

The Columbia Lighthouse Project

The Columbia Suicide Severity Rating Scale (C-SSRS)

Supporting Evidence

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The Columbia Suicide Severity Rating Scale (C-SSRS): Psychometric Evidence

Table 1: Studies Supporting Specific Psychometric Properties of the Full Version

Psychometric Property		Studies
Clinical Utility	Predictive and/or Incremental Validity	Brent et al., 2009 [^] ; Posner et al., 2011 [^] ; Mundt et al., 2013 [*] ; Arias et al. 2013 [*] ; Greist et al. 2014 [*] ; Jang et al., 2014 [*] ; Brown et al., 2015 [*] ; Gipson et al., 2015 [^] ; Horwitz et al., 2015 [^] ; Arias et al., 2016 [*] ; Madan et al. 2016 [*] ; Conway et al. 2016 [^] ; Hill et al 2017 [^] ; Lindh et al. 2018; Matarazzo et al. 2018 [*] ; Park et al. 2019 [*] ; King et al. 2019 [^] ; Bjureberg et al 2021 [*]
	Sensitivity to Change	Posner et al., 2011 [^] ; Ionescu et al., 2016 [*] ; Lindh et al, 2019 [*]
	Sensitivity and Specificity	Posner et al., 2011 [^] ; Mundt et al., 2013 [*] ; Viguera et al. 2015 [*] ; Madan et al. 2016 [*] ; Lindh et al, 2019 [*] ; Bjureberg et al 2021 [*]
	Positive and Negative Predictive Value (PPV & NPV)	Mundt et al 2013 [*] ; Viguera et al 2015 [*] ; Park et al 2019 [*] ; Bjureberg et al 2021
Reliability (internal consistency)		Posner et al., 2011 [^] ; Kilincaslan et al. 2018 [^] ; Pai et al. 2015 [*] ; Madan et al. 2016 [*] ; Franks et al 2020 [*]
Reliability (inter-rater; multi-method agreement; test-retest)		Kerr et al., 2013 [^] ; Brent et al., 2009 [^] ; Kilincaslan et al. 2018 [^] ; Hesdorffer et al., 2013 [*] ; Arias et al., 2013 [*] ; Brown et al. 2015 [*] ; Tabares et al. 2020 [*]
Internal Structure (Factor Analysis)		Al-Halabi et al., 2016b [*] ; Madan et al. 2016 [*] ; Tabares et al 2020 [*] ; Franks et al 2020 [*]
Convergent Validity & Accuracy		Posner et al., 2011 [^] ; Kerr et al., 2013 [^] ; Kilincaslan et al. 2018 [^] ; Pai et al. 2015 [*] ; Youngstrom et al. 2015 [*] ; Brown et al., 2015 [*] ; Madan et al.2016 [*]
Divergent & Discriminant Validity		Posner et al., 2011 [^] ; Kerr et al., 2013 [^] ; Kilincaslan et al. 2018 [^]
Cross-Cultural Validation		Danish (Conway et al. 2016 [^]); Turkish (Kilincaslan et al. 2018 [^]); Korean (Pai et al. 2015 [*]); Spanish (Al-Halabi et al ., 2016ab [*])

* studies include adult samples; [^] studies include pediatric samples

Table 2: Psychometric Properties of the C-SSRS Ideation and Behavior with Coefficients

Predictive Validity - Suicidal Ideation			
	Predictor	Criterion	Coefficients
<i>Bjureberg et al 2021</i>	<i>Ideation severity (1-5) past month</i>	Death by suicide	Within 7 days: OR =1.6 (1.2–2.1) Within one month: adjusted OR 1.5, 95% CI 1.2-1.8 Within one year: adjusted OR 1.3, 95% CI 1.1–1.4
	<i>Ideation severity (0-2 vs 3-5) past month</i>	Death by suicide	Within 7 days: Adj OR= 4.7 (1.5–14.8) Within one month: Adj OR= 4.0 (1.9–8.6) Within one year: Adj OR=2.4 (1.5–3.6)
<i>Greist et al. 2014</i> eCSSRS, drug trials 6,760 patients with psychiatric disorders and 2,077 nonpsychiatric disorder patients	<i>None Reported</i>	Actual, interrupted or aborted attempts	<u>All patients</u> : 0.8% incidence rate, N=4975 <u>Psychiatric patients</u> : 1.1% incidence rate, N=3184
	<i>Wish to Be Dead</i>	Actual, interrupted or aborted attempts	OR= 6.21, 95% CI = 4.18 – 9.23, p <0.001 OR= 4.99, 95% CI = 3.29 – 7.56, p <0.001
	<i>Non-Specific Active Thoughts</i>	Actual, interrupted or aborted attempts	OR= 6.69, 95% CI = 4.16 – 10.76, p <0.001 OR= 5.53, 95% CI = 3.38-9.04, p <0.001
	<i>Active with any methods (not plan) w/o intent to act</i>	Actual, interrupted or aborted attempts	OR= 11.16, 95% CI = 7.43-16.76, p <0.001 OR= 8.36, 95% CI = 5.44-12.84, p <0.001
	<i>Active with Some Intent to Act, without specific plan</i>	Actual, interrupted or aborted attempts	OR= 19.27, 95% CI = 12.97 – 28.63, p <0.001 OR= 15.24, 95% CI = 10.07-23.09, p <0.001
	<i>Active with specific plan and intent</i>	Actual, interrupted or aborted attempts	OR= 25.53, 95% CI = 16.94 – 38.47, p <0.001 OR= 18.70, 95% CI = 12.16 – 28.76, p <0.001
<i>Posner et al. 2011</i> (TASA study N=124, ages 12-18)	<i>Baseline worst-point</i>	Attempts	OR=1.45, 95% CI=1.07-1.98, p=0.02
		Actual, interrupted and aborted attempts	OR=1.34, 95% CI=1.05-1.70, p=0.02
	<i>Lifetime severity</i>	Attempts	OR=1.43, 95% CI=0.99-2.05, p=0.05
	<i>Severity 4-5 (any intent to act)</i>	Attempts	OR=3.26, 95% CI=1.02-10.45, p=0.047
		Actual, interrupted and aborted attempts	OR= 3.26, 95% CI=1.07-7.12, p=0.036

