The Columbia Lighthouse Project/Center for Suicide Risk Assessment

The Columbia Suicide Severity Rating Scale (C-SSRS)

Supporting Evidence

Last Revised
1-14-2020
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The Columbia Suicide Severity Rating Scale (C-SSRS): Psychometric Evidence

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

<table>
<thead>
<tr>
<th>Psychometric Property</th>
<th>Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Utility</td>
<td></td>
</tr>
<tr>
<td>Predictive and/or Incremental Validity</td>
<td>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^; Lindh et al. 2018; Matarazzo et al. 2018*; Park et al. 2019*; King et al. 2019^</td>
</tr>
<tr>
<td>Sensitivity to Change</td>
<td>Posner et al., 2011^; Ionescu et al., 2016*; Lindh et al, 2019*</td>
</tr>
<tr>
<td>Sensitivity and Specificity</td>
<td>Posner et al., 2011^; Mundt et al., 2013*; Viguera et al. 2015*; Madan et al. 2016*; Lindh et al, 2019*</td>
</tr>
<tr>
<td>Positive and Negative Predictive Value (PPV &amp; NPV)</td>
<td>Mundt et al 2013*; Viguera et al 2015*; Park et al 2019^</td>
</tr>
<tr>
<td>Reliability (internal consistency)</td>
<td>Posner et al., 2011^; Kilincaslan et al. 2018^; Pai et al. 2015*; Madan et al. 2016*</td>
</tr>
<tr>
<td>Reliability (inter-rater; multi-method agreement)</td>
<td>Kerr et al., 2013^; Brent et al., 2009^; Kilincaslan et al. 2018^; Hesdorffer et al., 2013*; Arias et al., 2013*; Brown et al. 2015*</td>
</tr>
<tr>
<td>Internal Structure (Factor Analysis)</td>
<td>Al-Halabi et al., 2016b*; Madan et al. 2016*</td>
</tr>
<tr>
<td>Convergent Validity &amp; Accuracy</td>
<td>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*</td>
</tr>
<tr>
<td>Divergent &amp; Discriminant Validity</td>
<td>Posner et al., 2011^; Kerr et al., 2013^; Kilincaslan et al. 2018^</td>
</tr>
<tr>
<td>Cross-Cultural Validation</td>
<td>Danish (Conway et al. 2016^); Turkish (Kilincaslan et al. 2018^); Korean (Pai et al. 2015*); Spanish (Al-Halabi et al., 2016ab*)</td>
</tr>
</tbody>
</table>

