The Columbia Lighthouse Project

The Columbia Suicide Severity Rating Scale (C-SSRS)

Supporting Evidence

Last Revised
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Contents

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**
Bjureberg et al 2021	*Ideation severity (1-5) past month*	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
	Ideation severity (0-2 vs 3-5) past month	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)
Greist et al. 2014 eCSSRS, drug trials 6,760 patients with psychiatric disorders and 2,077 nonpsychiatric disorder patients	*None Reported*	Actual, interrupted or aborted attempts	All patients: 0.8% incidence rate, N=4975 Psychiatric patients: 1.1% incidence rate, N=3184
	Wish to Be Dead	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
	Non-Specific Active Thoughts	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
	Active with any methods (not plan) w/o intent to act	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
	Active with Some Intent to Act, without specific plan	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
	Active with specific plan and intent	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
Posner et al. 2011 (TASA study N=124, ages 12-18)	*Baseline worst-point*	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
	Lifetime severity	Attempts	OR=1.43, 95% CI=0.99-2.05, p=0.05
	Severity 4-5 (any intent to act)	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)	*Ideation severity 1 to 5*	Attempt	OR= 1.51, 95% CI= 1.24-1.84, p<0.001
Arias et al. 2016 (N=874, mean age 37)	*Current ideation severity 4 or 5 (with intent to die)*	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)	*Most severe ideation within 72 hours of hospitalization*	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% Cl= 1.13-2.44, p<0.05
	Ideation with intent to act (4 or 5)		OR= 7.76, 95% Cl= 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)	*Ideation severity 1 to 5*	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)	*Ideation severity 1 to 5*	Planned actual attempt	OR= 1.58 CI= 1.36-1.83, p < .01
	Ideation severity 5 (with specific plan and any intent)	Planned actual attempt	OR=5.30 CI 1.17-24.07, p <. 05
King et al 2019 *(N=2,104, ages 12-17)*	*Lifetime ideation severity*	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	*Suicidal behavior question*	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:	*Attempt*	Attempt	OR=4.80, 95% CI = 2.23-10.32, p<0.001

(N=473, ages 15-24)	*NSSIB item*	Attempt	OR=3.12, 95% CI = 1.36-7.19, p<0.01
Gipson et al. 2014 (N=178, ages 13-17)	*NSSIB item*	Return ER visit	OR = 1.52; 95% CI, 1.08-2.12, p<.05
		Attempt	X^2 = 4.131, df = 1, p = 0.04
Conway et al. 2016 (N=85, age < 18, mean age=16.2)	*Attempts*	Re-attempt [short-term]	OR= 11.50, 95% CI= 1.66-79.65, p<0.05
Greist et al. 2014	*Attempt*	Actual, interrupted or aborted attempts	OR=4.57, 95% CI = 3.6-5.7, p<0.001
	Interrupted Attempt	Actual, interrupted or aborted attempts	OR=5.55, 95% CI = 4.4-7.0, p<0.001
	Aborted Attempt	Actual, interrupted or aborted attempts	OR=5.09, 95% CI = 4.1-6.4, p<0.001
	Preparatory behavior	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, X^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)	*suicidal ideation ranging from 0 to 5 (from no ideation to suicidal ideation with intent and a clear plan) monitored weekly*	ICC = .09, p< 0.001
Kilincaslan et al. (2018) (N=213, ages 12-18)	*Inter-rater reliability for the most severe ideation scores in the last month and lifetime were good*	Lifetime κ = 0.92 Recent κ = 0.88
Youngstrom et al. (2015)	*Accuracy calibrated against "missing gold standard" latent class-derived ideation and behavior categories*	κ > 0.7
Hesdorffer et al. (2013)	*Agreement between the MINI, C-SSRS and eC-SSRS for lifetime suicidal ideation*	κ = 0.80, 95% CI = 0.72-0.89
Gwaltney et al. (2017) (N=86, ages >18)	*Equivalence analyses/multi-method agreement between IVR (interactive voice response) and tablet text-based eC-SSRS for most severe lifetime ideation*	Correlation: 0.87, p<0.001 ICC: κ = 0.89, p<0.001
	Equivalence analyses between IVR (interactive voice response) and tablet text-based eC-SSRS for most severe ideation in past 6 months	Correlation: 0.69, p<0.001 ICC: κ = 0.79, p<0.001
Reliability - Suicidal Behavior		
Gwaltney et al. (2017) (N=86, ages >18)	*Equivalence analyses/multi-method agreement between IVR (interactive voice response) and tablet text-based eC-SSRS for lifetime Actual attempts*	κ = 0.81, p<0.001
	Number of lifetime actual attempts	κ = 0.81, p<0.001
	Actual attempts (recent-last 2 yrs)	κ = 0.73, p<0.001
	Interrupted attempts (lifetime)	κ = 0.78, p<0.001
	Interrupted attempts (recent-last 2 yrs)	κ = 0.762, p<0.001