Horwitz et al. 2015 (N=473, ages 15-24)	<i>Ideation severity 1 to 5</i>	Attempt	OR= 1.51, 95% CI= 1.24-1.84, p<0.001
Arias et al. 2016 (N=874, mean age 37)	<i>Current ideation severity 4 or 5 (with intent to die)</i>	Actual attempt or suicide 6 weeks post-ED visit	OR=1.70 95% CI 1.18-2.44, p =.004
		Actual, interrupted, aborted attempts, suicide or preparatory behavior	OR =1.52 95%CI 1.23-1.86 p <. 001
Madan et al. 2016: (N=1,055 adult psych in-patients)	<i>Most severe ideation within 72 hours of hospitalization</i>	Any suicide behavior within 6 months post hospitalization	$r = .165$, $p < .01$, $N=275$
		Psychiatric re-hospitalization within 6 months	$r = .125$, $p < .05$, $N=275$
Conway et al. 2016: (N=85 adolescents, age < 18, mean age=16.2)	Severity of ideation (1-5)	Any type of suicidal behavior at follow-up	OR= 1.66, 95% CI= 1.13-2.44, p<0.05
	Ideation with intent to act (4 or 5)		OR= 7.76, 95% CI= 1.66-36.23, p<0.01
Lindh et al. 2018 (N=804 Adults, age 18-95 years, median age=33)	Most Severe Ideation	Actual Attempt	OR= 1.2, 95% CI= 0.9-1.4, p=0.06
Matarazzo et al 2018 (n=237, mean age 46.1)	<i>Ideation severity 1 to 5</i>	Actual attempt	OR= 2.93 CI= 0.89 - 11.1, p=.02
		Preparatory behavior	OR= 1.95 CI= 1.14-3.32, p < .01
		Any behavior	OR= 1.84 CI= 1.23-2.75, p < .01
Park et al 2019 (N=1359, age≥10)	<i>Ideation severity 1 to 5</i>	Planned actual attempt	OR= 1.58 CI= 1.36-1.83, p < .01
	<i>Ideation severity 5 (with specific plan and any intent)</i>	Planned actual attempt	OR=5.30 CI 1.17-24.07, p <. 05
King et al 2019 (N=2,104, ages 12-17)	<i>Lifetime ideation severity</i>	Actual attempt or death within 3 months follow up	OR = 1.35 CI 1.03 - 1.76, p = .031

