these risk factors will not change as a result of the intervention.

Example: Although suicide rates vary by age (e.g., the elderly have higher rates) and gender (e.g., males have higher rates), preventive interventions would not be targeted to change these risk factors.

On the other hand, fixed risk factors may define specific sub-populations at-risk that may be targeted for preventive Interventions, e.g., it would make good sense to define a prevention program targeted to elderly males.

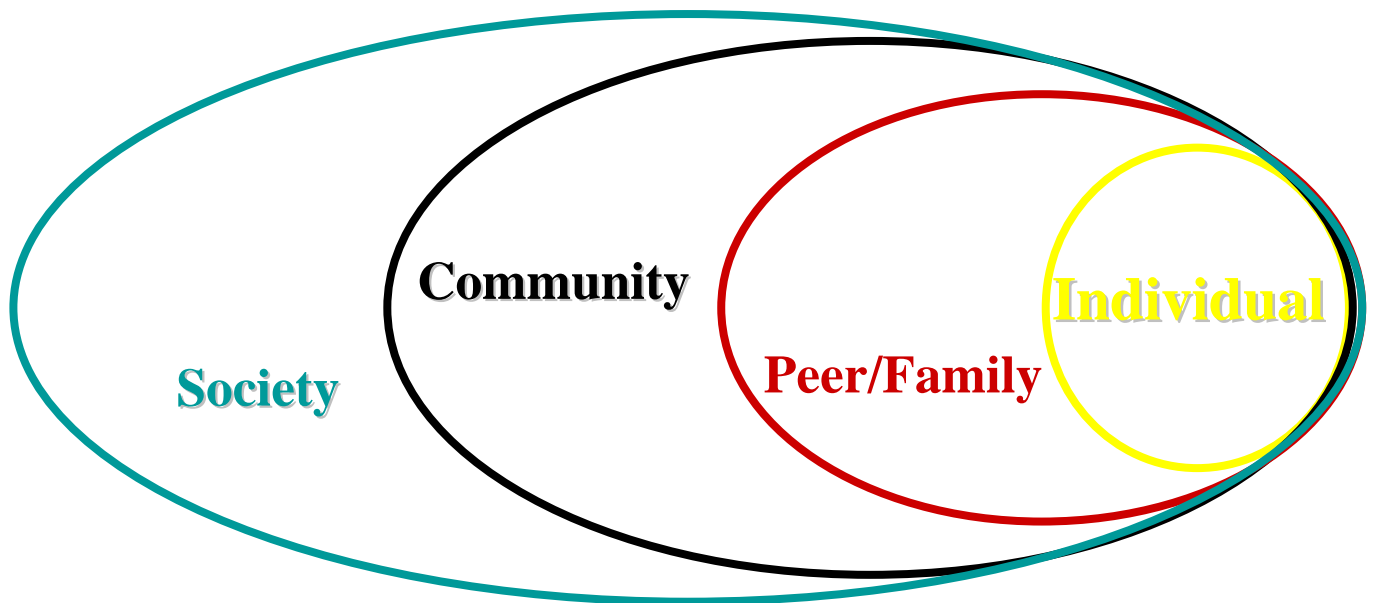
**Variable: A variable risk or protective factor is one that can be changed.**

***Implications for prevention***

Suicide prevention programs are directed towards variable risk and protective factors.

It is important to collect information on these risk and protective factors before the program begins and periodically as the program grows.

***Categorizing Risk and Protective Factors***



***Refer to Resource Sheet #1-1: Risk and Protective Factors***

**Exercise #2: Refer to Resource Sheet #1-1: Risk and Protective Factors**

*Work in small groups. Keep the same leader as in the previous exercise. In addition, select one person to be the recorder for the group.*

*Leader/Facilitator: Your group has 5 minutes to categorize the risk and protective factors that apply to Justina as fixed and variable.*

*Your group has another 5 minutes to categorize Justina's risk and protective factors within the ecological model.*

*Recorder/Reporter: Present a summary of your group's discussion*

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*Describe additional fictional individuals who may have been admitted into the hospital as a result of a drug overdose.*

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**Summary**

When planning suicide prevention programs, participants will focus on risk and protective factors when assessing the suicide problem in their communities, identifying organizational strengths and resources, and overcoming barriers, obstacles, or challenges.

They will be looking for patterns in risk and protective factors on which to build prevention programs.

The focus of prevention programs is to reduce risk factors and strengthen protective factors.

It's important to stay up to date with the latest research related to risk and protective factors. Websites are listed on Resource Sheet #1-1: Risk and Protective Factors.

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**Summary and Self Assessment**

**Review objectives for this session**

**Complete the post-test**

**Homework or background reading assignment for the next session, if relevant**

**Do something special to take care of yourself this evening.**

It is especially important when discussing or dealing with suicide that caregivers and members of a Suicide Prevention Planning group take active steps to rejuvenate.

