Supplemental Table 1. Components of a Suicide Risk Assessment Protocol in Research

Component	General Guidelines
Training and Supervision of Study Staff	Training may include: • Review of the study manual • Review of the assessment measure • Any onsite, offsite, or online training (e.g., Columbia Suicide Severity Rating Scale online training) • Role-plays Supervision may include: • Supervised practice assessments • Regular clinical supervision of assessments • Review of audio/video recordings and formal reliability ratings of assessments • Review of research data Researchers should set up parameters for determining when study staff are proficient in conducting a risk assessment
Licensed Clinician Availability	Considerations may include: • Communicating when appointments are scheduled and if a licensed clinician needs to be on call (e.g., using Outlook calendar) • If a graduate student or postdoctoral fellow is on call, a licensed clinician should also be able to address any questions or concerns • As any participant may spontaneously report suicidality on any contact (e.g., scheduling call), a clinician should always be available during research appointments
Thresholds for Contact	Deciding on thresholds for contact may differ depending on the study sample, site, and IRB. Examples of different, and not mutually exclusive, thresholds for clinician contact include: • Any non-zero ideation (e.g., this may be appropriate in a study of adolescents or undergraduate students) • Suicidal intent or plan (e.g., this may be appropriate in large studies with chronically suicidal participants) • Any recent suicidal behavior (including actual attempts, aborted attempts, interrupted attempts, preparatory behaviors) • Acute risk factors such as those described in Suicide Crisis Syndrome (i.e., entrapment, affective disturbance, loss of cognitive control, hyperarousal, social withdrawal; Galynker, 2017) and Acute Suicidal Affective Disturbance (i.e., a sudden surge in suicidal intent over minutes, hours, or days, severe social withdrawal, marked self-alienation; Tucker et al., 2016) • Study staff should be instructed to contact study clinicians at any point if they feel uncomfortable or uncertain with a participant's safety.

	If thresholds are met, study staff should contact the clinician on call to provide relevant information. • Whether the clinician assesses the participant in person is based on their clinical judgment • The on-call clinician (never research assistants or non-licensed research staff) should make decisions about disposition.
Responding to Risk	Responding to risk may require one or more of the following actions: • Providing referrals (e.g., National Suicide Prevention Lifeline [1-800-273-8255], local emergency rooms, Boys Town National Hotline); researchers should develop a strong referral network upfront to ensure that they will be able to assist participants who need crisis management and timely treatment. • Escorting or arranging transportation for the participant to a local emergency room for further evaluation • After obtaining releases, calling the participant's outpatient treatment providers and/or supports to alert them to risk • Calling local police or security to assist when a participant is judged to be at imminent risk but is not accepting help • Following up with a participant in the upcoming days to re-assess risk level
Documentation	When forming protocols, researchers should confer with their IRB of record and Data Safety and Monitoring Boards regarding suicide-related adverse events: • In some studies, suicide can be both a serious adverse event *and* a study outcome, and reporting may depend on whether the event was related or unrelated to study procedures • For example, in one suicide intervention trial, events determined to be relevant for assessing participant safety included: emergency department visit, suicide or potentially suicide-related hospitalization, actual suicide attempt, suicide death Any incident that requires clinical contact should be internally documented. This documentation may include: • A description of risk and protective factors (e.g., CAIPS: chronic factors, acute factors, imminent warning signs, protective factors, summary statement; see Obegi et al., 2015) • Steps research staff took to assess and respond to participant safety • Associated rationale for the response

Note. The components described here are neither exhaustive nor prescriptive, and may depend on the study sample, study design, and regulatory bodies.