* studies include adult samples; ^ studies include pediatric samples
<table>
<thead>
<tr>
<th>Predictor</th>
<th>Criterion</th>
<th>Coefficients</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Greist et al. 2014</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None Reported</td>
<td>Actual, interrupted or aborted attempts</td>
<td>All patients: 0.8% incidence rate, N=4975 Psychiatric patients: 1.1% incidence rate, N=3184</td>
</tr>
<tr>
<td>Wish to Be Dead</td>
<td>Actual, interrupted or aborted attempts</td>
<td>OR= 6.21, 95% CI = 4.18 – 9.23, p &lt; 0.001 OR= 4.99, 95% CI = 3.29 – 7.56, p &lt; 0.001</td>
</tr>
<tr>
<td>Non-Specific Active Thoughts</td>
<td>Actual, interrupted or aborted attempts</td>
<td>OR= 6.69, 95% CI = 4.16 – 10.76, p &lt; 0.001 OR= 5.53, 95% CI = 3.38-9.04, p &lt; 0.001</td>
</tr>
<tr>
<td>Active with any methods (not plan) w/o intent to act</td>
<td>Actual, interrupted or aborted attempts</td>
<td>OR= 11.16, 95% CI = 7.43-16.76, p &lt; 0.001 OR= 8.36, 95% CI = 5.44-12.84, p &lt; 0.001</td>
</tr>
<tr>
<td>Active with Some Intent to Act, without specific plan</td>
<td>Actual, interrupted or aborted attempts</td>
<td>OR= 19.27, 95% CI = 12.97 – 28.63, p &lt; 0.001 OR= 15.24, 95% CI = 10.07-23.09, p &lt; 0.001</td>
</tr>
<tr>
<td>Active with specific plan and intent</td>
<td>Actual, interrupted or aborted attempts</td>
<td>OR= 25.53, 95% CI = 16.94 – 38.47, p &lt; 0.001 OR= 18.70, 95% CI = 12.16 – 28.76, p &lt; 0.001</td>
</tr>
<tr>
<td><strong>Posner et al. 2011</strong> (TASA study N=124, ages 12-18)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline worst-point</td>
<td>Attempts</td>
<td>OR=1.45, 95% CI=1.07-1.98, p=0.02</td>
</tr>
<tr>
<td>Lifetime severity</td>
<td>Attempts</td>
<td>OR=1.43, 95% CI=0.99-2.05, p=0.05</td>
</tr>
<tr>
<td>Severity 4-5 (any intent to act)</td>
<td>Attempts</td>
<td>OR=3.26, 95% CI=1.02-10.45, p=0.047</td>
</tr>
<tr>
<td></td>
<td>Actual, interrupted and aborted attempts</td>
<td>OR=3.26, 95% CI=1.07-7.12, p=0.036</td>
</tr>
<tr>
<td><strong>Horwitz et al. 2015</strong> (N=473, ages 15-24)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ideation severity 1 to 5</td>
<td>Attempt</td>
<td>OR= 1.51, 95% CI= 1.24-1.84, p&lt;0.001</td>
</tr>
<tr>
<td><strong>Arias et al. 2016</strong> (N=874, mean age 37)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current ideation severity 4 or 5 (with intent to die)</td>
<td>Actual attempt or suicide 6 weeks post-ED visit</td>
<td>OR=1.70 95% CI 1.18-2.44, p =.004</td>
</tr>
<tr>
<td></td>
<td>Actual, interrupted, aborted attempts, suicide or preparatory behavior</td>
<td>OR =1.52 95%CI 1.23-1.86 p &lt;. 001</td>
</tr>
<tr>
<td>Study (Year)</td>
<td>Sample (N)</td>
<td>Outcome of Interest</td>
</tr>
<tr>
<td>-------------</td>
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<td>---------------------</td>
</tr>
<tr>
<td><strong>Madan et al. 2016:</strong> (N=1,055 adult psych in-patients)</td>
<td></td>
<td>Most severe ideation within 72 hours of hospitalization</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Conway et al. 2016:</strong> (N=85 adolescents, age &lt; 18, mean age=16.2)</td>
<td></td>
<td>Severity of ideation (1-5)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ideation with intent to act (4 or 5)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ideation intensity total score</td>
</tr>
<tr>
<td><strong>Lindh et al. 2018</strong> (N=804 Adults, age 18-95 years, median age=33)</td>
<td></td>
<td>Most Severe Ideation</td>
</tr>
<tr>
<td><strong>Matarazzo et al. 2018</strong> (n=237, mean age 46.1)</td>
<td></td>
<td>Ideation severity 1 to 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Park et al 2019</strong> (N=1359, age ≥10)</td>
<td></td>
<td>Ideation severity 1 to 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ideation severity 5 (with specific plan and any intent)</td>
</tr>
<tr>
<td><strong>King et al 2019</strong> (N=2,104, ages 12-17)</td>
<td></td>
<td>Lifetime ideation severity</td>
</tr>
<tr>
<td>Predictor</td>
<td>Criterion</td>
<td>Coefficients</td>
</tr>
<tr>
<td>------------------------</td>
<td>------------------------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td><strong>Conway et al. 2016:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(N=85 adolescents, age &lt; 18, mean age=16.2)</td>
<td>Ideation intensity total score</td>
<td>OR = 1.27, 95% CI = 1.04-1.54, p&lt;0.05</td>
</tr>
<tr>
<td></td>
<td>Any type of suicidal behavior at follow-up</td>
<td></td>
</tr>
<tr>
<td><strong>Lindh et al. 2018</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(N=804 adults, ages 18-95 years, median age=33)</td>
<td>Total Intensity Score</td>
<td>OR = 1.07, 95% CI = 1.03-1.1, p=0.001</td>
</tr>
<tr>
<td></td>
<td>Frequency</td>
<td>OR = 1.2, 95% CI = 1.1-1.4, p=0.002</td>
</tr>
<tr>
<td></td>
<td>Duration</td>
<td>OR = 1.2, 95% CI = 1.03-1.3, p=0.01</td>
</tr>
<tr>
<td></td>
<td>Controllability</td>
<td>OR = 1.1, 95% CI = 1.01-1.3, p=0.03</td>
</tr>
<tr>
<td></td>
<td>Deterrents</td>
<td>OR = 1.1, 95% CI = 1.03-1.3, p=0.02</td>
</tr>
<tr>
<td></td>
<td>Reasons</td>
<td>OR = 1.1, 95% CI = 0.9-1.3, p=0.3</td>
</tr>
<tr>
<td><strong>Gipson et al. 2014</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(N=178, ages 13-17)</td>
<td>Total Intensity Score</td>
<td>OR = 1.09, 95% CI = 1.00-1.19, p&lt;0.05</td>
</tr>
<tr>
<td></td>
<td>Return Psychiatric Emergency Visit</td>
<td>OR = 1.67, 95% CI = 1.16-2.42, p&lt;0.01</td>
</tr>
<tr>
<td></td>
<td>Duration</td>
<td>OR = 1.80, 95% CI = 1.06-3.04, p&lt;0.05</td>
</tr>
<tr>
<td></td>
<td>Actual Attempt</td>
<td></td>
</tr>
</tbody>
</table>