Predictive Validity – SI Intensity			
	Predictor	Criterion	Coefficients
Conway et al. 2016: (N=85 adolescents, age < 18, mean age=16.2)	Ideation intensity total score	Any type of suicidal behavior at follow-up	OR= 1.27, 95% CI= 1.04-1.54, p<0.05
Lindh et al. 2018 (N=804 adults, ages 18-95 years, median age=33)	Total Intensity Score	Actual Attempt	OR= 1.07, 95% CI= 1.03-1.1, p=0.001
	Frequency		OR= 1.2, 95% CI= 1.1-1.4, p=0.002
	Duration		OR= 1.2, 95% CI= 1.03-1.3, p=0.01
	Controllability		OR= 1.1, 95% CI= 1.01-1.3, p=0.03
	Deterrents		OR= 1.1, 95% CI= 1.03-1.3, p=0.02
	Reasons		OR= 1.1, 95% CI= 0.9-1.3, p=0.3
Gipson et al. 2014 (N=178, ages 13-17)	Total Intensity Score	Return Psychiatric Emergency Visit	OR= 1.09, 95% CI= 1.00-1.19, p<0.05
	Duration	Return Psychiatric Emergency Visit	OR= 1.67, 95% CI= 1.16-2.42, p<0.01
		Actual Attempt	OR= 1.80, 95% CI= 1.06-3.04, p<0.05
Predictive Validity - Suicidal Behavior			
	Predictor	Criterion	Coefficients
Bjureberg et al 2021	<i>Suicidal behavior question</i>	Death by suicide	Within 7 days: adjusted OR 6.9, 95% CI 2.1– 22.7 Within one month: adjusted OR 5.1, 95% CI 2.3-11.2) Within one year: adjusted OR 2.8, 95% CI 1.7–4.5
Horwitz et al. 2015:	<i>Attempt</i>	Attempt	OR=4.80, 95% CI = 2.23-10.32, p<0.001

(N=473, ages 15-24)	<i>NSSIB item</i>	Attempt	OR=3.12, 95% CI = 1.36-7.19, p<0.01
Gipson et al. 2014 (N=178, ages 13-17)	<i>NSSIB item</i>	Return ER visit	OR = 1.52; 95% CI, 1.08-2.12, p<.05
		Attempt	$\chi^2 = 4.131$, df = 1, p = 0.04
Conway et al. 2016 (N=85, age < 18, mean age=16.2)	<i>Attempts</i>	Re-attempt [short-term]	OR= 11.50, 95% CI= 1.66-79.65, p<0.05
Greist et al. 2014	<i>Attempt</i>	Actual, interrupted or aborted attempts	OR=4.57, 95% CI = 3.6-5.7, p<0.001
	<i>Interrupted Attempt</i>	Actual, interrupted or aborted attempts	OR=5.55, 95% CI = 4.4-7.0, p<0.001
	<i>Aborted Attempt</i>	Actual, interrupted or aborted attempts	OR=5.09, 95% CI = 4.1-6.4, p<0.001
	<i>Preparatory behavior</i>	Actual, interrupted or aborted attempts	OR=5.69, 95% CI = 4.3-7.5, p<0.001

Incremental Validity and Accuracy

Brent et al., (2009): Treatment resistant, depressed adolescent suicide attempters (N=334, ages 12-18)	Higher rates of suicidal (20.8% vs. 8.8%, chi squared= 9.18, df=1, p<0.002) and non-suicidal self-injury (17.6% vs. 2.2%, chi squared= 23.47, df=1, p<0.001) detected with systematic monitoring
Horwitz et al. (2015): Young adult psychiatric emergency patients (N=473, ages 15-24)	Suicidal ideation added incremental validity to the prediction of future suicide attempts beyond the past suicide attempt, $\chi^2 (1) = 7.54$, p= .006
Brown et al. (2015): psychiatric ER patients (N=250)	18% (n=23) of patients with a suicide attempt in the past week misclassified or missed by clinical assessment. - Agreement with clinical assessment for suicide attempts (K=0.76, p=<.001) - Agreement with clinical assessment of non-suicidal self-injurious behavior (K=0.72, p=<.001)
Arias et al. (2013): 497 ER adult patients with suicidal thoughts or attempt(s)	41% increase in the detection of suicide attempts compared to chart reviews (59% vs. 18%, difference of 41%, 95% CI= 28-55, p<0.001)

Reliability - Suicidal Ideation (inter-rater and multi-method agreement)		
Study	Ideation Type	Coefficients
Brent et al. (2009) (N=334, ages 12-18)	<i>suicidal ideation ranging from 0 to 5 (from no ideation to suicidal ideation with intent and a clear plan) monitored weekly</i>	ICC = .09, $p < 0.001$
Kilincaslan et al. (2018) (N=213, ages 12-18)	<i>Inter-rater reliability for the <u>most severe ideation scores</u> in the last month and lifetime were good</i>	Lifetime $\kappa = 0.92$ Recent $\kappa = 0.88$
Youngstrom et al. (2015)	<i>Accuracy calibrated against “missing gold standard” latent class-derived ideation and behavior categories</i>	$\kappa > 0.7$
Hesdorffer et al. (2013)	<i>Agreement between the MINI, C-SSRS and eC-SSRS for lifetime <u>suicidal ideation</u></i>	$\kappa = 0.80$, 95% CI = 0.72-0.89
Gwaltney et al. (2017) (N=86, ages >18)	<i>Equivalence analyses/multi-method agreement between IVR (interactive voice response) and tablet text-based eC-SSRS for <u>most severe lifetime ideation</u></i>	Correlation: 0.87, $p < 0.001$ ICC: $\kappa = 0.89$, $p < 0.001$
	<i>Equivalence analyses between IVR (interactive voice response) and tablet text-based eC-SSRS for <u>most severe ideation in past 6 months</u></i>	Correlation: 0.69, $p < 0.001$ ICC: $\kappa = 0.79$, $p < 0.001$
Reliability - Suicidal Behavior		
Gwaltney et al. (2017) (N=86, ages >18)	<i>Equivalence analyses/multi-method agreement between IVR (interactive voice response) and tablet text-based eC-SSRS for lifetime Actual attempts</i>	$\kappa = 0.81$, $p < 0.001$
	<i>Number of lifetime actual attempts</i>	$\kappa = 0.81$, $p < 0.001$
	<i>Actual attempts (recent-last 2 yrs)</i>	$\kappa = 0.73$, $p < 0.001$
	<i>Interrupted attempts (lifetime)</i>	$\kappa = 0.78$, $p < 0.001$
	<i>Interrupted attempts (recent-last 2 yrs)</i>	$\kappa = 0.762$, $p < 0.001$

