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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SOCIETY OF CLINICAL CHILD & ADOLESCENT PSYCHOLOGY

practice into science into practice

DIVISION 53

American Psychological Association

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Workshop

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

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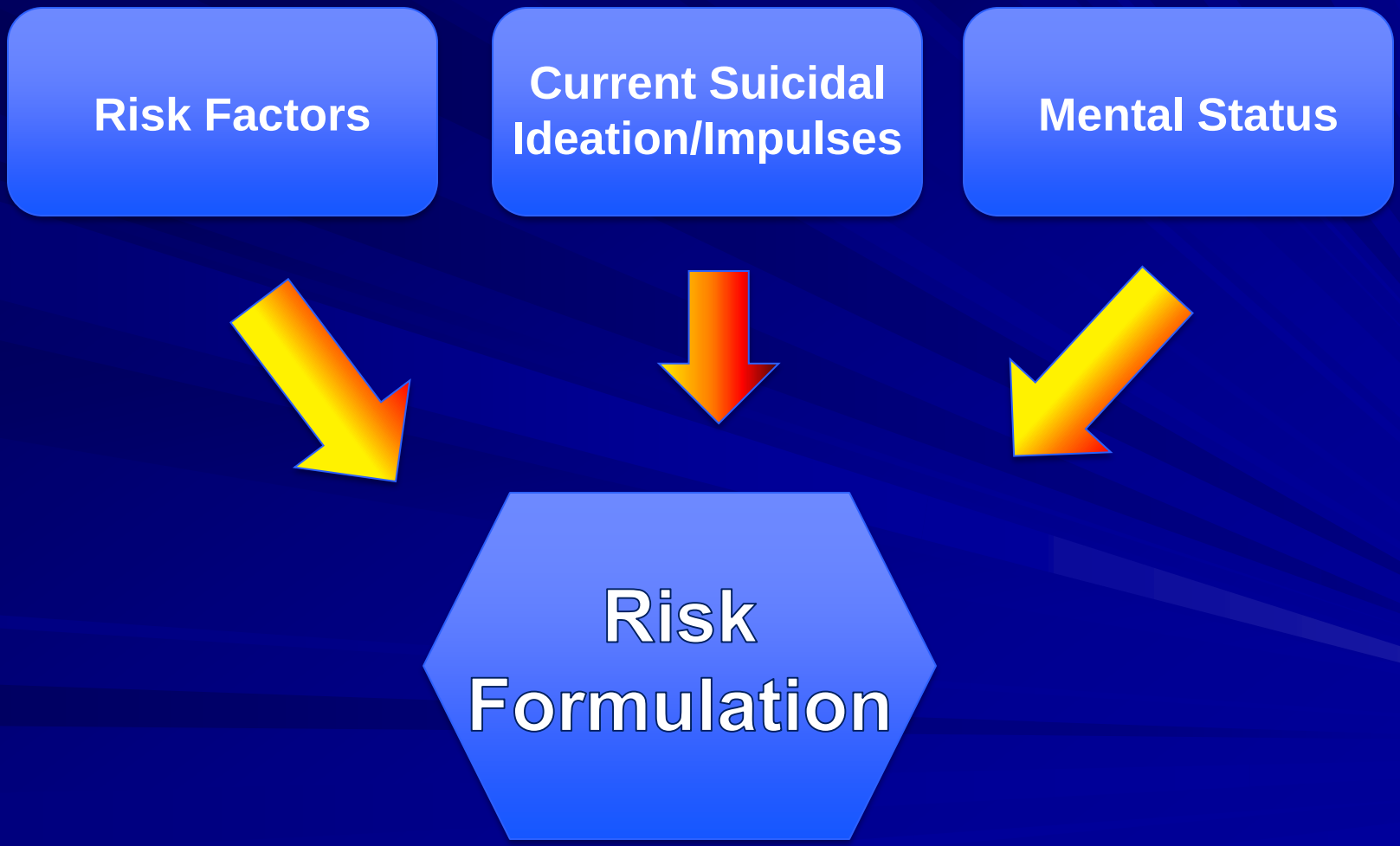
Risk Assessment and Formulation



