The Society for Clinical Child and Adolescent Psychology (SCCAP): Initiative for Dissemination of Evidence-based Treatments for Childhood and Adolescent Mental Health Problems

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Workshop
Suicide Risk Assessment and Formulation in Children and Adolescents: A Workshop for Clinicians

Cheryl King, Ph.D., ABPP
Director: Institute for Human Adjustment
Professor of Psychology, University of Michigan
Associate Professor of Psychiatry
University of Michigan Health System
Risk Assessment and Formulation

- Risk Factors
- Current Suicidal Ideation/Impulses
- Mental Status

Risk Formulation
Risk Assessment and Formulation

1. Manage own reactions to youth and youth’s suicide risk/collaborative stance

2. Understand risk and protective factors

3. Collect accurate assessment information
   a. Risk factors
   b. Current suicidal intent/impulses
   c. Mental status

4. Formulate risk/Develop plan
Maintain a collaborative and non-adversarial stance

- Listen thoroughly to attain a shared understanding of youth’s suicide risk
  - Create atmosphere in which youth feels safe sharing information about suicidal thoughts, behaviors, plans
  - Communicate understanding that resolution of problem(s) is of most importance
  - Be empathic; Share understanding of suicidal state of mind; Honestly express why important for youth to live.

- Discuss privacy, confidentiality, exceptions
Collect Accurate Assessment Information

- Elicit risk and protective factors
- Elicit suicidal ideation, behavior, plans
- Conduct mental status examination
- Inquire about availability of means
- Obtain information from collateral sources
Youth Suicide Risk Factors

*Suicide Attempts and/or Suicide*

- Individual
  - Demographic Risk Factors
  - History of Suicide Attempt / Multiple Attempts
  - Psychiatric Disorder / Psychopathology
  - History of Sexual / Physical Abuse
  - Psychological Characteristics
  - Sexual Orientation – GLB
  - Exposure to Suicide
Youth Suicide Risk Factors

Suicide Attempts and/or Suicide

Family

- Family History of Suicide
- Family Psychiatric History
- Family Cohesion / Support

School / Community / Social Context

- Social Integration / Isolation
- Perceived Social Support
- Bullying
- Availability of Means
Risk Factor Checklist for Teen Suicidal Behavior and Suicide

**Demographic Characteristics**
- Gender
  - Male (suicide)
  - Female (nonfatal suicidal behavior)
- Racial & ethnic background
  - Black females have lowest suicide rate
  - Native American/Alaskan Native males have highest suicide rate

**Clinical Features**
- Previous suicide attempt
  - Multiple previous attempts (2 or more) = highest risk
- Suicide ideation and/or impulses
  - Especially plans and preparation
- Psychiatric Disorders
  - Depressive or Bipolar Disorder
  - Alcohol/Drug Abuse
  - Conduct Disorder
  - Post-Traumatic Stress Disorder
  - Other (e.g., Anxiety Disorder, Schizophrenia, Eating Disorder)
  - Insomnia
- States of Mind, Behavioral Traits
  - Hopelessness
  - Impulsivity
  - Psychic pain
  - Poor reality testing
  - Aggressive tendencies or history of violent behavior
  - Borderline traits
- Recent discharge from psychiatric hospital; recent change in treatment

**Family and Interpersonal Factors**
- Family history of suicidal behaviors, suicide
- Family history of psychiatric disorder
- Sexual Abuse, Physical Abuse
- Bullying
- Peer Relationship Difficulties, Poor Social Integration
- Family conflict, low support, instability
- Lesbian, gay, bisexual, transgender
- Exposure to suicidal behavior/Local cluster (e.g., school)

**Recent Life Stress**
- Loss of/Conflict in Close Relationship
- Disciplinary Action, Shame Experience

King, Ewell Foster, & Rogalski: 2011
Elicit Suicidal Ideation, Plans, Behaviors

- Make use of attitudes/approach outlined earlier
- Be familiar with suicide assessment tools, and understand their appropriate use
- Use strategies for decreasing youth’s reluctance to discuss suicide
  - Be direct, unhurried, comfortable with topic
  - Use careful phrasing, sequencing
  - Remember that “no, not really” in response to an initial question warrants follow-up.
Elicit Suicidal Ideation, Plans, Behaviors: 
*Interviewing Strategies*

