

**ARTICLE**

# SHORES: A suicide protective factors mnemonic with applications in career counseling

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**Abstract**

An established suicide protective factors mnemonic is beneficial to career counselors as career-related suicide concerns increase. SHORES stands for skills and strategies for coping (S), hope (H), objections (O), reasons to live and restricted means (R), engaged care (E), and support (S). This literature-backed suicide resiliency tool applies across client populations and to career assessment, intervention, and ongoing counseling. We establish the clear overlap between work and suicide, describe SHORES applied in career counseling, and provide an illustrative case example. Particular implications include SHORES in screening and comprehensive client conceptualization as well as needed research on SHORES in career practice.

**KEYWORDS**

career, career and mental health integration, resiliency, suicide, suicide protective factors

Although in recent years many causes of death in the United States (U.S.) have decreased, the same cannot be said of suicide (Murphy et al., 2015). The National Action Alliance for Suicide Prevention (NAASP) and the American Foundation for Suicide Prevention (AFSP) set a goal to reduce the suicide rate by 20% by 2025 (AFSP, 2017); yet, the rates have climbed, making suicide the tenth leading cause of death—higher than traffic accidents (Steelesmith et al., 2019). Stress is consistently associated with suicidal ideation and attempts in adolescents and adults (Liu & Miller, 2014). Since 2019, half of the top 10 stressors Americans reported in annual surveys are career concerns, namely, work, money, the economy, housing costs, and job stability (American Psychological Association [APA], 2021). This year, stress about money was the highest reported since 2015 (APA, 2022). Researchers are beginning to explore connections between the stress of the COVID pandemic, work, and suicide (Abi Zeid Daou et al., 2021; Farooq et al., 2021), as they have before with economic crises and career-related suicide risk (CSR) (Haw et al., 2015; Stuckler et al., 2009).

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Increased attention to counseling strategies for CSR seems crucial and timely. Career practitioners need to understand the link between mental health and career and to support clients needing mental health care (Redekopp & Huston, 2020). Career counselors are uniquely situated to address suicide risk (Popadiuk, 2013; Robertson, 2013a), including screening for suicide, making referrals, and implementing ongoing career counseling services that acknowledge any suicide risk relevant to career concerns (Popadiuk, 2013). We review the literature on suicide and career concerns, present a tool that career counselors can use in suicide screening and ongoing counseling, and discuss considerations for career practice and research.

## SUICIDE AND CAREER CONCERNS

Researchers have investigated the relationship between career and mental health concerns, including CSR. CSR appears to manifest from employment and career development factors as well as occupational and job/workplace factors. Employment and career development factors for CSR include un/underemployment and occupational or career–life stress. Unemployment is associated with poor well-being and mental health, including increased suicide attempts (Waddell & Burton, 2006). Employment instability and the fear and uncertainty it creates can drive an individual's suicide ideation (Howard et al., 2021). Survivors of suicide loss recounted their loved one's feelings of hopelessness, purposelessness, and/or failure that led to suicide when they encountered the threat of job loss or during career transitions such as starting a new academic program or facing retirement (Duff & Chan, 2014).

There are also contributors to suicide risk based on one's occupation or job/workplace conditions. Certain occupations have elevated suicide rates, such as medical, military, first responders, and blue-collar occupations (Milner et al., 2017; Roberts et al., 2013). This appears to be due to occupational access to suicide means, workers' burnout, and direct or vicarious exposure to physical or psychological trauma or pain (Howard et al., 2021). Job and workplace factors also emerge in studies on CSR. People who have less control in their jobs are more likely to attempt and die from suicide, even when controlling for other factors such as overlapping low socioeconomic status and job availability (Almroth et al., 2022). Task variety is negatively correlated with depression and suicidal ideation (Howard & Krannitz, 2017). Workplace discrimination, bullying, and ostracism may increase suicide risk (Howard et al., 2021).

## Career counseling addressing mental health and suicide

Career services have the potential to positively impact mental health. Work or “activities typically done for an organization in order to earn a living” (Redekopp & Huston, 2019, p. 247) improves individuals' well-being (Waddell & Burton, 2006). Work that aligns with one's interests correlates with job satisfaction, which relates to general life satisfaction (Robertson, 2013b). Counseling on career preparedness and person–work fit can enhance clients' well-being as they build career skills, life skills (e.g., ways to cope with stress), and self-efficacy (Redekopp & Huston, 2019). Robertson (2013a) suggested that career guidance can “inoculate against the negative psychological effects of unemployment by reinforcing self-concept, promoting self-efficacy and teaching strategies to stay socially engaged” (p. 156).