**Predictive Validity - Suicidal Behavior**

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Criterion</th>
<th>Coefficients</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Horwitz et al. 2015:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(N=473, ages 15-24)</td>
<td>Attempt</td>
<td>OR = 4.80, 95% CI = 2.23-10.32, p&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>NSSIB item</td>
<td>OR = 3.12, 95% CI = 1.36-7.19, p&lt;0.01</td>
</tr>
<tr>
<td><strong>Gipson et al. 2014</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(N=178, ages 13-17)</td>
<td>NSSIB item</td>
<td>OR = 1.52; 95% CI, 1.08-2.12, p&lt;.05</td>
</tr>
<tr>
<td></td>
<td>Return ER visit</td>
<td>OR = 1.43, 95% CI = 1.08-1.89, p&lt;.05</td>
</tr>
<tr>
<td></td>
<td>Attempt</td>
<td>OR = 1.52, 95% CI = 1.08-2.12, p&lt;.05</td>
</tr>
</tbody>
</table>

\( \chi^2 = 4.131, \text{ df } = 1, \text{ p } = 0.04 \)
Conway et al. 2016
(N=85, age < 18, mean age=16.2)

<table>
<thead>
<tr>
<th>Attempts</th>
<th>Re-attempt [short-term]</th>
<th>OR= 11.50, 95% CI= 1.66-79.65, p&lt;0.05</th>
</tr>
</thead>
</table>

Greist et al. 2014

<table>
<thead>
<tr>
<th>Attempt</th>
<th>Actual, interrupted or aborted attempts</th>
<th>OR=4.57, 95% CI = 3.6-5.7, p&lt;0.001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interrupted</td>
<td>Actual, interrupted or aborted attempts</td>
<td>OR=5.55, 95% CI = 4.4-7.0, p&lt;0.001</td>
</tr>
<tr>
<td>Aborted</td>
<td>Actual, interrupted or aborted attempts</td>
<td>OR=5.09, 95% CI = 4.1-6.4, p&lt;0.001</td>
</tr>
<tr>
<td>Preparatory behavior</td>
<td>Actual, interrupted or aborted attempts</td>
<td>OR=5.69, 95% CI = 4.3-7.5, p&lt;0.001</td>
</tr>
</tbody>
</table>

Incremental Validity and Accuracy

<table>
<thead>
<tr>
<th>Study</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brent et al., (2009): Treatment resistant, depressed adolescent suicide attempters (N=334, ages 12-18)</td>
<td>• Higher rates of suicidal (20.8% vs. 8.8%, chi squared= 9.18, df=1, p&lt;0.002) and non-suicidal self-injury (17.6% vs. 2.2%, chi squared= 23.47, df=1, p&lt;0.001) detected with systematic monitoring</td>
</tr>
<tr>
<td>Horwitz et al. (2015): Young adult psychiatric emergency patients (N=473, ages 15-24)</td>
<td>• Suicidal ideation added incremental validity to the prediction of future suicide attempts beyond the past suicide attempt, X² (1) = 7.54, p=.006</td>
</tr>
</tbody>
</table>
| 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)

