




# COLUMBIA SUICIDE SEVERITY RATING SCALE

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# Credits

- The C-SSRS (Columbia Suicide Severity Rating Scale) Screen was developed by researchers at Columbia University, University of Pennsylvania, University of Pittsburgh, and New York University
- Kelly Posner Gerstenhaber, PHD, Director of the Columbia Lighthouse Project and Principal Investigator on most research

# Why Screen?

- Suicide is a major public health crisis
- Suicide is now the 10<sup>th</sup> leading cause of death in the US
- Oklahoma has the 8<sup>th</sup> highest suicide rate in the nation
- Since 2009, Oklahoma's suicide rate has increased by 45% - twice the national average rate of increase

# Why Screen?

- Parkside Psychiatric Hospital & Clinic is committed to the national Zero Suicide Initiative
- Parkside provides free training to organizations so that suicides can be prevented
- By using the Columbia Suicide Severity Rating Scale Screen, we will save lives

# Why the Columbia Suicide Severity Rating Scale Scree?

- The C-SSRS Screen has a 99% reliability in identifying suicide risk
- The scree is evidence-based and endorsed by:
  - *World Health Organization*
  - *National Institutes of Health*
  - *Centers for Disease Control*
  - *Food & Drug Administration*
  - *Substance Abuse and Mental Health Administration*

# Why the Columbia Suicide Severity Rating Scale Scree?

- Research and real-world experience has demonstrated its effectiveness
- Completion takes only a few minutes
- Anyone can use it, including non-professionals and peers
- It provides clear action steps based on responses
- The instrument is free for everyone to use

# One Caution

- The C-SSRS, like all other suicide assessment tools, provides useful information but does not predict the likelihood of a completed suicide
- Ultimately, clinical judgement is required to determine the degree of a given patient's suicidality as well as the actions needed to keep him or her safe

# What is the C-SSRS Screen?

- Minimum of three questions
- Maximum of six questions
- These questions identify:
  - *Suicidal ideation*
  - *Ideation intensity*
  - *Suicidal behavior*



# Questions 1 and 2 Identify Presence of Ideation

COLUMBIA-SUICIDE SEVERITY RATING SCALE  
Screen with Triage Points

Ask questions that are in bold and underlined.	Past Month	
Ask Questions 1 and 2	Yes	No
1) <u><i>Have you wished you were dead or wished you could go to sleep and not wake up?</i></u>		
2) <u><i>Have you had any actual thoughts of killing yourself?</i></u>		

# Questions 3, 4, and 5

## Identify Ideation Intensity

<p>3) <u>Have you been thinking about how you might do this?</u> e.g. "I thought about taking an overdose but I never made a specific plan as to when, where, or how I would actually do it...and I would never go through with it."</p>	Yellow	White
<p>4) <u>Have you had these thoughts and had some intention of acting on them?</u> as opposed to "I have the thoughts but I definitely will not do anything about them."</p>	Red	White
<p>5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u></p>	Red	White

