# The Journal of Clinical Psychiatry

## **Supplementary Material**

Article Title: Risk-Sensitive Decision-Making and Self-Harm in Youth Bipolar Disorder

- Author(s): Mikaela K. Dimick, PhD; Alysha A. Sultan, PhD; Kody G. Kennedy, PhD; Sakina J. Rizvi, PhD; Erika E. Forbes, PhD; Mark Sinyor, MD; Roger S. McIntyre, MD; Eric A. Youngstrom, PhD; and Benjamin I. Goldstein, MD, PhD
- DOI Number: https://doi.org/10.4088/JCP.22m14693

#### LIST OF SUPPLEMENTARY MATERIAL FOR THE ARTICLE

- 1. Appendix 1 Additional clinical methods
- 2. <u>Table 1</u> Measurement scale for level of intent and the medical threat of suicidal behaviors
- 3. <u>Table 2</u> Parameter Estimates for Covariates
- 4. Figure 1 Cambridge Gambling Task

#### DISCLAIMER

This Supplementary Material has been provided by the author(s) as an enhancement to the published article. It has been approved by peer review; however, it has undergone neither editing nor formatting by in-house editorial staff. The material is presented in the manner supplied by the author.

#### **Supplementary Materials**

#### **Appendix 1:**

The following disorders are included in anxiety disorders: generalized anxiety disorder, separation anxiety disorder, agoraphobia, and anxiety disorder not otherwise specified. Eating disorders included anorexia nervosa, bulimia nervosa, and eating disorder not otherwise specified. Functioning was assessed using the Children's Global Assessment Scale (CGAS) for current (past month), highest past year, and lifetime most severe episode.<sup>38</sup> CGAS scores are rated from 0-100, with higher scores reflecting better functioning. Physical and sexual abuse history was obtained from a medical history parent-report containing items querying physical and sexual abuse and from the post-traumatic stress disorder screener within the K-SADS-PL.<sup>34</sup> Legal history includes any police contact or arrests. Family psychiatric history was obtained using the Family History Screen interview for all first- and second-degree relatives to ascertain family psychiatric history.<sup>39</sup> The Pubertal Developmental Scale self-report was used to collect pubertal status and reported as Tanner stage (1-5).<sup>40</sup>

**Supplementary Table 1.** Measurement scale for level of intent and the medical threat of suicidal behaviors.

In	Intent				
0	No information				
1	Obviously no intent				
2	Only minimal intent				
3	Definite but still ambivalent				
4	Serious				
5	Very serious				
6	Extreme (e.g., careful planning and every expectation of death)				
Μ	Medical Threat				
0	No information				
1	No danger (e.g. no effect – held pills in hand)				
2	Minimal (e.g. scratch on wrist)				
3	Mild (e.g. took ten aspirins – mild gastritis)				
4	Moderate (e.g. took ten secobarbital sodium – briefly unconscious)				
5	Severe (e.g. cut throat)				
6	Extreme (e.g. respiratory arrest or prolonged coma)				
7	Death				

	В	Standard Error	t	<i>p</i> -value
Overall Proportion Bet				
Intercept	-0.60	1.22	-0.49	0.62
Age	< 0.01	0.02	0.16	0.87
IQ	0.01	0.01	0.98	0.33
Sex	0.63	0.71	0.88	0.38
$BD_{\mathrm{SH^+}}$	0.05	0.09	0.53	0.59
BD <sub>SH-</sub>	-0.28	0.11	-2.50	0.01
Controls <sup>a</sup>				
Risk-taking				
Intercept	-0.61	1.28	-0.48	0.63
Age	< 0.01	0.02	0.16	0.88
IQ	0.01	0.01	1.12	0.26
Sex	0.71	0.74	0.96	0.34
$BD_{SH^+}$	0.03	0.10	0.26	0.80
BD <sub>SH-</sub>	-0.31	0.12	-2.63	0.01
Controls <sup>a</sup>				
Deliberation Time				
Intercept	3.95	0.31	12.76	< 0.001
Age	<-0.01	< 0.01	-0.80	0.43
IQ	<-0.01	< 0.01	-2.04	0.04
Sex	-0.33	0.18	-1.81	0.07
$BD_{\mathrm{SH}^+}$	0.05	0.02	1.95	0.05
BD <sub>SH-</sub>	0.08	0.03	2.63	0.01
Controls <sup>a</sup>				

### **Supplementary Table 2. Parameter Estimates for Covariates**

	В	Standard Error	t	<i>p</i> -value
Delay Aversion				
Intercept	0.92	0.54	1.70	0.09
Age	-0.02	0.01	-1.81	0.07
IQ	<-0.01	< 0.01	-0.90	0.37
Sex	-0.14	0.32	-0.43	0.67
$BD_{SH^+}$	0.09	0.04	2.10	0.04
BD <sub>SH-</sub>	< 0.01	0.05	0.166	0.88
Controls <sup>a</sup>				
Quality of Decision-making				
Intercept	4.39	3.55	1.24	0.22
Age	< 0.01	0.07	0.13	0.90
IQ	-0.02	0.03	-0.57	0.57
Sex	-3.35	1.99	-1.68	0.09
$BD_{\rm SH^+}$	-0.20	0.28	-0.70	0.48
BD <sub>SH-</sub>	< 0.01	0.35	-0.02	0.98
Controls <sup>a</sup>				

Risk-sensitive Decision-making and Self-harm

**Note:**  $BD_{SH-}$  = Youth with bipolar disorder and no history of self-harm;  $BD_{SH+}$  = Youth with bipolar disorder and a history of self-harm; Beta values are unstandardized. <sup>a</sup>The control group was used as the reference category.

Red Blue	
Points 341 You Win!	146

**Supplementary Figure 1. Cambridge Gambling Task**. Depiction of the Cambridge Gambling Task set up within the Cambridge Neuropsychological Test Automated Battery (CANTAB).

34. Kaufman J, Birmaher B, Brent D, et al. Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version (K-SADS-PL): initial reliability and validity data. J Am Acad Child Adolesc Psychiatry. 1997;36(7):980-988.

38. Shaffer D, Gould MS, Brasic J, et al. A children's global assessment scale (CGAS). Arch Gen Psychiatry. 1983;40(11):1228-1231.

39. Weissman MM, Wickramaratne P, Adams P, Wolk S, Verdeli H, Olfson M. Brief screening for family psychiatric history: the family history screen. Arch Gen Psychiatry. 2000;57(7):675-682.

40. Petersen AC, Crockett L, Richards M, Boxer A. A self-report measure of pubertal status: Reliability, validity, and initial norms. J Youth Adolesc. 1988;17(2):117-133.