Several authors have specifically argued for career counselors to assess for and address suicide risk with clients (Popadiuk, 2013; Walker & Peterson, 2012), particularly for those with high suicide rates such as people with disabilities (Lund et al., 2019) and young Black men (Bell, 2018). Career counselors are in a unique position to address CSR due to their less stigmatized role in society (Popadiuk, 2013; Robertson, 2013a). They can use standard suicide assessment models (Popadiuk, 2013; Walker & Peterson, 2012); however, most models focus solely on risk factors or do not detail suicide

protective factors (SPFs) (Cureton & Fink, 2019). Understanding the role of SPFs may help career counselors address CSR.

## Suicide risk and protective factors

Suicide risk factors are qualities that increase someone's risk of thinking about, attempting, and/or dying by suicide, whereas protective factors mitigate that risk (Suicide Prevention Resource Center [SPRC], 2019). In addition to the CSR factors explored earlier, general suicide risk factors include a prior suicide attempt, mental health disorders, and access to lethal means. Alternatively, SPFs are understood to cushion the impact of risk factors, interrupt their process, or avert the first appearance (Crosby et al., 2011).

Numerous organizations urge counselors and related practitioners to incorporate SPFs into their work in clinical and nonclinical settings, for example, core competencies from the American Association of Suicidology (2004), the Model School District Policy on Suicide Prevention (Model School District Policy on Suicide Prevention, n.d.), and the Guide to Campus Mental Health Action Planning from the Jed Foundation and Education Development Center Inc. (2011). However, no published literature applies SPFs to career concerns and the work of career counseling.

SHORES was developed from research literature as a memory aid for counselors in clinical and nonclinical settings (Cureton & Fink, 2019; Stutey et al., 2021) to recall factors that have been identified in the professional literature as protective against suicide. All similar suicide assessment tools focus solely on risk factors or do not identify individual SPFs that counselors can inquire about and work to enhance with clients (Cureton & Fink, 2019). Career professionals can use SHORES with their clients to address and ideally diminish CSR. Such counseling aligns with calls from career experts for expanded aims and targeted career practice (Redekopp & Huston, 2019, 2020; Robertson, 2013b; Zunker, 2016).

## SHORES APPLIED TO CAREER COUNSELING

The SHORES acronym represents the following SPFs: skills and strategies to cope, hope, objections, reasons to live and restricted means, engaged care, and support (Cureton & Fink, 2019). Career counselors can use the mnemonic to remember each factor during initial assessment, any needed referrals, and service planning for career decision-making, job coaching, and other career services.

### Skills and strategies for coping

Skills and strategies for coping protect against suicide risk (Heffer & Willoughby, 2017; Stanley et al., 2021) and represent the first letter of the SHORES mnemonic (Cureton & Fink, 2019). Examples include emotional regulation, adaptive thinking, and engaging in one's interests. The use of adaptive coping is negatively correlated with suicide risk, and ineffective coping strategies correlate with a higher likelihood of suicidality (Emad & Hadianfard, 2019).

Career counselors are in a strong position to impact coping and CSR, given the prevalence of career-related stress (APA, 2021, 2022) and link between stress and suicide (Liu & Miller, 2014). Several studies have demonstrated the effectiveness of career-related coping skills (Liu et al., 2014). Career counselors can assess their clients' abilities to cope with career stress (e.g., job search stress and professional relationship stress) and help clients develop coping skills and strategies—such as searching for employment, developing occupational skills, and managing stress that derives from or impacts

one's job or overall career development. Client education might target work stress, including skills for job search and other professional actions, to support clients' engagement in satisfying work and to reduce stress and improve overall well-being.

## Hope

The relationship between hope and suicide is well established. Hope is associated with lower suicide risk, moderating suicide ideation, and buffering against risk (Chang et al., 2017; Davidson et al., 2009, 2010; O'Keefe & Wingate, 2013; Tucker et al., 2013). Hope is also important for positive career development. A hopeful disposition correlates with success in career planning, decidedness, and self-efficacy beliefs (Hirschi, 2014). Hope is a positive psychological motivator in acquiring and sustaining employment for low-income workers (Hong et al., 2009). Hope-Action Theory (Niles, 2011; Niles et al., 2011) situates hope as a core factor that impacts all stages of career flow from visioning desired occupational outcomes to adapt to a career. Career counselors using this and/or other theories can support clients by assessing clients' hope toward life in general and as it relates to their career (e.g., hope for positive career change, such as advancement, fulfillment, and job security).