- **Normalization**
  
  “*When youth feel this bad, they sometimes have thoughts…..*”

- **Four validity techniques** (Shea, 2004)
  - **Gentle assumption**: “*How frequently do you have thoughts of killing yourself?*”
  - **Behavioral incident**: “*What did you do next? Where did you place the razor blade?*”
  - **Symptom amplification** (set at high level): “*How many pills did you take….30, 50, 100?*”
  - **Denial of the specific** (entire sequence of questions): “*Have you thought of shooting yourself? Have you thought of….? Have you thought of …..?*”
Elicit Suicidal Ideation, Plans, Behaviors: 

*Clinically Useful Instruments*

- **Suicidal Ideation Questionnaire-JR**
  - Self-report; 15-item, 7-point frequency scale (Reynolds, 1988)
  - Excellent psychometric properties, including evidence of predictive validity
  - Post-hospitalization suicide attempts in adolescents (King et al., 1995)
Side Two Directions

Listed below are a number of sentences about thoughts that people sometimes have. Please indicate which of these thoughts you have had in the past month. Fill in the circle under the answer that best describes your own thoughts. Be sure to fill in a circle for each sentence. Remember, there are no right or wrong answers.

1. I thought it would be better if I was not alive
2. I thought about killing myself
3. I thought about how I would kill myself
4. I thought about when I would kill myself
5. I thought about people dying
6. I thought about death
7. I thought about what to write in a suicide note
8. I thought about writing a will
9. I thought about telling people I plan to kill myself
10. I thought about how people would feel if I killed myself
11. I wished I were dead
12. I thought that killing myself would solve my problems
13. I thought that others would be happier if I was dead
14. I wished that I had never been born
15. I thought that no one cared if I lived or died
Elicit Suicidal Ideation, Plans, Behaviors:  
*Clinically Useful Instruments*

- **Beck Hopelessness Scale (BHS)**
  - Self-report, 20-item true/false scale  
    (Beck et al., 1974; Beck & Steer, 1988)
  - **Evidence of predictive validity**
    - Higher scores associated with treatment dropout in adolescents (Brent et al., 1997)
    - Higher scores predict suicide attempts (among adolescents with prior history of attempt; Goldston et al., 2000)
Beck Hopelessness Scale

This questionnaire consists of 20 statements. Please read the statements carefully one by one. If the statement describes your attitude for the past week including today, darken the circle with a 'T' indicating TRUE in the column next to the statement. If the statement does not describe your attitude, darken the circle with an 'F' indicating FALSE in the column next to this statement. Please be sure to read each statement carefully.

1. I look forward to the future with hope and enthusiasm.
2. I might as well give up because there is nothing I can do about making things better for myself.
3. When things are going badly, I am helped by knowing that they cannot stay that way forever.
4. I can’t imagine what my life would be like in ten years.
5. I have enough time to accomplish the things I want to do.
6. In the future, I expect to succeed in what concerns me most.
7. My future seems dark to me.
8. I happen to be particularly lucky, and I expect to get more of the good things in life than the average person.
9. I just can’t get the breaks, and there’s no reason I will in the future.
10. My past experiences have prepared me well for the future.
11. All I can see ahead of me is unpleasantness rather than pleasantness.
12. I don’t expect to get what I really want.
13. When I look ahead to the future, I expect that I will be happier than I am now.
14. Things just won’t work out the way I want them to.
15. I have great faith in the future.
16. I never get what I want, so it’s foolish to want anything.
17. It’s very unlikely that I will get any real satisfaction in the future.
18. The future seems vague and uncertain to me.
19. I can look forward to more good times than bad times.
20. There’s no use in really trying to get anything I want because I probably won’t get it.
Suicidal Ideation and Attempt Severity

Clinically Useful Instruments

- Columbia Suicide Severity Rating Scale (C-SSRS)
  - Interview format (Posner et al., 2007)
  - Assesses suicidal ideation along a spectrum: “wish to be dead” to “suicide intent with a specific plan”
  - Details actual, interrupted, aborted attempts, preparatory acts, and self-injurious behavior
  - Assesses for previous week and lifetime (or since last interview)
### COLUMBIA-SEVERITY RATING SCALE