	Aborted attempts (lifetime)	κ = 0.54, p<0.001
	Aborted attempts (recent-last 2 yrs)	κ = 0.74, p<0.001
	Preparatory behaviors (lifetime)	κ = 0.77, p<0.001
	Preparatory behaviors (recent-last 2 yrs)	κ = 0.89, p<0.001
	Non-suicidal, self-injurious behavior	κ = 0.73, p<0.001
Brent et al. (2009) (N=334, ages 12-18)	*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*	100% agreement
Kerr et al. (2014a,b) (N=155, ages 13-17)	*Inter-rater agreement for distinction among actual, aborted, interrupted attempts, preparatory acts and any other act*	κ = 0.88; κ =.91
Brown et al. (2015)	*Agreement with clinical assessment for attempts*	κ= 0.76, P < .001
	Agreement with clinical assessment for non-suicidal self-injurious behavior	κ = 0.72, P < .001
Youngstrom et al. (2015)	*Accuracy of attempt: calibrated against latent class-derived categories*	κ > 0.8
Hesdorffer et al. (2013)	*Agreement between the MINI, C-SSRS and eC-SSRS for lifetime suicidal behavior*	κ = 0.67, 95% CI = 0.53-0.80
Tabares et al (2020)	*Test-retest reliability*	

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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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- Roaten, K., Johnson, C., Genzel, R., Khan, F., & North, C. S. (2017). Development and implementation of a universal suicide risk screening program in a safety-net hospital system. *The Joint Commission Journal on Quality and Patient Safety*.
- 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.
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C-SSRS Self-Report

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

- Roaten, K., Johnson, C., Genzel, R., Khan, F., & North, C. S. (2017). Development and implementation of a universal suicide risk screening program in a safety-net hospital system. *The Joint Commission Journal on Quality and Patient Safety*.
- DeVylder, 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.
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- Katz, I., Barry, C. N., Cooper, S. A., Kasprow, W. J., & Hoff, R. A. (2019). Use of the Columbia-Suicide Severity Rating Scale (C-SSRS) in a large sample of Veterans receiving mental health services in the Veterans Health Administration. *Suicide and Life-Threatening Behavior*. [self-report screener]

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)	• 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>
	Prakash et al. (2012)	• 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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- 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., ... & 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).

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., Desaiah, 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., Erbuto, 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.
- Kim, S. Y., Choi, S. H., Rollema, H., Schwam, E. M., McRae, T., Dubrava, S., & Jacobsen, J. (2013). Phase II crossover trial of varenicline in mild-to-moderate **Alzheimer's** disease. *Dementia and geriatric cognitive disorders*,*37*(3-4), 232-245.

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.
- 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.
- 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

- Khemiri, L., Jokinen, J., Runeson, B., & Jayaram-Lindström, N. (2016). Suicide risk associated with experience of violence and impulsivity in alcohol dependent patients. *Scientific reports*, *6*, 19373.