## Objections to suicide

The third letter of SHORES (Cureton & Fink, 2019) is O for objections to suicide. Moral or cultural objections to suicide can buffer against suicide attempts for some individuals (Lawrence et al., 2016; Lizardi et al., 2008; Richardson-Vejlgaard et al., 2009). Religious or spiritual beliefs are correlated with less overall suicide risk (Nock et al., 2008; Wu et al., 2015), and church membership protects against death, including suicide, even during a recession (Haw et al., 2015). Similarly, cultural objections may protect against suicide, such as views in the Black community that suicide is "a White thing" (Early & Akers, 1993; Spates, 2015).

Multiculturally competent career counseling involves understanding how a client's culture and other systemic factors influence their life experiences and career development as well as understanding one's own beliefs and assumptions (APA, 2016; Lee, 2012; National Career Development Association [NCDA], 2009). Culture has complex influences on both suicide and career concerns, including commonly held beliefs and values (Odafe et al., 2016), access and acceptability of services (Ngwenya et al., 2017), and connective social relationships (McClatchey et al., 2019). For instance, an individual may feel shame, guilt, and/or isolation for having suicidal thoughts that counter the objections of their cultural and religious communities (Odafe et al., 2016) and may be unintentionally stigmatizing (James et al., 2021). Thus, authors urge practitioners to seek a nuanced understanding of an individual's potentially complex experiences with moral and cultural messages about suicide (Cureton et al., 2023; James et al., 2021; Odafe et al., 2016), which career counselors can do in the context of their work.

## Reasons for living and restriction of means

The R in SHORES stands for both reasons for living and restriction of means. Career prospects can serve as a reason for living and thereby protect against suicide. Reasons for living or "life-oriented beliefs and expectations that might mitigate against" one's risk for attempting suicide (Linehan et al., 1983, p. 277) are pertinent to career concerns. For instance, the reasons for living inventory for college students include an item on looking forward to a future career under college and future-related concerns (Westefeld et al., 1992). Such concerns are strongly associated with suicide risk, which underscores the career counseling practice of finding meaning and purpose through work. Identifying

job obligations, career aspirations, and other reasons for living is a helpful activity within the purview of career counseling.

Restricting one's means to attempt suicide is another SPF with application to career. For individuals experiencing suicidal ideation, having a job with greater access to lethal means could exacerbate their existing thoughts or feelings about suicide. Professionals can help reduce individuals' access to lethal means, including physically impeding access, reducing the lethality of the means, and lowering cognitive appeal (Barber & Miller, 2014). *Means-restriction counseling*, the evidence-based practice of educating and collaboratively planning on how to best limit the client's access to means of killing themselves (Bryan et al., 2011, p. 340), involves raising the issue, identifying a menu of options for restricting access, and enlisting the support of another party if possible. Counseling on Access to Lethal Means and similar training (Johnson et al., 2011; Sale et al., 2018) is effective with mental health practitioners as well as nonclinical helpers, that is, college resident assistants (Rosen et al., 2020).

## Engaged care

Engaged care is the next element of the mnemonic and refers to engagement with caring professionals, including the counselor and others (Cureton & Fink, 2019). This professional engagement can protect against suicide (SPRC & Rodgers, 2011). Engagement constitutes trusting and ongoing connection with professionals (Fleischmann et al., 2008), available and comprehensive services (Cooper et al., 2006), and involvement across a client's relationships and settings or systems of care (NAASP: Clinical Care and Intervention Task Force, 2011). If a career counselor is not equipped to address severe concerns, they can provide referrals for conjoint clinical counseling (Walker & Peterson, 2012) as well as services for couples and family, addictions, rehabilitation, academic, financial, and/or medical issues. Career counselors should also consider ways they can increase, expand, or deepen their own services with clients exhibiting suicide risk. Because ongoing follow-up from healthcare providers has been shown to reduce suicide risk (Fleischmann et al., 2008), career counselors can also initiate or increase the frequency of between-session check-ins when suicide is a concern. Even small outreach efforts between sessions can communicate care and reduce suicide ideation (NAASP: Clinical Care and Intervention Task Force, 2011).