	<i>Aborted attempts (lifetime)</i>	$\kappa = 0.54, p < 0.001$
	<i>Aborted attempts (recent-last 2 yrs)</i>	$\kappa = 0.74, p < 0.001$
	<i>Preparatory behaviors (lifetime)</i>	$\kappa = 0.77, p < 0.001$
	<i>Preparatory behaviors (recent-last 2 yrs)</i>	$\kappa = 0.89, p < 0.001$
	<i>Non-suicidal, self-injurious behavior</i>	$\kappa = 0.73, p < 0.001$
Brent et al. (2009) (N=334, ages 12-18)	<i>Inter-rater reliability for a rating of <u>suicidal behavior, ranging from 0 to 5</u> (no behavior to multiple attempts during the assessment period) using the Columbia Classification Algorithm of Suicide Assessment</i>	100% agreement
Kerr et al. (2014a,b) (N=155, ages 13-17)	<i>Inter-rater agreement for distinction among <u>actual, aborted, interrupted attempts, preparatory acts and any other act</u></i>	$\kappa = 0.88; \kappa = .91$
Brown et al. (2015)	<i>Agreement with clinical assessment for <u>attempts</u></i>	$\kappa = 0.76, P < .001$
	<i>Agreement with clinical assessment for <u>non-suicidal self-injurious behavior</u></i>	$\kappa = 0.72, P < .001$
Youngstrom et al. (2015)	<i>Accuracy of <u>attempt</u>: calibrated against latent class-derived categories</i>	$\kappa > 0.8$
Hesdorffer et al. (2013)	<i>Agreement between the MINI, C-SSRS and eC-SSRS for lifetime <u>suicidal behavior</u></i>	$\kappa = 0.67, 95\% \text{ CI} = 0.53-0.80$
Tabares et al (2020)	<i>Test-retest reliability</i>	

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Scoring and Data Analysis Guides

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- Crowe, B., Xia, A., Nilsson, M., Shahin, S., Wang, W., & Jiang, Q. (2015). The program safety analysis plan: An implementation guide. Quantitative Evaluation of Safety in Drug Development: Design, Analysis, and Reporting, 55-68.

Linguistic and Psychometric Validation of the C-SSRS Translations

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- Al-Halabí, S., Sáiz, P. A., Burón, P., Garrido, M., Benabarre, A., Jiménez, E., ... & Muñoz, J. (2016). Validación de la versión en español de la Columbia-Suicide Severity Rating Scale (Escala Columbia para Evaluar el Riesgo de Suicidio). *Revista de Psiquiatría y Salud Mental*, 9(3), 134-142.
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Columbia Suicide Severity Rating Scale Versions

(adapted versions)

C-SSRS Clinical Practice Screener

- Bjureberg, J., Dahlin, M., Carlborg, A., Edberg, H., Haglund, A., & Runeson, B. (2021). Columbia-Suicide Severity Rating Scale Screen Version: initial screening for suicide risk in a psychiatric emergency department. *Psychological medicine*, 1-9.
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- Brahmbhatt, K., Kurtz, B. P., Afzal, K. I., Giles, L. L., Kowal, E. D., Johnson, K. P., ... & Workgroup, P. (2019). Suicide risk screening in pediatric hospitals: clinical pathways to address a global health crisis. *Psychosomatics*, 60(1), 1-9.

