Executive Functioning and Suicide Risk Assessment

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An article in the *Journal of Mental Health Counseling* suggests that incorporating questions about executive functioning into suicide assessments may help mental health counselors identify and intervene with people at risk for suicide during routine clinical practice. Executive functions include higher-order mental activities, such as self-regulation, that help individuals use other cognitive functions to achieve goals.

Research has found that deficits in some executive functions are correlated with an elevated risk for suicide attempts. Executive dysfunction may interfere with an individual’s ability to understand that they are at risk for suicide as well as with their ability to cope with that risk. The authors suggest that mental health counselors could use questions from existing instruments to detect three dysfunctions that can raise suicide risk. These three dysfunctions, and intervention strategies appropriate to the risk posed by each, are as follows:

- **An inability to manage impulsivity**, which warrants restrictions on access to lethal means.

- **Impaired insight**, which can interfere with an individual’s awareness of the impact of suicidal behavior on others. The authors suggest that “involving family and loved ones in treatment…may help bolster clients’ sense of feeling connected to others, as well as give them an opportunity to see firsthand how their suicide would affect those around them.”

- **Deficits in abstract thinking and flexibility in problem-solving**. The authors point out that “individuals with concrete, inflexible thinking…may lack the cognitive flexibility needed to identify new solutions or strategies to cope with the issues driving their suicidal thoughts.” Instead, they turn to old, ineffective coping strategies. The failure of these strategies can increase their hopelessness and thus their suicide risk. “Providing patients with a variety of concrete coping strategies” may help them circumvent this deficiency and manage emotional stress.

The authors warn that, as with other risk factors and warning signs, the presence of executive dysfunction cannot in and of itself reveal the presence of suicide risk. They also point out that “there are currently no published empirical studies on coping strategies as they relate to executive functioning and suicide risk assessment.”