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

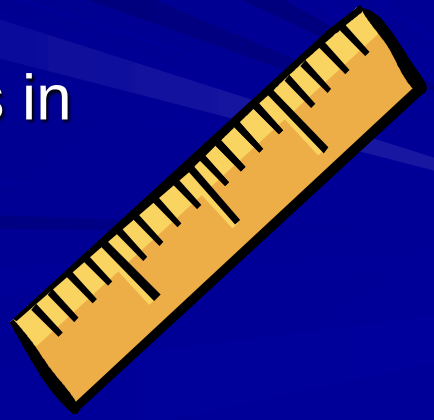
- Normalization

  "*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 …..? 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)



Suicidal Ideation Questionnaire-JR

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*.

This thought was in my mind:	Almost every day.	Couple of times a week.	About once a week.	Couple of times a month.	About once a month.	I had this thought before but not in the past month.	I never had this thought.
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 drop-out 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

BHS®

Date:_____

Name:_____ Marital Status:_____ Age:_____ Sex:_____

Occupation:_____ Education:_____

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- Suicide Severity Rating Scale

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Posner, Brent, Lucas, Gould, Stanley, Brown, Fisher, Zelazny, Burke, Oquendo, & Mann

SUICIDE IDEATION DEFINITIONS AND PROMPTS:	Past week	Lifetime
1. Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up?	Yes ☐ No ☐	Yes ☐ No ☐
2. Suicidal Thoughts: **General non-specific thoughts of wanting to end one's life/ commit suicide**	Yes ☐ No ☐	Yes ☐ No ☐
3. Suicidal Thoughts with Method (without Specific Plan or Intent to Act): **Person endorses thoughts of suicide and has thought of at least one method during the assessment period**	Yes ☐ No ☐	Yes ☐ No ☐
4. Suicidal Intent (without Specific Plan): **Active suicidal thoughts of killing oneself and patient reports having intent to act on such thoughts**	Yes ☐ No ☐	Yes ☐ No ☐
5. Suicide Intent with Specific Plan: **Thoughts of killing oneself with plan fully or partially worked out and person has some intent to carry it out**	Yes ☐ No ☐	Yes ☐ No ☐

If any suicide ideation items are endorsed, complete intensity ratings for the most severe level of ideation:	Past week
Frequency: ***Do you usually have these thoughts? How many times have you had these thoughts in the last week?*** (1) Less than once a week (2) Once a week (3) 2-5 times in week (4) Daily or almost daily (5) Many times each day	
Duration: ***When you have these thoughts how long do they last?*** (1) Fleeting - few seconds or minutes (2) Less than 1 hour/some of the time (3) 1-4 hours/a lot of time (4) 4-8 hours/most of day (5) More than 8 hours/persistent or continuous	
Controllability: ***Could / can you stop thinking about killing yourself or wanting to die if you want to?*** (1) Easily able to control thoughts (2) Can control thoughts with little difficulty (3) Can control thoughts with some difficulty (4) Can control thoughts with a lot of difficulty (5) Unable to control thoughts (0) Does not attempt to control thoughts	
Deterrents: ***Are there things – anyone or anything (e.g., family, religion, pain of death) – that stopped you from taking your life or acting on these thoughts?*** (1) Deterrents definitely stopped you from attempting suicide (2) Deterrents probably stopped you (3) Uncertain that deterrents stopped you (4) Deterrents most likely did not stop you (5) Deterrents definitely did not stop you (0) Does not apply; wish to die only	
Reasons for Ideation: ***What sort of reasons did you have for thinking about wanting to die or to kill yourself?*** (1) Completely to get attention, revenge or a reaction from others. (2) Mostly to get attention, revenge or a reaction from others. (3) Equally to get attention, revenge or a reaction from others and to end/stop the pain (4) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling). (5) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling).	