Autism

- Danforth, A. L., Struble, C. M., Yazar-Klosinski, B., & Grob, C. S. (2015). MDMA-assisted therapy: A new treatment model for social anxiety in autistic adults. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*.

Bipolar Depression

- Harvey, P. D., Siever, L. J., Huang, G. D., Muralidhar, S., Zhao, H., Miller, P., ... & Brophy, M. (2014). The genetics of functional disability in schizophrenia and bipolar illness: methods and initial results for VA cooperative study# 572. *American Journal of Medical Genetics Part B: Neuropsychiatric Genetics*, *165*(4), 381-389.
- Earley, W., Durgam, S., Lu, K., Debelle, M., Laszlovszky, I., Vieta, E., & Yatham, L. N. (2017). Tolerability of Cariprazine in the Treatment of Acute Bipolar I Mania: A Pooled Post Hoc Analysis of 3 Phase II/III Studies. *Journal of Affective Disorders*.
- 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.

Complicated Grief

- Supiano, K. P., & Luptak, M. (2013). Complicated grief in older adults: A randomized controlled trial of complicated grief group therapy. *The Gerontologist*, *54*(5), 840-856. (6-item screener version)

Generalized Anxiety Disorder (GAD)

- 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.

Perinatal/Postpartum Depression

- Kanes, S. J., Colquhoun, H., Doherty, J., Raines, S., Hoffmann, E., Rubinow, D. R., & Meltzer-Brody, S. (2017). Open-label, proof-of-concept study of brexanolone in the treatment of severe postpartum depression. *Human Psychopharmacology: Clinical and Experimental*, *32*(2).
- Kim, J. J., Silver, R. K., Elue, R., Adams, M. G., La Porte, L. M., Cai, L., ... & Gibbons, R. D. (2016). The experience of depression, anxiety, and mania among perinatal women. *Archives of women's mental health*, *19*(5), 883-890.
- Ghahramanlou-Holloway, M., Cox, D. W., Fritz, E. C., & George, B. J. (2011). An evidence-informed guide for working with military women and veterans. *Professional Psychology: Research and Practice*, *42*(1), 1.

Psychosis/Schizophrenia

- DeVylder, 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. [young adult SELF-REPORT CSSRS]
- Harvey, P. D., Siever, L. J., Huang, G. D., Muralidhar, S., Zhao, H., Miller, P., ... & Brophy, M. (2014). The genetics of functional disability in schizophrenia and bipolar illness: methods and initial results for VA cooperative study# 572. *American Journal of Medical Genetics Part B: Neuropsychiatric Genetics*, *165*(4), 381-389.

- Hettige, N. C., Bani-Fatemi, A., Kennedy, J. L., & De Luca, V. (2017). Assessing the risk for suicide in schizophrenia according to migration, ethnicity and geographical ancestry. *BMC Psychiatry*, *17*(1), 63.

PTSD

- Legarreta, M., Graham, J., North, L., Bueler, C. E., McGlade, E., & Yurgelun-Todd, D. (2015). DSM–5 posttraumatic stress disorder symptoms associated with suicide behaviors in veterans. *Psychological trauma: theory, research, practice, and policy*, 7(3), 277.

Sleep

- Ellis, T. E., Rufino, K. A., & Nadorff, M. R. (2017). Treatment of Nightmares in Psychiatric Inpatients With Imagery Rehearsal Therapy: An Open Trial and Case Series. *Behavioral Sleep Medicine*, 1-14.
- 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.

Healthcare Systems

- Rossom, R. C., Simon, G. E., Beck, A., Ahmedani, B. K., Steinfeld, B., Trangle, M., & Solberg, L. (2016). Facilitating Action for Suicide Prevention by Learning Health Care Systems. *Psychiatric Services*.

Outpatient Settings

Outpatient Psychiatry

- 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.

Integrated Primary Care

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