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## Resource Sheet #1-1: Risk and Protective Factors

**Risk Factors: Associated (by empirical study) with an increased occurrence of suicidal behavior** (The list is not prioritized nor exhaustive)

### Individual

- Mental disorders:
  - Depression
  - Schizophrenia
  - Anxiety disorders
  - Borderline personality disorder
- “States of mind:”
  - Hopelessness
  - Impulsivity
  - Low self-esteem
  - Psychic pain
- Behaviors:
  - Social withdrawal
  - Alcohol or drug abuse
  - Aggressive tendencies or history of violent behavior
  - Previous suicide attempt
- Gender
  - Male (for completions)
  - Female (for attempts)
- Older age
- Race
  - White
  - Native American
- History:
  - Previous psychiatric treatment
  - History of trauma or abuse
  - Some major physical illnesses; severe impairment of physical health
- Suicide ideation
- Physical
  - Low CSF 5-HIAA
  - Low cholesterol blood levels
  - Low blood glucose
- Access to means (e.g., firearms, poisons)

### Peer/Family

- History of interpersonal violence, conflict, abuse, bullying
- Family history of alcoholism
- Social isolation: low or lack of social support and sense of isolation
- Exposure to suicidal behavior: family history of suicide
- Exposure to suicide
- Stigma associated with help-seeking behavior
- Barriers to accessing health care, especially mental health services and substance abuse treatment
- No-longer married
- Loss of close attachment/relationship (e.g., divorce, death of spouse)
- Access to means (e.g., firearms, poisons)

### Community

- Access to lethal means: (e.g., bridges)
- Unemployment or financial loss
- Relational or social loss/humiliation
- Local clusters of suicide that have a contagious influence
- Barriers to health care and mental health care
- Stigma
- Exposure to suicide (e.g., media or memorials)

### Society

- Certain cultural and religious beliefs (e.g., suicide is a noble resolution of a personal dilemma)
- Societal breakdown
- Western geography
- Rural/Remote
- Cultural values and attitudes
- Media influence
- Alcohol misuse and abuse
- Economic instability

<b>Protective Factors: <u>Associated</u> (by empirical study) with a decreased occurrence of suicidal behavior</b> (The list is not prioritized nor exhaustive)		
<p><b>Individual</b></p> <ul style="list-style-type: none"> <li>• Cultural and religious beliefs that discourage suicide and support self-preservation</li> <li>• Support through ongoing health and mental health care relationships</li> <li>• Coping/problem solving skills</li> <li>• Resiliency, self esteem, direction, mission, determination, perseverance, optimism, empathy</li> <li>• Intellectual competence (youth)</li> <li>• Reasons for living</li> </ul>	<p><b>Peer/Family</b></p> <ul style="list-style-type: none"> <li>• Family cohesion (youth)</li> <li>• Sense of social support</li> <li>• Interconnectedness</li> <li>• Married/parent</li> <li>• Access to comprehensive health care</li> </ul>	<p><b>Community</b></p> <ul style="list-style-type: none"> <li>• Access to healthcare and mental health care</li> <li>• Social support, close relationships, caring adults, participation and bond with school</li> <li>• Respect for help-seeking behavior</li> <li>• Skills to recognize and respond to signs of risk</li> </ul> <hr/> <p><b>Society</b></p> <ul style="list-style-type: none"> <li>• Urban/Suburban</li> <li>• Access to health care &amp; mental health care</li> <li>• Cultural values affirming life</li> <li>• Media influence</li> </ul>

Websites that provide current suicide-related data include: American Association of Suicidology. [www.suicidology.org](http://www.suicidology.org); Suicide Prevention Resource Center. [www.sprc.org](http://www.sprc.org) National Institute of Mental Health. <http://www.nimh.nih.gov/research/suicide.cfm> Centers for Disease Prevention and Control. <http://www.cdc.gov/scientific.htm>

**Exercise #1**

Read the following case study and **underline** all suicide-related risk factors that apply to Justina; **circle** all suicide-related protective factors that apply to Justina.

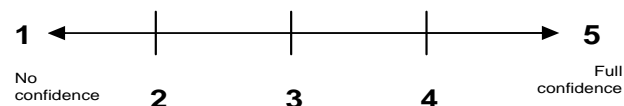
Justina is an 18 year old female who has been living in a woman's shelter for the past 6 months because she has no other living alternative. Her mother lives in a large urban city with her partner and 4 of Justina's younger half-siblings. Her father lives just down the road in a small neighboring town. He is a chronic alcoholic and has not spoken with Justina in over a year. He is under a restraining order due to a history of child abuse. She has not lived with either parent since 11. Throughout her childhood and in between placements, Justina lived with her devotedly religious grandmother, for whom she has great fondness and respect. Her grandmother has congestive heart disease and is unable to care for Justina at times. During these times, Justina would skip school, attend drug parties, and steal. She was placed in treatment centers for drug abuse rehabilitation 4 times.

Justina neither completed high school nor obtained a GED. She can read and write but is not proficient at either. She never liked school and was teased for wearing garage-sale clothing, She often got into fights with other girls when they were picking on her. She taught the younger children how to be resourceful and avoid being bullied. Justina also has been resourceful and even entrepreneurial in finding clever (and legal) ways to earn extra money from time to time.

She first began contemplating suicide at the age of 12. At the age of 14, she consumed 20 aspirin to see what it would be like after hearing about a popular bandleader who overdosed on cocaine and died. She does not recall a time when she wasn't feeling sad or depressed.

She called the new counselor at the shelter and told her that she was feeling more and more depressed. The counselor said that she would stop by, but, before she could get there, Justina had apparently taken a full bottle of Tylenol with codeine and been transported to the local hospital.

How confident are you that a completed suicide may be prevented in Justina's case?



Please circle a number that represents your level of confidence.

**Exercise #2**

Group Justina's risk factors into the following categories:

<b>Individual at risk for suicide</b>	<b>Individual</b>	<b>Peer/Family</b>	<b>Community</b>	<b>Society</b>
Justina Fixed:				
Variable:				