# Question 6

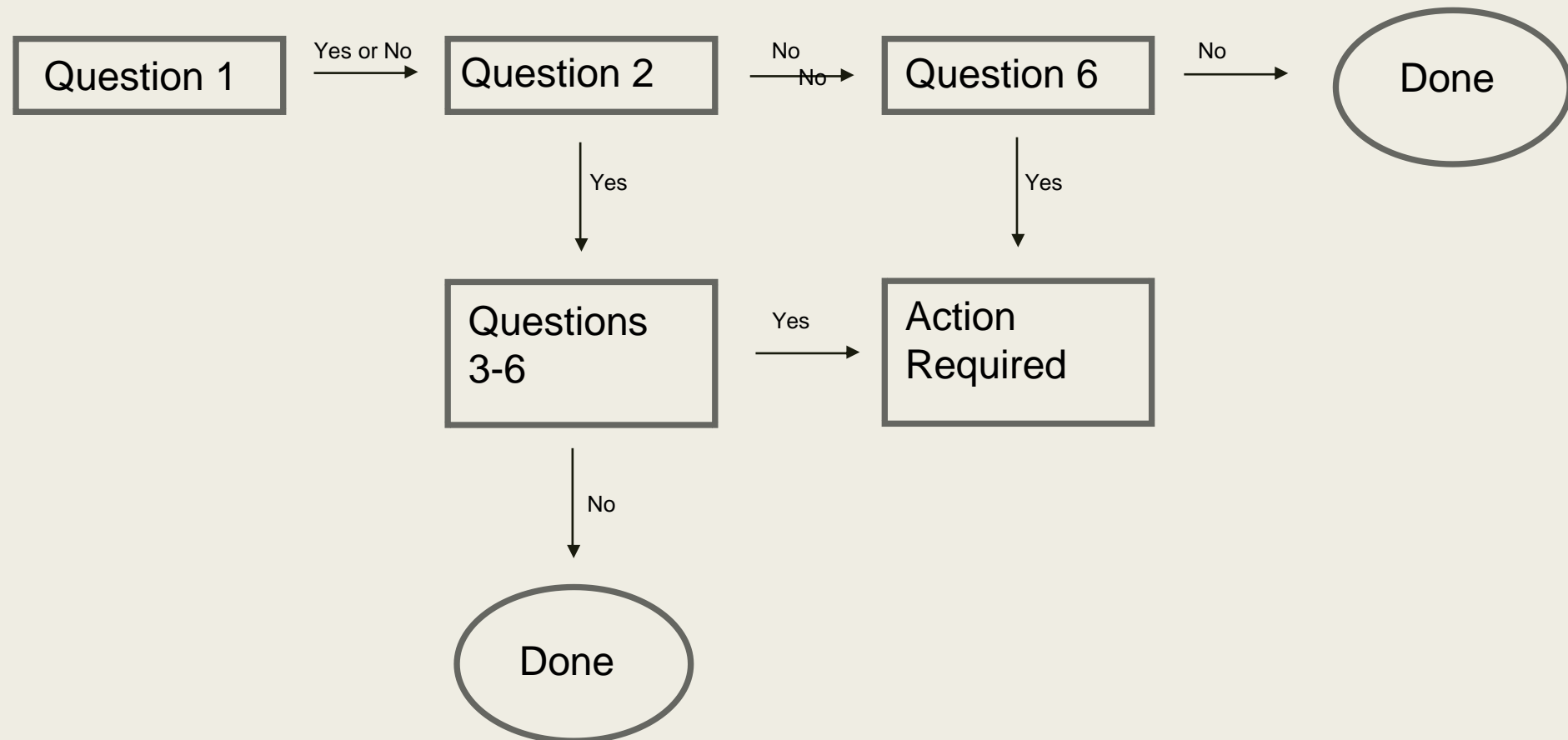
## Identifies Suicide-Related Behavior

<p>6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u></p> <p><i>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.</i></p> <p>If YES, ask: <u>Was it within the past 3 months?</u></p>	Lifetime	
	Past 3 Months	

# Using the C-SSRS?

- The C-SSRS may be used anytime you are concerned about an individual
- The C-SSRS is not used as a broadly-administered screening of large groups
- When any question is asked, use the exact wording of the text that is **bold and underlined**
- Ask the first two questions of everyone
- The next questions asked will depend on the answers to the first two questions
- Information from others (e.g., parents, teachers, peers, etc.) may be taken into account when determining an answer

