

## Future Directions in Suicide Risk Assessment Research in Context of Recent Attention to the Columbia-Suicide Severity Rating Scale (C-SSRS)

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### Statement of the Problem

The C-SSRS is being promoted as a first-line suicide risk assessment tool. What are the main gaps in the risk assessment research literature not only on the C-SSRS, but in general? What are key future directions?

### Current Status and Future Directions

As summarized in a distinct white paper (Gutierrez, December 6, 2011), there are some data supporting the reliability and validity of the C-SSRS (e.g., Posner et al., 2011). However, much the same can be said about many other tools. Moreover, for all measures, including the C-SSRS, little to no data exist on the “gold standard” question of *incremental validity*.

In a classic but underappreciated paper on this topic, Meehl (1959) proposed that, in order for a test to establish its incremental validity, it must provide information that cannot be concurrently and easily obtained from other readily available sources (e.g., observations, interviews). Further, an even more rigorous criterion is that the instrument must also enhance outcomes. The latter criterion is concerned with the treatment utility of assessment, which Meehl considers “ultimately the practically significant one by which the contributions of our techniques must be judged” (1959, p. 116; for an example of this kind of research, see Lima et al. [2005] who evaluated the treatment utility of the MMPI-2 [and found it largely lacking]).

Meehl (1959) thus refers to two versions of incremental validity: non-redundancy and treatment utility. A powerful design to test non-redundancy is to simultaneously administer several risk assessment measures, and to have them “compete” with one another to predict a meaningful future outcome, such as future suicidal behavior. The most stringent of such designs includes rival assessments from multiple conceptual backgrounds and using multiple measurement formats, ideally with collaborative investigators who have allegiance to one or another approach. In fact, this is the design that we are using in a study at Ft. Jackson, in which thousands of recruiters are administered the following measures: 1) a generic and very brief (4-item) self-report measure of suicidal ideation; 2) a newly developed, extremely brief measure of agitation; 3) a very brief measure of insomnia; 4) a self-report measure of trait hopelessness, motivated by recent theorizing from a cognitive perspective; 5) a version of the implicit associations test, developed specifically for assessment of suicide risk; and 6) measures of the risk factors (i.e., fearlessness, perceived burdensomeness, social isolation) proposed in a prominent theory of suicidal behavior (Joiner, 2005). The outcomes of interest are future episodes of suicidal ideation and behavior, and the research team includes investigators with rival allegiances to the various approaches.

A similar research approach is being led by Rory O'Connor. In this example, the rival assessments are the measures of the risk factors (i.e., fearlessness, perceived burdensomeness, social isolation) proposed in a prominent theory of suicidal behavior (Joiner, 2005), and variables derived from the Integrated Motivational-Volitional Model of Suicidal Behavior (e.g., defeat, humiliation, entrapment; O'Connor, 2011). In both the O'Connor and the Ft. Jackson examples, risk assessment on large populations is a goal (i.e., risk assessment to specifically enhance treatment outcomes in clinical populations is not the aim). These two studies may prove informative regarding the incremental validity of suicide risk assessments; more such work is indicated.

Regarding whether a particular assessment approach enhances treatment utility, an ethical and pragmatic issue, familiar to researchers in this field, is the unworkable nature of a “no risk assessment” control group. More practical is the comparison of specific risk assessment approaches to “risk assessment as usual,” to evaluate whether one incrementally enhances treatment outcomes vs. another. With one exception, virtually no research has been conducted on suicide risk assessment using this approach. The one exception is the in-progress work of David Jobes and colleagues evaluating the Collaborative Assessment and Management of Suicidality (CAMS) approach at Ft. Stewart.<sup>1</sup>

More such research is clearly indicated, and our Consortium is uniquely positioned to design and conduct such work.

### References

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<sup>1</sup> Of some relevance in this context is the study by Gould et al. (2005) in a large, non-clinical sample of adolescents, which showed that suicide risk assessment questions did not prove iatrogenic (and in some analyses appeared to prove therapeutic). This result is consistent with a general literature, not specific to suicide risk, on the therapeutic effects of assessment itself (e.g., Finn & Tonsager, 1992).

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