<table>
<thead>
<tr>
<th>Study</th>
<th>Ideation Type</th>
<th>Coefficients</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study</td>
<td>Description</td>
<td>Reliability Measure(s)</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Brent et al. (2009)</td>
<td>Suicidal ideation ranging from 0 to 5 (from no ideation to suicidal ideation with intent and a clear plan) monitored weekly</td>
<td>ICC = .09, p&lt; 0.001</td>
</tr>
<tr>
<td>Kilincaslan et al. (2018)</td>
<td>Inter-rater reliability for the most severe ideation scores in the last month and lifetime were good</td>
<td>Lifetime κ = 0.92, Recent κ = 0.88</td>
</tr>
<tr>
<td>Youngstrom et al. (2015)</td>
<td>Accuracy calibrated against “missing gold standard” latent class-derived ideation and behavior categories</td>
<td>κ &gt; 0.7</td>
</tr>
<tr>
<td>Hesdorffer et al. (2013)</td>
<td>Agreement between the MINI, C-SSRS and eC-SSRS for lifetime suicidal ideation</td>
<td>κ = 0.80, 95% CI = 0.72-0.89</td>
</tr>
<tr>
<td>Gwaltney et al. (2017)</td>
<td>Equivalence analyses/multi-method agreement between IVR (interactive voice response) and tablet text-based eC-SSRS for lifetime suicidal ideation</td>
<td>Correlation: 0.87, p&lt;0.001, ICC: κ = 0.89, p&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Equivalence analyses between IVR (interactive voice response) and tablet text-based eC-SSRS for most severe ideation in past 6 months</td>
<td>Correlation: 0.69, p&lt;0.001, ICC: κ = 0.79, p&lt;0.001</td>
</tr>
</tbody>
</table>

**Reliability - Suicidal Behavior**

<table>
<thead>
<tr>
<th>Study</th>
<th>Description</th>
<th>Reliability Measure(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gwaltney et al. (2017)</td>
<td>Equivalence analyses/multi-method agreement between IVR (interactive voice response) and tablet text-based eC-SSRS for lifetime Actual attempts</td>
<td>κ = 0.81, p&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Number of lifetime actual attempts</td>
<td>κ = 0.81, p&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Actual attempts (recent-last 2 yrs)</td>
<td>κ = 0.73, p&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Interrupted attempts (lifetime)</td>
<td>κ = 0.78, p&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Interrupted attempts (recent-last 2 yrs)</td>
<td>κ = 0.762, p&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Aborted attempts (lifetime)</td>
<td>κ = 0.54, p&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Aborted attempts (recent-last 2 yrs)</td>
<td>κ = 0.74, p&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Preparatory behaviors (lifetime)</td>
<td>κ = 0.77, p&lt;0.001</td>
</tr>
<tr>
<td>References for Psychometric Evidence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preparatory behaviors (recent-last 2 yrs)</strong></td>
<td>$\kappa = 0.89$, $p&lt;0.001$</td>
<td></td>
</tr>
<tr>
<td>Non-suicidal, self-injurious behavior</td>
<td>$\kappa = 0.73$, $p&lt;0.001$</td>
<td></td>
</tr>
<tr>
<td><strong>Brent et al. (2009)</strong> (N=334, ages 12-18)</td>
<td>Inter-rater reliability for a rating of suicidal behavior, ranging from 0 to 5 (no behavior to multiple attempts during the assessment period) using the Columbia Classification Algorithm of Suicide Assessment</td>
<td>100% agreement</td>
</tr>
<tr>
<td></td>
<td><strong>Kerr et al. (2014a,b)</strong> (N=155, ages 13-17)</td>
<td>Inter-rater agreement for distinction among actual, aborted, interrupted attempts, preparatory acts and any other act</td>
</tr>
<tr>
<td><strong>Brown et al. (2015)</strong></td>
<td>Agreement with clinical assessment for attempts</td>
<td>$\kappa = 0.76$, $P &lt; .001$</td>
</tr>
<tr>
<td></td>
<td>Agreement with clinical assessment for non-suicidal self-injurious behavior</td>
<td>$\kappa = 0.72$, $P &lt; .001$</td>
</tr>
<tr>
<td><strong>Youngstrom et al. (2015)</strong></td>
<td>Accuracy of attempt: calibrated against latent class-derived categories</td>
<td>$\kappa &gt; 0.8$</td>
</tr>
<tr>
<td><strong>Hesdorffer et al. (2013)</strong></td>
<td>Agreement between the MINI, C-SSRS and eC-SSRS for lifetime suicidal behavior</td>
<td>$\kappa = 0.67$, 95% CI = 0.53-0.80</td>
</tr>
</tbody>
</table>