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- Wilson, N. J. (2017). The Columbia-Suicide Severity Rating Scale: Validation for use as a screen for suicide risk in New Zealand prisons and probation settings. *The New Zealand Corrections Journal*, Vol. 5 Issue 2.
- Omolewa, P., & Tribble, K. L. The Impact of C-SSRS (Columbia-Suicidal Severity Rating Scale) Usage on Quality of Care in John George Psychiatric Hospital (San Leandro, CA): a Medical Care Evaluation Study.
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C-SSRS Self-Report

("paper" non-adaptive version, not eC-SSRS)

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- DeVlyder, J. E., Jahn, D. R., Doherty, T., Wilson, C. S., Wilcox, H. C., Schiffman, J., & Hilimire, M. R. (2015). Social and psychological contributions to the co-occurrence of sub-threshold psychotic experiences and suicidal behavior. *Social psychiatry and psychiatric epidemiology*, 1-12. [study adapted self-report]
- Viguera, A. C., Milano, N., Laurel, R., Thompson, N. R., Griffith, S. D., Baldessarini, R. J., & Katzan, I. L. (2015). Comparison of electronic screening for suicidal risk with the Patient Health Questionnaire Item 9 and the Columbia Suicide Severity Rating Scale in an outpatient psychiatric clinic. *Psychosomatics*, 56(5), 460-469.
- Nock, M. K., Ursano, R. J., Heeringa, S. G., Stein, M. B., Jain, S., Raman, R., ... & Gilman, S. E. (2015). Mental disorders, comorbidity, and pre-enlistment suicidal behavior among new soldiers in the US Army: results from the Army Study to Assess Risk and Resilience in Service members (Army STARRS). *Suicide and life-threatening behavior*, 45(5), 588-599.
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The Columbia Suicide Severity Rating Scale (C-SSRS): Diagnostic and Treatment-Monitoring Effectiveness

Table 3:

C-SSRS as an Effective Measure for Diagnosis & Treatment	Veterans Legarreta et al., 2015	The association of specific PTSD symptoms with suicidal ideation and behavior suggested individual PTSD symptoms as treatment target for reducing suicidal outcomes.
	Veterans Harvey et al., 2018	- A lifetime history of suicidal ideation and behavior was higher among the Vets with Bipolar Disorder (82.3%, N=5414) than Schizophrenia (69.9%, N=3942) - The highest risk was found for patients with multiple psychiatric comorbidities (OR = 2.61 for ideation; OR = 3.82 for behavior). Clinical factors (e.g., psychiatric comorbidity) contributed more of the variance in the predictive model than demographic factors.
	Medication Treatment Ionescu et al. (2016) Prakash et al. (2012)	- Ketamine treatment effective for suicidal ideation (SI) in adults - SI severity improved <u>independent</u> of acute decrease in depression and SI intensity improved <u>even if SI severity un-remitted</u> - Duloxetine was effective in treating suicidal ideation among children ages 7-17 with major depression - Distinguished children with improvement and deterioration

C-SSRS Training Program Evaluations

- Fesi, J. D., Morrison, S. U. (2018, 04). Guardians At the Gate: Evaluating Suicide Risk Assessment Training in the United States Marine Corps. 2018 American Association of Suicidology 51st Annual Conference, Washington D.C.
- Mirick, R. G., Bridger, J., McCauley, J., & Berkowitz, L. (2016). Continuing Education on Suicide Assessment and Crisis Intervention for Social Workers and Other Mental Health Professionals: A Follow-Up Study. Journal of Teaching in Social Work, 36(4), 363-379.
- Mirick, R., McCauley, J., Bridger, J., & Berkowitz, L. (2015). Continuing education on suicide assessment and crisis intervention: what can we learn about the needs of mental health professionals in community practice? Community mental health journal, 1-10.

C-SSRS Representative Publications: Demographic and Clinical Populations, Settings, Treatment Efficacy and Assessment Guidelines

Pediatric Populations by Age Group

Ages 5-11

- Glennon, J., Purper-Ouakil, D., Bakker, M., Zuddas, A., Hoekstra, P., Schulze, U., ... & Coghill, D. (2014). Paediatric European Risperidone Studies (PERS): context, rationale, objectives, strategy, and challenges. *European child & adolescent psychiatry*, 23(12), 1149-1160. [also includes 12-17.5 age group]
- Proskurina, T., Mykhailova, E., Matkovska, T., Reshetovska, N., & Matkovska, A. (2016). Clinical and psychopathological risk factors for the development of recurrent depression in children at puberty. *European Psychiatry*, 33, S145-S146.
- Sheftall, A. H., Vakil, F., Armstrong, S. E., Rausch, J. R., Feng, X., Kerns, K. A., ... & Bridge, J. A. (2021). Clinical risk factors, emotional reactivity/regulation and suicidal ideation in elementary school-aged children. *Journal of psychiatric research*, 138, 360-365.

Ages 6-12

- Buchanan, J., Burke, T., Camacho, K., Yershova, K., Lazzaretto, D., Posner, K. (2013) Preschool Bullying and Victimization as Predictors of Suicidal Ideation in School Age: 6-year Follow-Up of the Preschool Attention Deficit/Hyperactivity Disorder Treatment Study (PATs). *1st Annual Meeting of the International Academy for Suicide Research*, Montreal, Canada.
- Childress, A. C., Wigal, S. B., Brams, M. N., Turnbow, J. M., Pincus, Y., Belden, H. W., & Berry, S. A. (2018). Efficacy and safety of amphetamine extended-release oral suspension in children with attention-deficit/hyperactivity disorder. *Journal of child and adolescent psychopharmacology*, 28(5), 306-313.

