ADAPTIVE TESTING TECHNOLOGIES | UNRIVALED MEASUREMENT
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Frequently Asked Questions: K-CAT-SS Changes

1. What does the K-CAT-SS probability score currently measure?

The Child/Suicide Scale test (K-CAT-SS) probability estimates the likelihood that suicidal ideation or behavior was present at the time of assessment. It was calculated only when linked child and parent/caregiver interviews were completed, including all six (6) core modules from both respondents and the child-reported K-CAT-SS.

The original K-CAT-SS predicted concomitant, or co-occurring, suicidal ideation or behavior.

2. What will the new K-CAT-SS probability score measure?

Following implementation on August 31, 2026, the Child/Suicide Scale (K-CAT-SS) will prospectively predict the likelihood of a suicide attempt within the next three (3) months.

3. In what circumstances is probability of suicidal ideation or behavior (Prob of Suicide) provided?

This score is only available if both the parent/caregiver and child complete a paired interview. This will no longer be the case when the changes are implemented.

4. In what circumstances will the new probability score (probability of attempt) be provided?

This score will be available when:

- A paired interview is created and includes the K-CAT-SS (child report only). *Both the child and parent/caregiver must complete their portion.*
- A child completes an unpaired (individual) interview that includes the 6 core modules (depression, anxiety, mania, ADHD, conduct disorder, oppositional defiant disorder) and the K-CAT-SS.
- A child completes an individual interview that contains only the K-CAT-SS.

Please note: If a paired interview is created with the K-CAT-SS, the probability of attempt will only be calculated when both participants complete the assessment. If only the child responds, no probability will be generated.

5. What is the accuracy of these equations?

We measure the performance of our models by evaluating the area under the curve (AUC). The AUC reflects a model's ability to distinguish between positive and negative individuals.

For predicting a suicide attempt within the next three (3) months, the model achieves:

- A full, paired (parent and child) K-CAT® interview has an AUC=0.86
- The K-CAT-SS® with the additional psychopathology measures added has an AUC=0.85.
- The K-CAT-SS® alone (child only) has an AUC=0.83.

An AUC of 0.86 means that, when comparing a randomly selected individual who attempted suicide during the follow-up period with one who did not, the model would assign a higher predicted probability to the individual who attempted suicide 86% of the time.

6. Is there a difference in the accuracy for the three (3) models?

Performance was similar across all three models. The paired model incorporates responses from both the child and the parent/caregiver, while the other models use child responses only, resulting in the best AUC. The K-CAT® paired interview with both respondents completing the assessment is the recommended use of the K-CAT®.

7. What is AUC?

The area under the curve (AUC) reflects the ability to distinguish between positive and negative individuals. An AUC value can range from 0.0 to 1.0.

At AUC=0.0, the model predicts the exact opposite of reality every time.
At AUC=0.50, the model performs no better than random guessing or flipping a coin.
At AUC=1.0, the model makes perfect predictions each time.

The K-CAT-SS achieves an AUC in the "Excellent" range (AUC=0.8-0.9) for all three models.

A higher AUC indicates that a model is better able to distinguish between individuals who experience the predicted outcome and those who do not.

8. How to interpret the new metric: Probability of Suicide Attempt in the next three (3) months:

Suicide attempts occur far less often than ideation or behavior. Because the updated model calculates the probability of a suicide attempt rather than ideation or behavior, probability values are lower overall. Accordingly, the threshold for generating a probability-based suicide warning will be adjusted from greater than or equal to 0.515 (≥0.515) to greater than 0.10 (>0.10).

The probability of 0.11 corresponds to an estimated probability of 11%. A probability of 0.11 or greater generates a probability-based suicide warning.

9. How is probability measured (what is the scale)?

Probability is measured from 0.00 to 1.00, with 0.00 being 0% probability and 1.00 being 100% probability.

With a threshold of >0.10, it means a greater than 10% chance of suicide attempt in the next three (3) months. Estimated likelihood can be described by transforming the reported probability estimate into a percentage (i.e., 0.15 = 15%, 0.57 = 57%, etc.).

This recalibrated threshold maintains high sensitivity -- ability to find true cases – and does not represent a lower standard for generating a warning.

10. Does the K-CAT-SS® probability score replace the severity score?

No. The probability score should be read alongside the severity score, not instead of it, as both represent different things. The severity score is a continuous measure of symptoms. The probability represents a likelihood of suicide attempt in the next three (3) months.