**SUICIDE IDEATION DEFINITIONS AND PROMPTS**

<table>
<thead>
<tr>
<th>Reason for Ideation</th>
<th>Frequency</th>
<th>Duration</th>
<th>Controllability</th>
<th>Deterrents</th>
<th>Reasons for Ideation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up</td>
<td>(1) Less than once a week</td>
<td>(1) Fleeting - few seconds or minutes</td>
<td>(1) Easily able to control thoughts</td>
<td>(1) Deterrents definitely stopped you from attempting suicide</td>
<td>(1) Comprehensively to end or stop the pain (you couldn't go on living with the pain or how you were feeling).</td>
</tr>
<tr>
<td>General non-specific thoughts of wanting to end one’s life/ commit suicide</td>
<td>(2) Once a week</td>
<td>(4) 4-8 hours/most of day</td>
<td>(4) Can control thoughts with a lot of difficulty</td>
<td>(4) Deterrents probably stopped you</td>
<td>(2) Mostly to get attention, revenge or a reaction from others.</td>
</tr>
<tr>
<td>Person endorses thoughts of suicide and has thought of at least one method during the assessment period</td>
<td>(3) 2-5 times in week</td>
<td>(5) More than 8 hours/persistent or continuous</td>
<td>(5) Unable to control thoughts</td>
<td>(5) Deterrents definitely did not stop you</td>
<td>(3) Equally to get attention, revenge or a reaction from others and to end/stop the pain.</td>
</tr>
<tr>
<td>Active suicidal thoughts of killing oneself and patient reports having intent to act on such thoughts</td>
<td>(5) Daily or almost daily</td>
<td>(5) More than 8 hours/persistent or continuous</td>
<td>(5) Unable to control thoughts</td>
<td>(5) Deterrents definitely did not stop you</td>
<td>(5) Mostly to end or stop the pain (you couldn’t go on living with the pain or how you were feeling).</td>
</tr>
</tbody>
</table>