Ages 6-17

- Glennon, J., Purper-Ouakil, D., Bakker, M., Zuddas, A., Hoekstra, P., Schulze, U., ... & PERS Consortium. (2014). Paediatric European Risperidone Studies (PERS): context, rationale, objectives, strategy, and challenges. *European child & adolescent psychiatry*, 23(12), 1149-1160.
- Sangal, R. B., Blumer, J. L., Lankford, D. A., Grinnell, T. A., & Huang, H. (2014). Eszopiclone for insomnia associated with attention-deficit/hyperactivity disorder. *Pediatrics*, 134(4), e1095-e1103.

Ages 6-18

- Wigal, S. B., Nordbrock, E., Adjei, A. L., Childress, A., Kupper, R. J., & Greenhill, L. (2015). Efficacy of Methylphenidate Hydrochloride Extended-Release Capsules (Aptensio XR™) in Children and Adolescents with Attention-Deficit/Hyperactivity Disorder: A Phase III, Randomized, Double-Blind Study. *CNS drugs*, 29(4), 331-340.

Ages 7-13

- Weinstein, S. M., Henry, D. B., Katz, A. C., Peters, A. T., & West, A. E. (2015). Treatment moderators of child-and family-focused cognitive-behavioral therapy for pediatric bipolar disorder. *Journal of the American Academy of Child & Adolescent Psychiatry*, 54(2), 116-125.

Ages 7-17

- Strawn, J. R., Prakash, A., Zhang, Q., Pangallo, B. A., Stroud, C. E., Cai, N., & Findling, R. L. (2015). A randomized, placebo-controlled study of duloxetine for the treatment of children and adolescents with generalized anxiety disorder. *Journal of the American Academy of Child & Adolescent Psychiatry*, 54(4), 283-293.
- Emslie, G. J., Prakash, A., Zhang, Q., Pangallo, B. A., Bangs, M. E., & March, J. S. (2014). A double-blind efficacy and safety study of duloxetine fixed doses in children and adolescents with major depressive disorder. *Journal of child and adolescent psychopharmacology*, 24(4), 170-179.
- Prakash, A., Lobo, E., Kratochvil, C. J., Tamura, R. N., Pangallo, B. A., Bullok, K. E., ... & March, J. S. (2012). An open-label safety and pharmacokinetics study of duloxetine in pediatric patients with major depression. *Journal of child and adolescent psychopharmacology*, 22(1), 48-55.

Ages 7-18 (for the pediatric sub-sample; also includes studies with adults)

- Gibbons, R. D., Brown, C. H., Hur, K., Davis, J. M., & Mann, J. J. (2012). Suicidal thoughts and behavior with antidepressant treatment: reanalysis of the randomized placebo-controlled studies of fluoxetine and venlafaxine. *Archives of general psychiatry*, 69(6), 580-587.

Ages 8-12

- Davis, N. O., Bower, J., Kollins, S. H. (2018). Proof-of-concept study of an at-home, engaging, digital intervention for pediatric ADHD. *PLoS ONE*, 13(1).

Ages 10-18

- Scott, M., Underwood, M., & Lamis, D. A. (2015). Suicide and Related-Behavior Among Youth Involved in the Juvenile Justice System. *Child and Adolescent Social Work Journal*, 32(6), 517-527.
- Jakobsen, I. S., Larsen, K. J., & Horwood, J. L. (2017). Suicide Risk Assessment in Adolescents—C-SSRS, K10, and READ. *Crisis*.

Ages 11-17

- Goodyer, I. M., Tsancheva, S., Byford, S., Dubicka, B., Hill, J., Kelvin, R., ... & Wilkinson, P. (2011). Improving mood with psychoanalytic and cognitive therapies (IMPACT): a pragmatic effectiveness superiority trial to investigate whether specialised psychological treatment reduces the risk for relapse in adolescents with moderate to severe unipolar depression: study protocol for a randomised controlled trial. *Trials*, 12(1), 175.

Ages 12-17

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Ages 12-17.5

- Glennon, J., Purper-Ouakil, D., Bakker, M., Zuddas, A., Hoekstra, P., Schulze, U., ... & Coghill, D. (2014). Paediatric European Risperidone Studies (PERS): context, rationale, objectives, strategy, and challenges. *European child & adolescent psychiatry*, 23(12), 1149-1160.