# Decision-Making Using the C-SSRS Screen

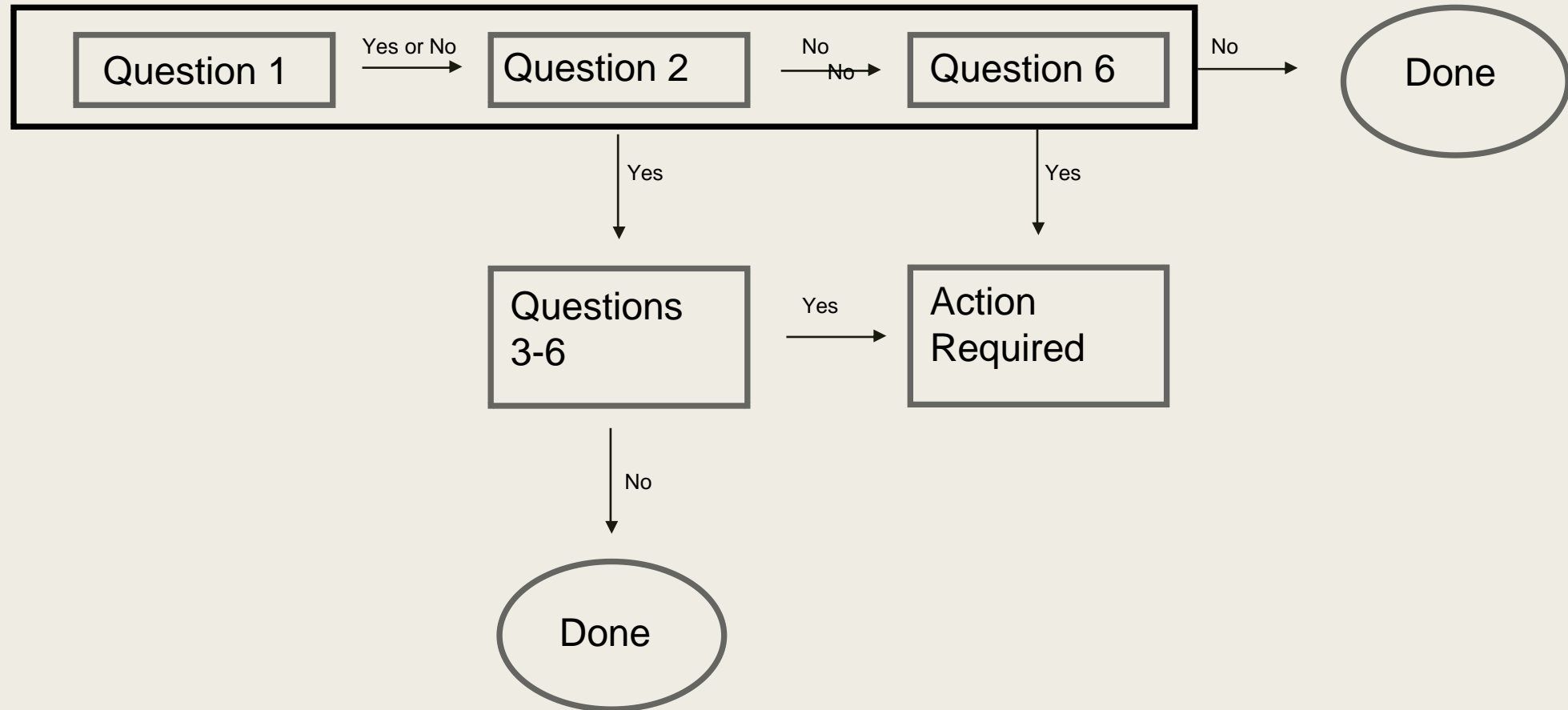


# C-SSRS Questions 1 & 2

## Suicidal Ideation

- Question 1: Have you ever wished you were dead or wished you could go to sleep and not wake up?
- Question 2: Have you had any actual thoughts of killing yourself?

# Path 1: "No" to Questions 1 & 2



# Path 1: “No” to Questions 1 & 2

- If the answers to questions 1 and 2 are “no”, go to question 6 to ask about suicidal behavior
- Question 6: Have you done anything, started to do anything, or prepared to do anything to end your life?
- As noted above, this question identifies suicidal behavior



# What is Suicidal Behavior?

- Suicidal behavior includes:
  - *Actual suicidal attempts*
  - *Aborted or interrupted attempts*
  - *Planning behaviors*

# What is a Suicide Attempt?

- A suicide attempt is a self-injurious act committed with at least some intent to die as a result
- Such behavior does not have to in ACTUAL injury or cause harm, just that it had the POTENTIAL to have resulted in injury

# Examples: Actual Attempts

- Taking pills
- Pointing a gun at oneself and pulling the trigger
- Cutting wrists with the intention of dying
- Hanging