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Posner, Brent, Lucas, Gould, Stanley, Brown, Fisher, Zelazny, Burke, Oquendo, & Mann

SUICIDAL BEHAVIOR DEFINITIONS AND PROMPTS	Past week	Lifetime
Actual Suicide Attempt: A potentially self-injurious act committed with at least some wish to die, *as a result of the act*. Behavior was in part thought of as a method to kill oneself. Intent does not have to be 100% ***Have you made a suicide attempt?*** ***Have you done anything to harm yourself?*** ***Have you done anything dangerous where you could have died?*** ***What did you do?*** ***Did you ____ as a way to end your life?*** ***Did you want to die (even a little) when you ____?*** ***Were you trying to end your life when you ____?*** ***Or Did you think it was possible you could have died from ___?*** If yes, describe:	Yes ☐ No ☐	Total # of Attempts _____
Interrupted Attempt: When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act *(if not for that, actual attempt would have occurred).* ***Has there been a time when you started to do something to end your life but someone or something stopped you before you actually did anything?*** If yes, describe:	Yes ☐ No ☐	Yes ☐ No ☐
Aborted Attempt: When person begins to take steps toward making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior. ***Has there been a time when you started to do something to try to end your life but you stopped yourself before you actually did anything?*** If yes, describe:	Yes ☐ No ☐	Yes ☐ No ☐
Other Preparatory Acts or Behavior: Acts or preparation towards imminently making a suicide attempt. ***Have you taken any steps towards making a suicide attempt or preparing to kill yourself (such as collecting pills, getting a gun, giving valuables away or writing a suicide note)?*** If yes, describe:	Yes ☐ No ☐	Yes ☐ No ☐
Self-Injurious Behavior without Suicide Intent: Acts of self-harm where there is no evidence that the person intended to kill oneself and the person intended to harm oneself for other reasons. ***Did you do (name of behavior) purely for other reasons / without ANY intention of killing yourself (like to relieve stress, feel better, get sympathy, or get something else to happen)?*** If yes, describe:	Yes ☐ No ☐	Yes ☐ No ☐

Lethality Ratings for Suicide Attempts Only	Past week	Lifetime
Actual physical injury: 0 = None or very minor (such as superficial scratches) 1 = Minor (such as mild bleeding, 1st degree burn) 2 = Moderate, medical attention needed (such as somewhat responsive, second degree burns, bleeding of major vessel) 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 stable vital signs, major fractures) 4 = Severe, medical intensive care required (such as comatose without reflexes, third degree burns over >20% of body, extensive blood loss with unstable vital signs, major damage to internal organs) 5 = Death likely, despite available medical care		
If actual physical injury = 0, rate the potential for physical injury: 0 = Behavior not likely to result in 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)

