The specific goals of the researchers were as follows. First, to validate a German version of the BRFL in samples of non-clinical and clinical adults. Second, to assess the BRFL total score as a viable moderator variable in the assessment of suicide-related behaviors. Participants included adult students recruited from two universities (n = 339) and a clinical sample (n = 272). The analyses included item analysis, principal components analysis (PCA) with oblique rotation, and hierarchical regression analysis and so on.

1. When studying the nature of the suicide construct, especially in clinical samples, it is questionable if the focus should be on suicide ideation rather than suicide attempts. In addition, for non-clinical samples, two parameters of ideation are expected to be assessed, frequency and intent. Unfortunately, this study did not take into consideration any of these important considerations. Indeed, the majority of individuals who present with suicidal ideation do not go on to engage in suicide-related behaviors. Taken together, the study of suicide ideation does not provide much clinical information about the nature of suicide attempts or completion.

2. The BRFL has note "been studies extensively" due at least to three major psychometric considerations. First, scales composed of only two items, such as the BRF, do not provide relevant and representative information about the construct. Second, scores on these types of scales tend to have substantive negative impact on correlations with scores from instruments with three or more items. Third, the BRFL in particular, was constructed using traditional short-form development strategies; accordingly, it is difficult to recover the original structure.

3. For unidimensional self-report instruments [e.g., the PHQ-9], a relevant method for determining estimates of internal consistency for scale scores is the use of either (a)
Coefficient-rho or (b) SEM-based coefficient-alpha. For multidimensional instruments, a relevant estimator is coefficient-omega. The traditional coefficient-alpha tends either to under- or over-estimate estimates of internal consistency and its use is discouraged by contemporary psychometricians.

4. The INQ-15 is composed of two scales, both of which are essential in determining the extent of desire for suicide-related behaviors: Thwarted Belongingness [TB] and Perceived Burdensomeness [PB]. The rational for using scores on only the PB subscale is not stated clearly in the text.

5. The authors should be commented for the detail description of the steps included in the hierarchical regression analysis. However, I wondered why scores on the Positive Mental Health and social support scales were not considered for this analysis. That is, does the BRFL total scale score have any incremental validity over and beyond scores from these protective instruments?

6. Given larger sample sizes [i.e., following power analysis], it might have been instructive to address the issue of measurement invariance for the BRFL subscales across clinical and nonclinical samples.

7. Regardless of the concerns noted above, it is important to note that PCA is a data reduction strategy for item-level analysis. Given that a 6-factor solution has been established for the BRFL, it might be useful to start out using a confirmatory approach. If there is some degree of uncertainty about the structure, an alternative method might be exploratory structural equation modeling (ESEM) approach.

8. The Survival and Coping Beliefs (SCB) subscale, composed of the most set of items, is usually considered the most important domain of the RFL. It is the first study that has failed to replicate this factor. Could this be related to the use of combined data from both clinical and non-clinical to conduct the PCA? I am assuming here that the PCA involved combined data from both groups [N= 586; given that this was not stated explicitly in the text].
9. The data presented in Table 2 highlight substantive problem with evidence of convergent validity for the BRFL subscale scores except one, Responsibility to Family. All the other correlates were low and statistically non-significant. It is likely that these low estimates were due to the less than adequate estimates of internal consistency reliability for scores on these 2-item scales.

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No

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