# Examples: Aborted or interrupted Attempts

- Taking out pills but not swallowing any
- Holding a gun but putting it away or having it taken away
- Going to the roof but not jumping
- Preparing to hang self but stopping when another person walked into the room

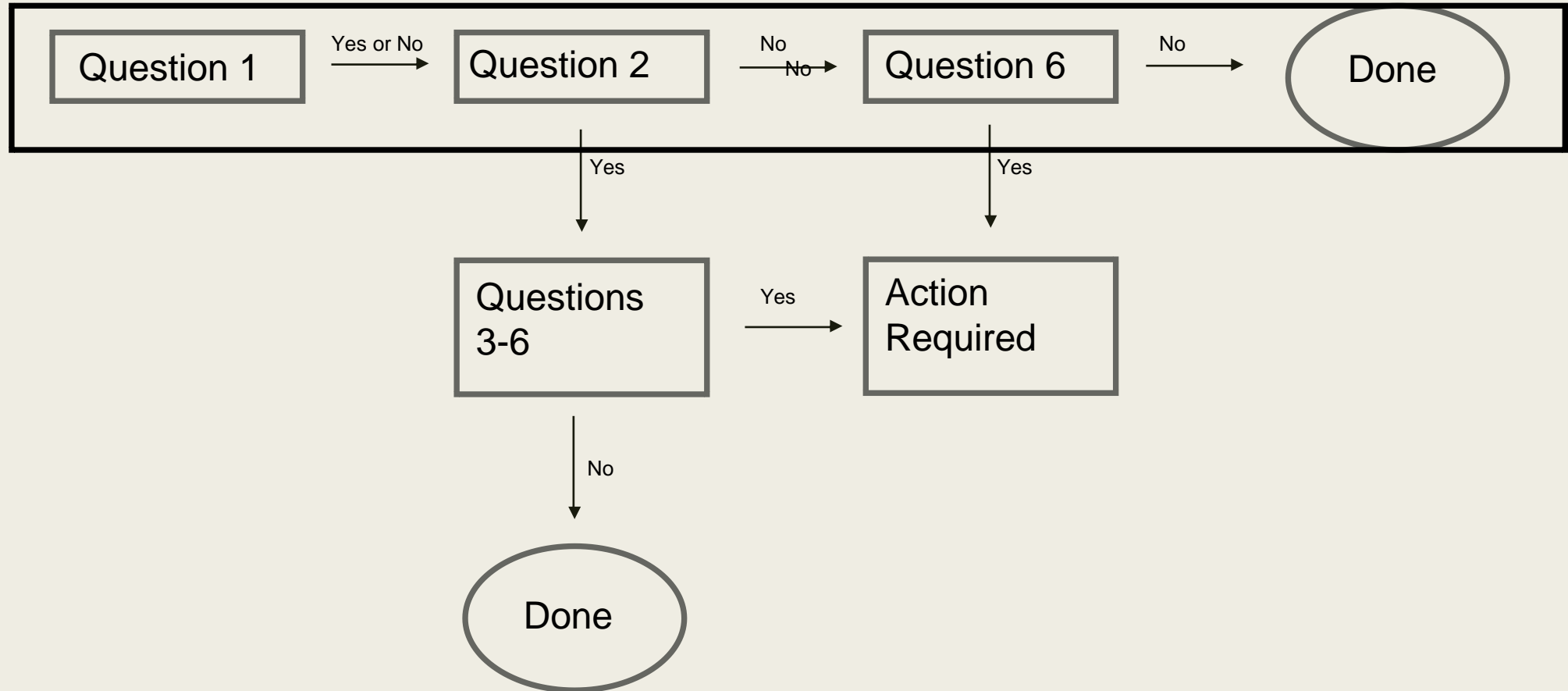
# What is Planning Behavior?