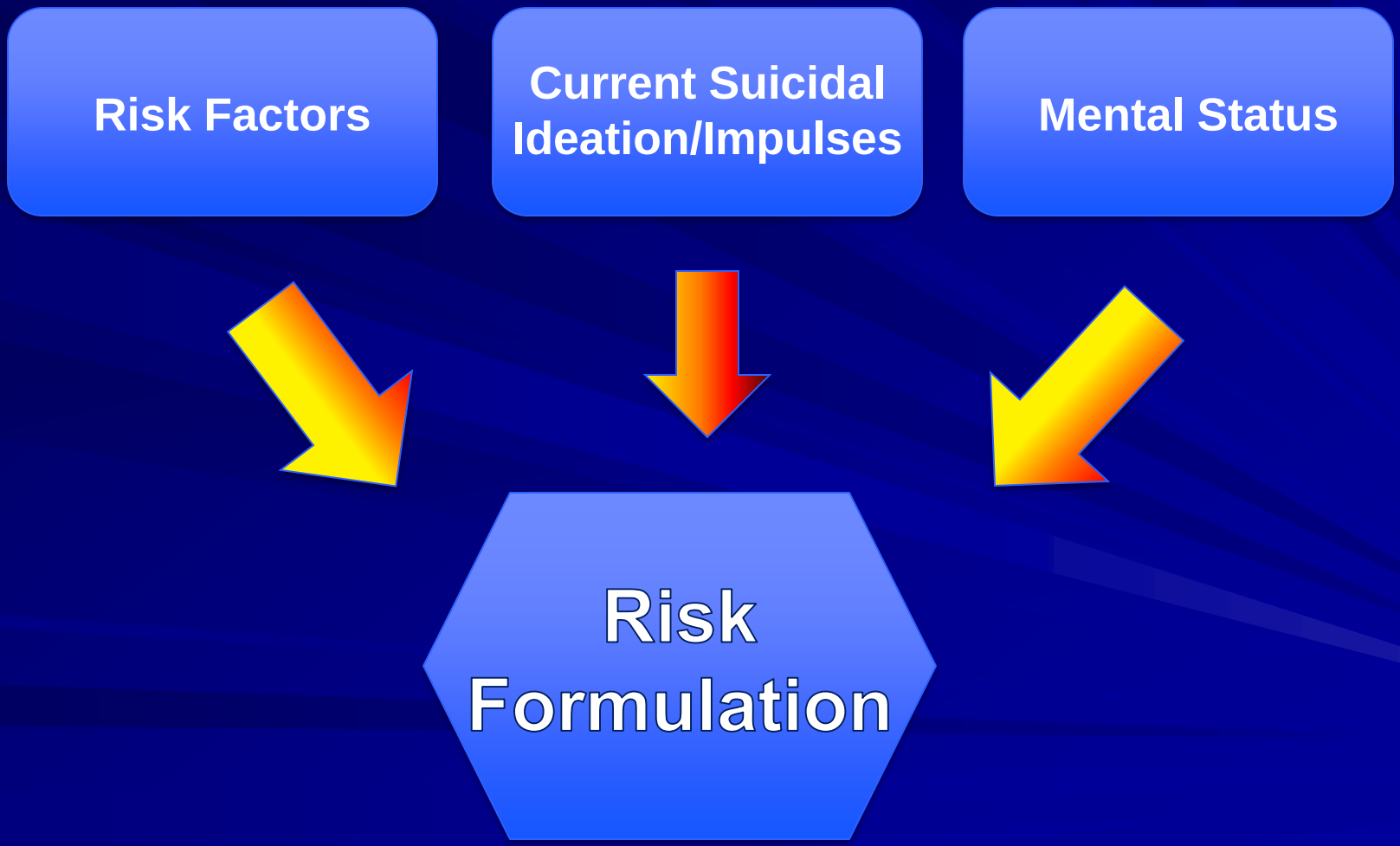
Mental Status

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



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)_____

_____

Methods _____

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

Treatment and 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:

1. Suicide Prevention Resource Center website http://www.sprc.org/
2. American Association of Suicidology http://www.suicidology.org
3. Society of Clinical Child & Adolescent Psychology: http://effectivechildtherapy.com/sccap/
4. American Foundation for Suicide Prevention website http://www.afsp.org
5. National Suicide Prevention Lifeline website http://www.suicidepreventionlifeline.com

Books:

Suicide Prevention Resource Center (2008). *Assessing and managing suicide risk: Core competencies for mental health professionals*. Newton, MA: Education Development Center, Inc.

Selected Peer-reviewed Journal Articles:

1. King, C. A., & Merchant, C. R. (2008). Social and interpersonal factors relating to adolescent suicidality: A review of the literature. Archives of Suicide Research, 12(3), 181 - 196.
2. Posner, K., Oquendo, M. A., Gould, M., Stanley, B., & Davies, M. (2007). Columbia Classification Algorithm of Suicide Assessment (C-CASA): Classification of suicidal events in the FDA's pediatric suicidal risk analysis of antidepressants. American Journal of Psychiatry, 164(7), 1035-1043.
3. Shea, S. C. (2004). Suicidal Ideation: Clear understanding and use of an interviewing strategy such as the Chronological Assessment of Suicide Events (CASE Approach) can help clarify intent and immediate danger to the patient. Psychiatric Annals, 34(5), 385-400.

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