11. Can I compare the previous probability scores to the new probability score?

No. Although both scores relate to suicidality, they represent different outcomes. Previous scores will not change, and they will not be re-scored.

The previous equation estimated the likelihood that suicidal ideation or behavior was present at the time of the assessment (concomitant). The updated equation estimates the likelihood of a suicide attempt occurring during the next three (3) months. This is a prospective prediction of a future outcome. Because the underlying outcome, interpretation, and prediction period have changed, the scores are not on the same scale and should not be compared. A difference between the scores does not necessarily indicate that an individual's risk has increased or decreased.

12. What triggers a suicide warning?

A suicide warning is generated when one or more of the following occurs:

- A specific suicide item is endorsed.
- The K-CAT-SS severity score is greater than 60 (>60), which falls in the severe range.
- The estimated probability of a suicide attempt within the next three months is greater than 0.10 (>0.10).

The notification does not identify which condition generated the warning. Users should review the available K-CAT-SS results in accordance with their organization's established procedures.

We anticipate that users of the K-CAT-SS will see fewer suicide warnings triggered solely by probability.

13. How should the K-CAT-SS probability and suicide warning be used?

The K-CAT-SS is intended to support – not replace – clinical judgment, direct assessment, or an organization's established suicide-risk response procedures. A lower probability does not rule out suicide risk. Organizations should respond to suicide warnings and concerning results according to their established protocols.

14. Has there been a change to the item bank?

No, the item bank has remained exactly the same.

15. What led to this change?

ATT is committed to providing the most accurate and precise mental health measurement tools available. We continually evaluate new real-world data to refine our tools and strengthen their clinical relevance.

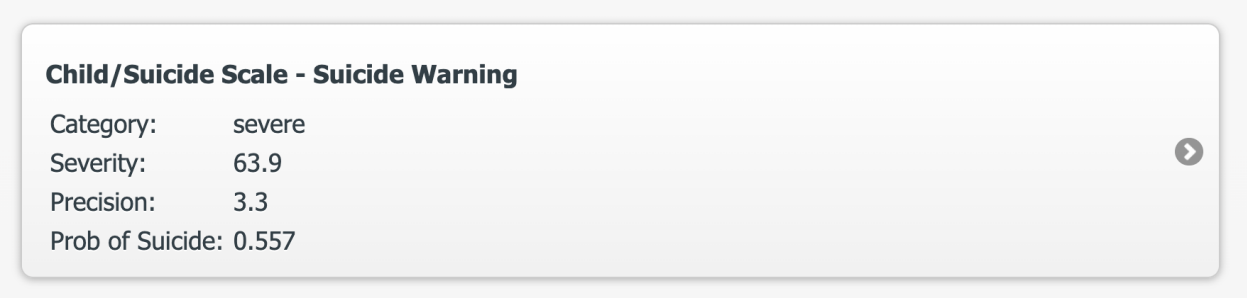
By predicting a specific outcome within a defined timeframe, the updated probability is intended to provide clearer, more actionable information, allowing for more effective interpretation and application.

16. What will look different and where?

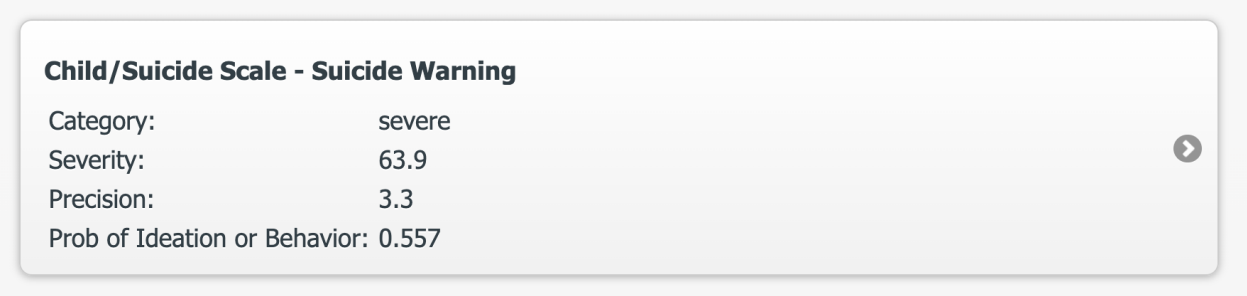
In the CAT-MH® Control Panel:

Results Calculated before August 31, 2026: “Prob of Suicide” will now say “Prob of Ideation or Behavior”
Results Calculated August 31, 2026 or after: “Prob of Attempt (next 3 mos)”

Prior to implementation of the changes, users would see results with probability displayed as:

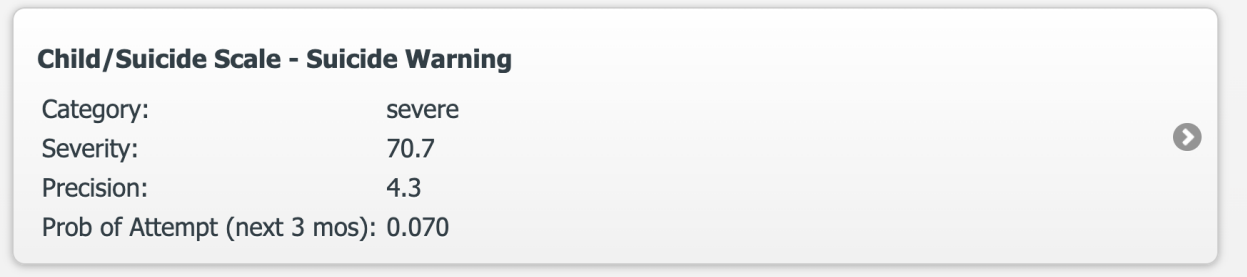


For those same results, calculated prior to August 31, 2026, users will **now** see results displayed as:



Note: Historical values are preserved and not re-scored but the label will change.

For any **new** K-CAT-SS interview completions where a probability is generated, users will see results displayed as:



In completion notifications:

Completion notifications sent prior to August 31, 2026:

Suicide Warning
Child/Suicide Scale - Suicide Warning (Past 2 weeks): 100.0 (severe), Prob of Dx: 1.000

Child/Anxiety (Past 2 weeks): 97.6 (severe), Prob of Dx: 0.955
Child/Mania (Past 2 weeks): 100.0 (severe), Prob of Dx: 0.381
Child/Opp. Defiant Disorder (Past 2 weeks): 100.0 (severe), Prob of Dx: 0.984
Child/ADHD (Past 2 weeks): 100.0 (severe), Prob of Dx: 0.918
Child/Depression (Past 2 weeks): 100.0 (severe), Prob of Dx: 0.992
Child/Conduct Disorder (Past 2 weeks): 100.0 (severe), Prob of Dx: 0.915

Please sign in to CAT-MH® at https://test.cat-mh.com/panel/signin.html?guid=ad6c12c5&intid=37635 to check on the details.

Best regards,
CAT-MH® Support

Completion notifications sent August 31, 2026 or later:

Dear Reviewer,

An interview was completed with the following information:

Patient ID: Y1002

Date: Sun Aug 16 13:55:04 PDT 2026

Suicide Warning
Child/Suicide Scale - Suicide Warning (Past day): 84.8 (severe), Prob of Attempt (next 3 mos): 0.105

Child/Anxiety (Past day): 56.3 (moderate)
Child/Mania (Past day): 60.2 (moderate)
Child/Opp. Defiant Disorder (Past day): 68.2 (severe)
Child/ADHD (Past day): 73.7 (severe)
Child/Depression (Past day): 100.0 (severe)
Child/Conduct Disorder (Past day): 46.0 (moderate)

Please sign in to CAT-MH® at <LINK> to check on the details.

Best regards,
CAT-MH® Support

Using the K-CAT-SS In Research:

17. What should I tell my IRB?

If the metrics provided by the K-CAT-SS are relevant to your study, we recommend letting your IRB know of this change as well as reflecting this change throughout your study's protocol. Some questions to consider include:

- Will there be a change in who reviews these responses? Does the study team have adequate clinical expertise to review these responses?
- Now that the K-CAT-SS provides a probability of suicide attempt within the next three (3) months, how will that change our timing and response to a suicide warning?
- Are there changes needed to our safety plan?
- How will the participant's safety be prioritized?
- How will we reflect this change in the assent and consent forms?

The updated threshold may result in fewer warnings triggered solely by the probability calculation. Warnings will continue to be generated based on specified item endorsements and scores in the Severe range.