## Support

The final element of the SHORES mnemonic represents supportive environments and relationships outside of the counseling relationship and other professional care (Cureton & Fink, 2019). Not only does social support serve as an SPF (see Jordan et al., 2012; Kleiman et al., 2014), it is a crucial career development resource (Hirschi, 2012; Hirschi et al., 2018) and a focus for career counseling intervention (Brown & Ryan Krane, 2000; Liu et al., 2014). Support may be tangible, such as financial assistance and job leads, or intangible, that is, emotional (Hirschi, 2012; Liu et al., 2014). Even in times of economic recession, membership in personal groups, such as sports and political organizations, and in professional groups, such as unions, appears to protect against suicide (Haw et al., 2015). Social support serves as a resource for self-directed career management, taking the form of mentors and professional role models (Hirschi, 2012) as well as friends, colleagues, and fellow students, or supportive work and educational environments overall (Hirschi et al., 2018). Family members are another source of support for career development (Albritton et al., 2020; Liu et al., 2014; Storlie et al., 2017). Meta-analyses have identified social support as an essential element of effective counseling for career choice (Brown & Ryan Krane, 2000) and for job search interventions (Liu et al., 2014). Clients who experienced job search interventions targeted to social support were 4.26 times more likely to obtain employment than those whose counseling did not (Liu et al., 2014).

Career counselors who address social support are engaging in a practice that is empirically supported for both career counseling and suicide prevention. The Career Resources Questionnaire (Hirschi et al., 2018) can reveal support from an organization (i.e., workplace or college/university), friends and peers, and other perceived resources. Subsequent interventions may involve prompting clients to identify existing social support resources spanning their work, education, home, and social lives (APA, 2016); referring clients to social networks that provide career or personal support (Hirschi, 2012); and helping clients navigate networking practice (Hirschi, 2012; Marciniak et al., 2020) and couples and family dynamics (Liu et al., 2014).

## SHORES applied to a career case

We illustrate the SHORES application via a briefcase example. Ryan is a 50-year-old White male with 30 years of experience at a financial firm, and Sharice is a career counselor in private practice. Ryan reported feeling isolated as a divorced father of two adult children whose friends and colleagues had recently retired. He also felt unchallenged at work but trapped without sufficient funds to retire and facing the fear of age discrimination in hiring. Sharice validated his feelings and followed an informal suicide-screening protocol. She learned that he had fleeting thoughts of suicide, but no clear intent or means. She offered him referrals to three mental health professionals, and Sharice and Ryan agreed to focus on the career goals he has, including reducing his CSR. Sharice asked Ryan how he is coping with career stress and isolation. He had few current activities or strategies, and reminisced about serving on a church board, golfing, and hanging out with colleagues during rooftop lunch breaks. They drafted a brief safety plan before the end of session 1, which intersected with the services plan and informed former sessions. It included the referrals, crisis contacts (i.e., 988), and the SHORES mnemonic. For the first element, Ryan identified two strategies to cope when he feels disheartened at work: shifting to one of his favorite job tasks and taking a rooftop break. Sharice documented a goal of service to educate and practice career-related coping skills with Ryan, including general mindfulness habits, reframing negative career thoughts, and goal-directed decision-making.

Among Ryan's work-life concerns were his dreams to find a new job and potentially date again. He reported feeling apprehension and hopelessness about both. Sharice explored with him what exactly he hopes for in a new job, and they identified some career myths underlying his apprehension and hopelessness about the potential job search (e.g., that he would have to get "a whole new career" to change jobs and that "no one is looking for people his age anymore"). They added positive statements for hope on his safety plan, and she documented her intention to find inspirational examples of successful job searches to share with him in subsequent sessions.

Sharice inquired about Ryan's mention of church and the role his beliefs play in his life and career. He identified as a religious person who believes a man's role as a family provider continues even when his wife and children are no longer at home. He also stated that his church teaches against suicide "and all of that helps me say 'no' when the idea pops up." He added meaningful symbols to his safety plan to represent his beliefs and agreed to reflect between sessions about if his beliefs might inform their work together and if so, how.