Ages 12-18

- Posner, K., Brown, G. K., Stanley, B., Brent, D. A., Yershova, K. V., Oquendo, M. A., ... & Mann, J. J. (2011). The Columbia–Suicide Severity Rating Scale: initial validity and internal consistency findings from three multisite studies with adolescents and adults. *American Journal of Psychiatry*, 168(12), 1266-1277.
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- Brent, D. A., Greenhill, L. L., Compton, S., Emslie, G., Wells, K., Walkup, J. T., ... & Turner, J. B. (2009). The Treatment of Adolescent Suicide Attempters study (TASA): predictors of suicidal events in an open treatment trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, 48(10), 987-996.
- Patel, A., Watts, C., Shiddell, S., Couch, K., Smith, A. M., Moran, M. J., & Conners, G. P. (2017). Universal adolescent suicide screening in a pediatric urgent care center. *Archives of suicide research*, 1-10. [ages 12-19]
- Gunes A, Kilincaslan A, Eskin M (2015). Psychometric Properties of the Turkish Version of Columbia-Suicide Severity Rating Scale Among 12-18 year-old adolescents in Turkey. AACAP 62nd Annual Meeting, San Antonio, TX.

Ages 13-17

- King, C. A., Jiang, Q., Czyz, E. K., & Kerr, D. C. (2014). Suicidal ideation of psychiatrically hospitalized adolescents has one-year predictive validity for suicide attempts in girls only. *Journal of abnormal child psychology*, 42(3), 467-477.
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- Rabinovitch, S. M., Kerr, D. C., Leve, L. D., & Chamberlain, P. (2014). Suicidal behavior outcomes of childhood sexual abuse: Longitudinal study of adjudicated girls. *Suicide and life-threatening behavior*.
- Pestian, J. P., Grupp-Phelan, J., Bretonnel Cohen, K., Meyers, G., Richey, L. A., Matykiewicz, P., & Sorter, M. T. (2016). A controlled trial using natural language processing to examine the language of suicidal adolescents in the emergency department. *Suicide and life-threatening behavior*, 46(2), 154-159.

Ages 13-19

- Croarkin, P. E., Nakonezny, P. A., Deng, Z. D., Romanowicz, M., Voort, J. L. V., Camsari, D. D., ... & Lewis, C. P. (2018). High-frequency repetitive TMS for suicidal ideation in adolescents with depression. *Journal of affective disorders*, 239, 282-290.

Ages 14-19

- Kondo, D. G., Sung, Y. H., Hellem, T. L., Fiedler, K. K., Shi, X., Jeong, E. K., & Renshaw, P. F. (2011). Open-label adjunctive creatine for female adolescents with SSRI-resistant major depressive disorder: a 31-phosphorus magnetic resonance spectroscopy study. *Journal of affective disorders*, 135(1), 354-361.
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- King, C. A., Berona, J., Czyz, E., Horwitz, A. G., & Gipson, P. Y. (2015). Identifying Adolescents at Highly Elevated Risk for Suicidal Behavior in the Emergency Department. *Journal of child and adolescent psychopharmacology*.

Studies with Adolescents and Young Adults

Ages 13-25

- Czyz, E. K., Horwitz, A. G., Arango, A., Cole-Lewis, Y., Berona, J., & King, C. A. (2016). Coping with suicidal urges among youth seen in a psychiatric emergency department. *Psychiatry research*, 241, 175-181.

Ages 14-39

- Lucas, M. S., Brawner, B. M., Hardie, T. L., Beacham, B., Paidipati, C., Diaz, M., ... & Deatrck, J. A. (2015, September). Assessing Suicidal Ideation and Behaviors Among Survivors of Childhood Brain Tumors and Their Mothers During Sociobehavioral Research. In *Oncology nursing forum* (Vol. 42, No. 5, pp. E319-29).

Ages 15-20

- Gray, K. M., Carpenter, M. J., Lewis, A. L., Klintworth, E. M., & Upadhyaya, H. P. (2012). Varenicline versus bupropion XL for smoking cessation in older adolescents: A randomized, double-blind pilot trial. *Nicotine & Tobacco Research*, 14(2), 234-239.

Ages 15-24

- Horwitz, A. G., Czyz, E. K., & King, C. A. (2015). Predicting future suicide attempts among adolescent and emerging adult psychiatric emergency patients. *Journal of Clinical Child & Adolescent Psychology*, 44:5, 751-761.

Ages 20-22

- Cáceda, R., Durand, D., Cortes, E., Prendes-Alvarez, S., Moskovciak, T., Harvey, P. D., & Nemeroff, C. B. (2014). Impulsive choice and psychological pain in acutely suicidal depressed patients. *Psychosomatic medicine*, 76(6), 445-451.

Demographic Groups

Asian Americans

- Maru, M., Saraiya, T., Lee, C.S., Meghani, O., Hien, D. and Hahm, H.C., 2018. The relationship between intimate partner violence and suicidal ideation among young Chinese, Korean, and Vietnamese American women. *Women & Therapy*, pp.1-17.