**References for Psychometric Evidence**

10


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**Linguistic and Psychometric Validation of the C-SSRS Translations**

- Al-Halabi, S., Fernández-Peláez, AD, Burón, P., Riesco, E., Rodríguez-Revuelta, J. Posner, K. Oquendo, M., García-Portilla, MP, Sáiz., P. and Bobes, J (September, 2016). In Search of the Internal Structure of the Columbia Suicide Severity Rating Scale (C-SSRS): A Confirmatory Factor Analysis Approach. 16th European Symposium on Suicide Suicidal Behavior, Oviedo, Spain. [Spanish]


### Columbia Suicide Severity Rating Scale Versions
(adopted versions)

**C-SSRS Clinical Practice Screener**


- 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.


**C-SSRS Self-Report**

(“paper” non-adaptive version, i.e. not eCSSRS)


The Columbia Suicide Severity Rating Scale (C-SSRS): Diagnostic and Treatment-Monitoring Effectiveness

Table 3:

<table>
<thead>
<tr>
<th>C-SSRS as an Effective Measure for Diagnosis &amp; Treatment</th>
<th>Veterans</th>
<th>Veterans</th>
<th>Medication Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legionnaires, Legarreta et al., 2015</td>
<td>Gentry, Harvey et al., 2018</td>
<td>Ionescu et al., 2016</td>
<td>Prakash et al., 2012</td>
</tr>
<tr>
<td>• The association of specific PTSD symptoms with suicidal ideation and behavior suggested individual PTSD symptoms as treatment target for reducing suicidal outcomes.</td>
<td>• 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).</td>
<td>• Ketamine treatment effective for suicidal ideation (SI) in adults.</td>
<td>• Duloxetine was effective in treating suicidal ideation among children ages 7-17.</td>
</tr>
<tr>
<td></td>
<td>• 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.</td>
<td>• SI severity improved independent of acute decrease in depression and SI intensity improved even if SI severity un-remitted.</td>
<td>• Distinguished children with improvement and deterioration.</td>
</tr>
</tbody>
</table>

C-SSRS Training Program Evaluations

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

Pediatric Populations by Age Group

Ages 5-11


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.

Ages 6-17


Ages 6-18


Ages 7-13


Ages 7-17


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


*Ages 8-12*


*Ages 10-18*


*Ages 11-17*


*Ages 12-17*


*Ages 12-17.5*


*Ages 12-18*


Ages 13-17


Ages 13-19


Ages 14-19


Studies with Adolescents and Young Adults

Ages 13-25

Ages 14-39


Ages 15-20


Ages 15-24


Ages 20-22


Demographic Groups

Asian Americans


School Protocols


Medical Specialties

Neurology


**Oncology**


**Psoriasis**


**Psychiatric Conditions**

**Alzheimer’s**


**ADHD**


Alcohol

Autism

Bipolar Depression

Complicated Grief

Generalized Anxiety Disorder (GAD)

Perinatal/Postpartum Depression

Psychosis/Schizophrenia

**PTSD**


**Sleep**


**Healthcare Systems**


**Outpatient Settings**

**Outpatient Psychiatry**


**Integrated Primary Care**


**Veterans**


**Forensic Settings**

• SEE ALSO “JUVENILE JUSTICE”

Juvenile Justice


Emergency Departments


**In-Patient Psychiatric Settings**


**Mobile Crisis**


**Telemedicine**


**Treatment Efficacy for Suicidal Outcomes**


Regulatory Guidelines for Treatment & Assessment of Suicidal Outcomes


Reviews of Suicide Risk Assessment Tools


Cross-Cultural Settings

**Latin America (Spanish)**


**Australia**


**China**


**Croatia**


**Ethiopia**


**France**

**Germany**

**Hungary**

**Indonesia**

**India**


**Korea**

**Spain**


**Sri Lanka**