Ryan explained to his career counselor that he does not want to kill himself, as he was excited at the prospects of being with his new and future grandchildren and enjoying retirement himself someday. He listed these reasons to live on his safety plan. Ryan said he had heard about an employee in another firm who shot himself after a particularly tough workday. Together, he and Sharice devised a plan for him to ask his brother to take Ryan's guns temporarily to teach his teenagers—Ryan's nephew and niece—how to properly clean and store them. Sharice also documented in her notes an intention to inquire about retirement planning in future sessions.

Sharice offered her client three referrals to clinical professionals. She also alerted Ryan she would check in with him briefly midweek and set a reminder to do so. She planned to call him after work to

inquire about any thoughts of suicide and use of resources, to express care and hope about their work together, and to remind him about their next session.

Sharice utilized the final element of the SHORES mnemonic by prompting her client to identify a close friend he can connect with to break his isolation, ideally someone encouraging his career development. She gave him a list of local job clubs and networking events. She created her comprehensive plan of service to address the client's desires for a more stimulating job, healthy at-work activities and relationships, and possibly future retirement planning.

## DISCUSSION

SHORES is a literature-informed tool relevant across counseling specializations and settings, which can be applied to assessment, intervention, and ongoing services (Cureton & Fink, 2019). However, there are important considerations for using SHORES in career counseling and several directions for future research. Some career professionals have competence in mental health counseling and suicide, whereas others do not. Client welfare is of utmost concern. In addition to implicating counselors to respond to client suicide risk, this includes operating within one's scope of practice and competence (American Counseling Association [ACA], 2014; National Career Development Association [NCDA], 2015; Zunker, 2016) and protecting clients as one develops new specialties (ACA, 2014). Career professionals may prioritize mental health services over career counseling, depending on severity (Zunker, 2016), and seek releases of information from clients who are working with another mental health professional (NCDA, 2015). It is important to remember that the SHORES tool is targeted to SPFs only; thus, its function in suicide assessment is as an adjunct to suicide risk factors screening (Cureton & Fink, 2019). That said, career counselors in high-traffic settings may find it necessary to distribute SHORES elements across several sessions or to devise abbreviated ways to address the SHORES elements.

For remembering the SHORES mnemonic, it may be helpful to think of the elements as stand-alone; however, the elements of the mnemonic may be highly connected to clients' lived experiences and in career counseling. For instance, hope appears to influence one's ability to cope with stress (Farran et al., 1995), to empower individuals to perceive a stressful environment as less intimidating, and to see themselves as more competent to deal with stressors (Lazarus & Folkman, 1984). The fact that hope motivates job seekers and low-income workers to acquire and maintain employment (Hong et al., 2009) suggests that individuals who have higher levels of hope are more likely to effectively handle high-stress occupations and/or acute periods of occupational stress. Additionally, career counselors and their clients might use the skills and strategies for coping elements to target problem-solving such as seeking engaged care and social support to address career and/or mental health issues.

Each of the elements of the mnemonic is supported in the literature; however, there is an overall dearth of research on suicide-sensitive career counseling in general and particularly on the use of SPFs—SHORES or another tool—in a career counseling context. Research on the use of SHORES in career counseling is needed, including perceptions of acceptability and utility among practitioners, program evaluations resulting in best practices for its implementation, and outcomes research on its effectiveness with the overall goal of reducing suicidality and the specific goals of each element. For instance, though specific occupations have been shown to be at higher risk for suicide (Roberts et al., 2013), existing literature has not examined how restricting means that are inherently present in these occupations (i.e., restricting firearms among police officers and military personnel) is being addressed within career counseling, nor the efficacy of doing so. Future research on these and other career-specific interventions to address clients' suicide risk would provide necessary evidence for career counseling interventions to support counselors in providing ongoing services to clients.

## CONCLUSION

Clients may present to career services with CSR factors, such as job stress, career hopelessness, and/or workplace trauma or discrimination, to which career counselors must respond with suicide awareness by addressing these concerns. SHORES provides a literature-supported tool for enacting this duty of career counseling care within the practitioner's scope of competence and practice. The SHORES approach to harnessing SPFs may appear early in service delivery as part of a comprehensive assessment and/or as elements infused into the career case conceptualization and counseling plan. Whether a referral to a mental health counselor is needed or not, including SHORES in career counseling can acknowledge the integrated nature of clients' career and personal lives.

## CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

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