School Protocols

- Stargell, N. A, Zoldan C. A., Kress, V. E., Walker-Andrews, M., and Whisenhunt, J. L. (2017). Student Non-Suicidal Self-Injury: A Protocol for School Counselors (Conceptual). *Professional School Counseling*, 21(1), 37-46.

Medical Specialties

Neurology

- Hesdorffer, D. C., French, J. A., Posner, K., DiVentura, B., Pollard, J. R., Sperling, M. R., & Kanner, A. M. (2013). "Suicidal ideation and behavior screening in intractable focal **epilepsy** eligible for drug trials." *Epilepsia*, 1-9.

- Pereira, A., Gitlin, M. J., Gross, R. A., Posner, K., & Dworkin, R. H. (2013). "Suicidality associated with antiepileptic drugs: Implications for the treatment of **neuropathic pain and fibromyalgia**." *PAIN*[®], 154(3), 345-349.
- Skljarevski, V., Zhang, S., Desai, D., Alaka, K. J., Palacios, S., Miazgowski, T., & Patrick, K. (2010). Duloxetine versus placebo in patients with **chronic low back pain**: a 12-week, fixed-dose, randomized, double-blind trial. *The Journal of Pain*, 11(12), 1282-1290.
- Legarreta, M., Bueler, E., DiMuzio, J., McGlade, E. and Yurgelun-Todd, D., 2018. Suicide Behavior and Chronic Pain: An Exploration of Pain-Related Catastrophic Thinking, Disability, and Descriptions of the Pain Experience. *The Journal of nervous and mental disease*, 206(3), pp.217-222.
- Dale, M., & van Duijn, E. (2015). Anxiety in **Huntington's** disease. *The Journal of neuropsychiatry and clinical neurosciences*, 27(4), 262-271.
- van Duijn, E., Vrijmoeth, E. M., Giltay, E. J., Landwehrmeyer, G. B., & Registry investigators of the European **Huntington's** Disease Network. (2018). Suicidal ideation and suicidal behavior according to the C-SSRS in a European cohort of Huntington's disease gene expansion carriers. *Journal of affective disorders*, 228, 194-204.
- Elfil, M., Ahmed, N., Alapati, A., Bahekar, R., Kandil, M., Kim, C., ... & Louis, E. D. (2019). Suicidal risk and demoralization in **Parkinson disease**. *Journal of neurology*, 1-9.

Oncology

- Lucas, M. S., Brawner, B. M., Hardie, T. L., Beacham, B., Paidipati, C., Diaz, M., ... & Deatrick, J. A. (2015, September). Assessing Suicidal Ideation and Behaviors Among Survivors of **Childhood Brain Tumors** and Their Mothers During Sociobehavioral Research. In *Oncology nursing forum* (Vol. 42, No. 5, pp. E319-29).

Psoriasis

- Pompili, M., Innamorati, M., Forte, A., Erbutto, D., Lamis, D. A., Narcisi, A., ... & Bellini, S. (2017). Psychiatric comorbidity and suicidal ideation in psoriasis, melanoma and allergic disorders. *International journal of psychiatry in clinical practice*, 21(3), 209-214.

Psychiatric Conditions

Alzheimer's

- Nave, S., Doody, R. S., Boada, M., Grimmer, T., Savola, J. M., Delmar, P., ... & Ricci, B. (2017). Sembragiline in Moderate Alzheimer's Disease: Results of a Randomized, Double-Blind, Placebo-Controlled Phase II Trial (MAYflower RoAD). *Journal of Alzheimer's Disease*, (Preprint), 1-12.
- Delnomdedieu, M., Duvvuri, S., Li, D. J., Atassi, N., Lu, M., Brashear, H. R., ... & Kupiec, J. W. (2016). First-In-Human safety and long-term exposure data for AAB-003 (PF-05236812) and biomarkers after intravenous infusions of escalating doses in patients with mild to moderate Alzheimer's disease. *Alzheimer's research & therapy*, 8(1), 12.
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ADHD

- Wigal, S. B., Nordbrock, E., Adjei, A. L., Childress, A., Kupper, R. J., & Greenhill, L. (2015). Efficacy of methylphenidate hydrochloride extended-release capsules (Aptensio XR™) in **children and adolescents with attention-deficit/hyperactivity disorder**: A phase III, randomized, double-blind study. *CNS drugs*, 29(4), 331-340.
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- Davis, N. O., Bower, J., Kollins, S. H. (2018). Proof-of-concept study of an at-home, engaging, digital intervention for pediatric ADHD. *PLoS ONE*, 13(1).

Alcohol

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Autism

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- SEE ALSO "JUVENILE JUSTICE"

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