**SUICIDAL BEHAVIOR DEFINITIONS AND PROMPTS**

<table>
<thead>
<tr>
<th>Actual Suicide Attempt</th>
<th>Frequency</th>
<th>Duration</th>
<th>Controllability</th>
<th>Deterrents</th>
<th>Reasons for Ideation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A potentially self-injurious act committed with at least some wish to die, as a result of the act</td>
<td>(1) Less than once a week</td>
<td>(1) Fleeting - few seconds or minutes</td>
<td>(1) Easily able to control thoughts</td>
<td>(1) Deterrents definitely stopped you from attempting suicide</td>
<td>(1) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling).</td>
</tr>
<tr>
<td>Behavior was in part thought of as a method to kill oneself. Intent does not have to be 100%</td>
<td>(2) Once a week</td>
<td>(4) 4-8 hours/most of day</td>
<td>(4) Can control thoughts with a lot of difficulty</td>
<td>(4) Deterrents probably stopped you</td>
<td>(2) Mostly to get attention, revenge or a reaction from others.</td>
</tr>
<tr>
<td>Have you made a suicide attempt?</td>
<td>(3) 2-5 times in week</td>
<td>(5) More than 8 hours/persistent or continuous</td>
<td>(5) Unable to control thoughts</td>
<td>(5) Deterrents definitely did not stop you</td>
<td>(3) Equally to get attention, revenge or a reaction from others and to end/stop the pain.</td>
</tr>
<tr>
<td>Have you done anything to harm yourself?</td>
<td>(5) Daily or almost daily</td>
<td>(5) More than 8 hours/persistent or continuous</td>
<td>(5) Unable to control thoughts</td>
<td>(5) Deterrents definitely did not stop you</td>
<td>(5) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling).</td>
</tr>
<tr>
<td>Have you done anything dangerous where you could have died?</td>
<td>(0) None or very minor (such as superficial scratches)</td>
<td>(0) None or very minor (such as superficial scratches)</td>
<td>(0) None or very minor (such as superficial scratches)</td>
<td>(0) None or very minor (such as superficial scratches)</td>
<td>(0) None or very minor (such as superficial scratches).</td>
</tr>
<tr>
<td>What did you do?</td>
<td>(0) None or very minor (such as superficial scratches)</td>
<td>(0) None or very minor (such as superficial scratches)</td>
<td>(0) None or very minor (such as superficial scratches)</td>
<td>(0) None or very minor (such as superficial scratches)</td>
<td>(0) None or very minor (such as superficial scratches).</td>
</tr>
<tr>
<td>Did you _____ as a way to end your life?</td>
<td>(0) None or very minor (such as superficial scratches)</td>
<td>(0) None or very minor (such as superficial scratches)</td>
<td>(0) None or very minor (such as superficial scratches)</td>
<td>(0) None or very minor (such as superficial scratches)</td>
<td>(0) None or very minor (such as superficial scratches).</td>
</tr>
<tr>
<td>Did you want to die (even a little) when you _____?</td>
<td>(0) None or very minor (such as superficial scratches)</td>
<td>(0) None or very minor (such as superficial scratches)</td>
<td>(0) None or very minor (such as superficial scratches)</td>
<td>(0) None or very minor (such as superficial scratches)</td>
<td>(0) None or very minor (such as superficial scratches).</td>
</tr>
<tr>
<td>Were you trying to end your life when you _____?</td>
<td>(0) None or very minor (such as superficial scratches)</td>
<td>(0) None or very minor (such as superficial scratches)</td>
<td>(0) None or very minor (such as superficial scratches)</td>
<td>(0) None or very minor (such as superficial scratches)</td>
<td>(0) None or very minor (such as superficial scratches).</td>
</tr>
<tr>
<td>Or Did you think it was possible you could have died from ____?</td>
<td>(0) None or very minor (such as superficial scratches)</td>
<td>(0) None or very minor (such as superficial scratches)</td>
<td>(0) None or very minor (such as superficial scratches)</td>
<td>(0) None or very minor (such as superficial scratches)</td>
<td>(0) None or very minor (such as superficial scratches).</td>
</tr>
</tbody>
</table>

**Lethality Ratings for Suicide Attempts Only**

<table>
<thead>
<tr>
<th>Lethality Ratings</th>
<th>Actual physical injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = None or very minor (such as superficial scratches)</td>
<td>(0) None or very minor (such as superficial scratches)</td>
</tr>
<tr>
<td>1 = Minor (such as mild bleeding, 1a degree burn)</td>
<td>(1) Minor (such as mild bleeding, 1a degree burn)</td>
</tr>
<tr>
<td>2 = Moderate the medical attention needed (such as somewhat responsive, second degree burns, bleeding of major vessel)</td>
<td>(2) Moderate the medical attention needed (such as somewhat responsive, second degree burns, bleeding of major vessel)</td>
</tr>
<tr>
<td>3 = Moderately severe, medical hospitalization required (such as comatose with intact reflexes, third degree burns over less than 20% of body, extensive blood loss with unstable vital signs, major fractures)</td>
<td>(3) Moderately severe, medical hospitalization required (such as comatose with intact reflexes, third degree burns over less than 20% of body, extensive blood loss with unstable vital signs, major fractures)</td>
</tr>
<tr>
<td>4 = Severe, medical intensive care required (such as comatose without reflexes, third degree burns over &gt;20% of body, extensive blood loss with unstable vital signs, major damage to internal organs)</td>
<td>(4) Severe, medical intensive care required (such as comatose without reflexes, third degree burns over &gt;20% of body, extensive blood loss with unstable vital signs, major damage to internal organs)</td>
</tr>
<tr>
<td>5 = Death likely, despite available medical care</td>
<td>(5) Death likely, despite available medical care</td>
</tr>
</tbody>
</table>

**If actual physical injury = 0, rate the potential for physical injury:**

1 = Behavior likely to result in injury but not likely to cause death
2 = Behavior likely to result in death despite available medical care
Suicidal Ideation and Attempt Severity

Clinically Useful Instruments

C-SSRS: Increasingly being used to assess suicidal behaviors in research, including treatment trials

- Determine extent to which intense affect predicted future suicidal behavior (Hendin et al., 2010)

