

Supplementary Material

Article Title: Diagnosis of the Suicide Crisis Syndrome in the Emergency Department Associated with Significant Reduction in 3-Month Readmission Rates

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LIST OF SUPPLEMENTARY MATERIAL FOR THE ARTICLE

1. [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-SSRS

DISCLAIMER

This Supplementary Material has been provided by the authors 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 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-SSRS⁴¹

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 |
| <i>If exhibits 1 or 2 of the domains</i> | | YES |
| <i>If exhibits 3 or 4 of the domains</i> | | EXTREME |

SCS Criteria Interpretation

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

2. SUICIDAL THOUGHTS AND BEHAVIORS

Suicidal Ideation

- select most severe in LAST MONTH,*
- Suicidal Thoughts plan
- leave blank if negative screen in*
- Suicidal Thoughts with method but without specific plan or intent
 - Suicidal Intent with specific plan to act
- Screening section 2*

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 _____