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Supplementary Material

Article Title: Impact of the Abbreviated Suicide Crisis Syndrome Checklist on Clinical Decision Making in the Emergency Department

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Supplementary Table 1: Grouping of Chief Complaints Not Classified under Psychosis/Agitation or Suicidal Ideation and Behavior

Predictor Group	Original Predictor	N (%)	Group N (%)
Substance abuse	Ethanol intoxication	1 (1.9)	6 (11.3)
	Malingering/drug use	1 (1.9)	
	Subs. abuse, aggression	2 (3.7)	
	substance abuse w Bipolar	1 (1.9)	
	substance abuse w/anxiety	1 (1.9)	
Depression	Depressed mood	1 (1.9)	6 (11.3)
	Depression	2 (3.7)	
	Depression and anxiety	2 (3.7)	
	Depression/mood swings	1 (1.9)	
Mania	Mania	1 (1.9)	2 (3.7)
	Pressured Speech	1 (1.9)	
Anxiety	Anxiety	4 (7.4)	9 (16.7)
	anxiety/depression	1 (1.9)	
	anxiety/headaches/insomnia	1 (1.9)	
	anxiety/impaired functioning	1 (1.9)	
	anxiety/insomnia	1 (1.9)	
	anxious	1 (1.9)	
Aggression/Behavioral Disturbance/Homicidal Ideation	aggression	1 (1.9)	18 (33%)
	Aggressive behavior	10 (18.5)	
	Autism/aggression	1 (1.9)	
	Behavioral dyscontrol	1 (1.9)	
	behavioral dysregulation	2 (3.7)	
	Destructive bx	1 (1.9)	
	Homicidal ideation	1 (1.9)	
	Impulsive behavior	1 (1.9)	
Other	Accidental overdose	1 (1.9)	13 (24.7)
	Delirium	1 (1.9)	
	Domestic Disturbance	1 (1.9)	
	Eating Disorder	1 (1.9)	
	Fire Setting	1 (1.9)	
	Insomnia	1 (1.9)	
	Malingering	1 (1.9)	
	Mood disorder/autism	1 (1.9)	
	Nightmares	1 (1.9)	
	OCD	1 (1.9)	
	Poor sleep	1 (1.9)	
	PTSD/TBI/aggression	1 (1.9)	
	Unable to care for self	1 (1.9)	
Total		54 (100)	54 (100)

Supplementary Figure 1: NorthShore University Health System’s Emergency Department Workflow for the Assessment of Suicide Risk, Using the A-SCS-C and Questions Adapted from the C-SSRS⁴²

SCREENING

1. SUICIDE CRISIS SYNDROME

1.1 Do you feel trapped with no good options left?

YES NO

1.2 Are you overwhelmed, or have you lost control by negative thoughts filling your head?

YES NO

2. SUICIDAL THOUGHTS AND BEHAVIORS

2.1. Have you wished you were dead or wished you could go to sleep and not wake up?

YES NO

2.2 Have you actually had any thoughts of killing yourself?

YES NO

2.3 Have you done anything, started to do anything, or prepared to do anything to end your life?

YES, Lifetime YES, Past 3 months NO

YES to ANY of the SCREENING questions above

➔

FULL SUICIDE RISK ASSESSMENT REQUIRED

FULL SUICIDE RISK ASSESSMENT

1. SUICIDE CRISIS SYNDROME (SCS) Diagnostic Criteria

Entrapment

Presents with a problem that they perceive as intolerable and unsolvable. May describe themselves as “trapped”. “having no exit”, or “having reached a dead end”

YES NO EXTREME

Associated Disturbances

Domains

1. Affective Disturbance 2. Loss of Cognitive Control

3. Hyperarousal 4. Social Withdrawal

NO

If exhibits 1 or 2 of the domains

YES

If exhibits 3 or 4 of the domains

EXTREME

SCS Criteria Interpretation

Meets criteria for SCS if scores YES or EXTREME for both Entrapment and Associated Disturbances sections

POSITIVE EXTREME NEGATIVE

2. SUICIDAL THOUGHTS AND BEHAVIORS

Suicidal Ideation

select most severe in LAST MONTH, leave blank if negative screen in Screening section 2

• Wish to be dead

• Suicidal Thoughts

• Suicidal Thoughts with method but without specific plan or intent to act

• Suicidal Intent without specific plan

• Suicidal Intent with specific plan

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FULL SUICIDE RISK ASSESSMENT- continued

2. SUICIDAL THOUGHTS AND BEHAVIORS - continued

Suicidal & Self-Injurious Behavior

select most severe in LAST THREE MONTHS

- Actual suicide attempt
- Interrupted attempt
- Aborted or self-interrupted attempt
- Other preparatory acts to kill self
- Self-injurious behavior without suicidal intent

select most severe in LIFETIME

- Actual suicide attempt
- Interrupted attempt
- Aborted or self-interrupted attempt
- Other preparatory acts to kill self
- Self-injurious behavior without suicidal intent

Risk Factors - select all that apply

Activating Events (Recent)	Clinical Status
<ul style="list-style-type: none">Recent loss or other significant negative event (legal, financial, relationship, etc.)Pending incarceration or homelessnessLegal problemsSexual or physical abuseChronic painBullying/Discrimination (e.g., LGBTQ, gender, racial)Current or pending isolation or feeling alone	<ul style="list-style-type: none">HopelessnessMajor depressive episodeMixed affective episode (e.g., Bipolar)Agitation or severe anxietyCommand hallucinations to hurt selfHighly impulsive behaviorSubstance abuse dependence (e.g., intoxication or withdrawal)Homicidal ideationSleep disturbanceActive eating disorderHas access to lethal meansPerceived burden on family or othersChronic physical pain or other acute medicalAggressive behavior towards others

3. RISK FORMULATION

3.1 Risk STATUS - compared to OTHER patients in the treatment setting

HIGHER than SIMILAR to LOWER than

3.1.1. Why? List the most important factors _____

3.2. Risk STATE – compared to THEIR OWN historic baseline

HIGHER than SIMILAR to LOWER than

3.2.1. Why? List the most important factors _____