- Assess suicidal behavior after beginning use of anti-depressants in adolescents (Emslie et al., 2009)

- Assess suicidal ideation and behavior in multiple large-scale clinical trials (Posner et al., 2011)
Mental Status

Warning Signs of Imminent Risk

- Threatening to hurt/kill self or talking of wanting to hurt/kill self
- Seeking access to firearm, pills, or other means
- Talking/writing about dying or suicide, when out of ordinary for youth

Additional warning signs:

- Hopelessness, rage/uncontrolled anger, recklessness, feeling trapped, increased alcohol/drug use, social withdrawal, anxiety/agitation, no reason for living
Risk Assessment and Formulation

- Risk Factors
- Current Suicidal Ideation/Impulses
- Mental Status

Risk Formulation
Case Examples

- Group Discussion
  - Level of Risk?
  - Additional Information Needed?
  - Formulation
Teen Suicide Risk Assessment Worksheet

Evaluator ___________________________ Date ______________________

Client ____________________________________________________________

Gender: M  F  Birthdate: __________________ Age (years): __________

Reason for Comprehensive Risk Assessment (e.g., recent suicide attempt, reported suicidal thoughts, hospital discharge/disposition, new client, other):
_______________________________________________________________

Sources of Information (Circle): Teen  Parent/Guardian  Other

Interview with ____________________________________________________

Interview with ____________________________________________________

Interview Form or Questionnaire (specify) __________________________________

Other Source(s) of Information (specify) __________________________________

Current or History of Suicidal Thoughts:  YES  NO

If Yes, provide the following information:

What is content of thoughts?

_______________________________________________________________

Time Frame/Course (today, past week? past month? lifetime?)

_______________________________________________________________

Frequency ______________________________________________________

Duration (How unrelenting?) _______________________________________

Has client considered a method? ____________________________________

Does client have a plan? __________________________________________

Any preparatory action(s) _________________________________________

Are there triggers that can be identified? ____________________________
Recent or History of Suicide Attempt:  YES  NO

If Yes, provide the following information:

How many suicide attempts? _______________________

**Most Recent Suicide Attempt**

When (Date and Circumstances) _______________________

Method _______________________

Intent (quality and level; e.g., ambivalent, fleeting, definite with advance planning) _______________________

Possible function(s) of attempt _______________________

Situation or triggers? _______________________

**Previous Suicide Attempt(s) - Summarize**

When (Date and Circumstances) _______________________

Method _______________________

Intent (quality and level; e.g., ambivalent, fleeting, definite with advance planning) _______________________

Possible function(s) of attempts _______________________

Situations or triggers? _______________________

**Other Clinical Risk Factors: Check all that apply:**

- [ ] Psychiatric disorder
  - [ ] Depressive/Bipolar disorder
  - [ ] Alcohol/Drug abuse
  - [ ] Conduct disorder
  - [ ] Post-traumatic stress disorder
  - [ ] Other _______________________

- [ ] Contextual/Interpersonal
  - [ ] Social isolation
  - [ ] Victim of bullying
  - [ ] Lesbian/Gay/Bisexual/Transgender
  - [ ] Exposure to suicidal behavior
  - [ ] Local cluster
Other Clinical
- Previous suicide attempt
- Suicide ideation/impulses
- Poor reality testing
- Aggression/Violent history
- Trauma or Abuse
- Family suicide/psychiatric disorder
- Loss of close relationship

Shame experience
- Recent psychiatric discharge
- Hopelessness
- Impulsivity
- Psychic pain
- Insomnia
- Anxiety

Mental Status Exam: Check items present to a clinically significant degree:
- Psychic pain
- Inability to see/consider options
- Hopelessness
- Perceived burdensomeness
- Shame/self-hate
- Alcohol or drug intoxication
- Impulsivity
- Aggressive behavior
- Poor judgment
- Agitation

- Poor reality testing
- Depressed mood
- Anxiety
- Anger
- Sleep dysfunction
- Command hallucination

Notes:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Protective Factors:

Family and/or other social support (describe)

________________________________________________________________________

Problem-Solving/Coping Skills (describe)

________________________________________________________________________

Future Orientation & Reasons for Living (describe what teen is looking forward to etc.)

________________________________________________________________________

________________________________________________________________________

Cultural/Religious/Community Beliefs (describe)

________________________________________________________________________

Connectedness to Others (describe)

________________________________________________________________________
Risk Formulation

- Integrate and prioritize information
  - Warning signs of imminent risk?
  - Examples of moderate/high suicide risk status
    - Plans and preparation for suicide attempt
    - History of multiple suicide attempts plus current alcohol/drug abuse or significant hopelessness
Documentation of Teen Suicide Risk Assessment

Evaluator’s Name __________________________ Assessment Date/Time: ____________________

Client/Patient’s Name: _______________________

Risk Factors (Psychiatric disorders, Active use of alcohol or drugs, History of trauma/abuse/family suicide, Recent stress, Hospital discharge/treatment change, Contextual factor such as victimization/bullying):

____________________________________________________________________________________

____________________________________________________________________________________

Suicidal Thoughts, Impulses; History of Suicide Attempts (Thoughts: content, severity, frequency, controllability; Attempts: number, precipitants, method, functional analysis):

____________________________________________________________________________________

____________________________________________________________________________________

Mental Status (Current psychological functioning):

____________________________________________________________________________________

____________________________________________________________________________________

Protective Factors:

____________________________________________________________________________________

____________________________________________________________________________________

Risk Formulation (Summarize risk and protective factors; Indicate judgment re: level of risk):

____________________________________________________________________________________

____________________________________________________________________________________

Plan of Action:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
Mental Health Model

Evidence-Based Practice

– Risk Assessment and Formulation
– Intervention and Care Management

Limited Evidence for Interventions
Treatment and Care Management

Evidence-Based “Best Practices” Model

1. Address safety first
2. Specify interventions
   - Immediate Response
     - Remove accessible lethal means
     - Consider hospitalization
     - Crisis Response Plan/Safety Plan
   - Acute
     - Provide external support
     - Treat symptoms and build individual’s resources
   - Continuing treatment/Care management
3. Consider use of Crisis Response Plan/Safety Plan or Coping Cards – Target suicidal thoughts directly

4. Involve parent/guardian in developing and implementing treatment plan

5. Use evidence-based interventions to impact modifiable risk and protective factors (e.g., Depression, Alcohol Abuse)
SAMPLE SAFETY PLAN

1. What are my triggers for suicidal thoughts or self-harmful behaviors? How might I recognize when I need to take steps to protect my well-being and remain safe?

2. The steps I will take when I experience triggers, suicidal thoughts, or self-harm urges:
   a. Try to relax by ____________________________
   b. Do something physically active such as ____________________________
   c. Distract myself by ____________________________
   d. Use coping statements (thoughts) such as ____________________________
   e. Contact a family member, friend, support person:
      Name ____________________________ Phone Number ____________________________
      ____________________________  ____________________________
   f. Call my therapist or emergency numbers OR go to emergency room:
      Emergency: 911
      Local Emergency Services: ____________________________
      My Clinical Provider/Therapist: ____________________________
      (Times I can reach my clinical provider) ____________________________
      Suicide Prevention Lifeline: 1-800-273-TALK (8255)
   g. Move away from any method or means for hurting myself; involve family member or support person in limiting my access to methods for hurting myself.

3. A couple of things that are very important to me and worth living for are:
   ____________________________

Client ____________________________ Date ____________________________
Therapist ____________________________ Date ____________________________
Parent/Guardian (if possible) ____________________________ Date ____________________________
Special Issues with Adolescents

- Involve parents/guardians in initial assessment, treatment planning, ongoing risk assessment
- Clarify confidentiality issues with parent(s) and adolescent
- Acknowledge parents’ helpful contributions and empower them to have positive influence
- Evaluate parents’ ability to fulfill essential functions (food, shelter, safety)
- Consider interventions to assist family
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Clinical Skills: Core Competencies Curriculum Task Force
Sponsored by: Suicide Prevention Resource Center and
American Association of Suicidology
For more information, please go to the main website and browse for workshops on this topic or check out our additional resources.

**Additional Resources**

**Online resources:**

**Books:**

**Selected Peer-reviewed Journal Articles:**