- Planning behavior includes any actions taken to prepare for a suicide attempt

# Examples: Planning Behavior

- Collecting pills
- Obtaining a gun or getting access to one
- Giving away valuables
- Writing a will or suicide note
- Making goodbyes

# Path 2: "N" to Questions 1, 2, & 6

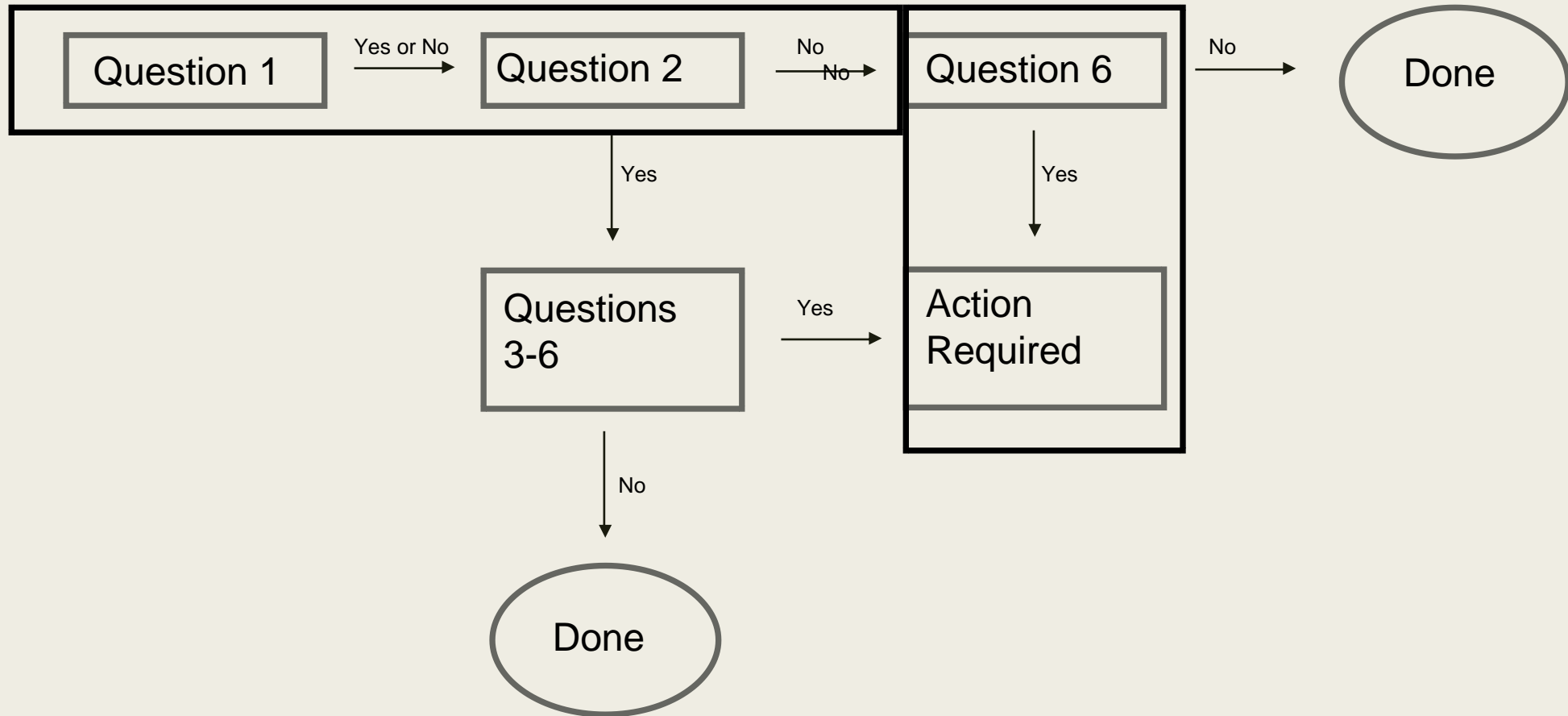


## Path 2: “No” to Questions 1, 2, & 6

- If the answers to questions 1, 2, and 6 are “no,” you are done with the C-SSRS
- A routine behavioral health referral is still likely a good idea
- Adults should be encouraged to seek support from friends, family, and/or co-workers
- The family of minors should be advised of the assessment and recommended for behavioral health services



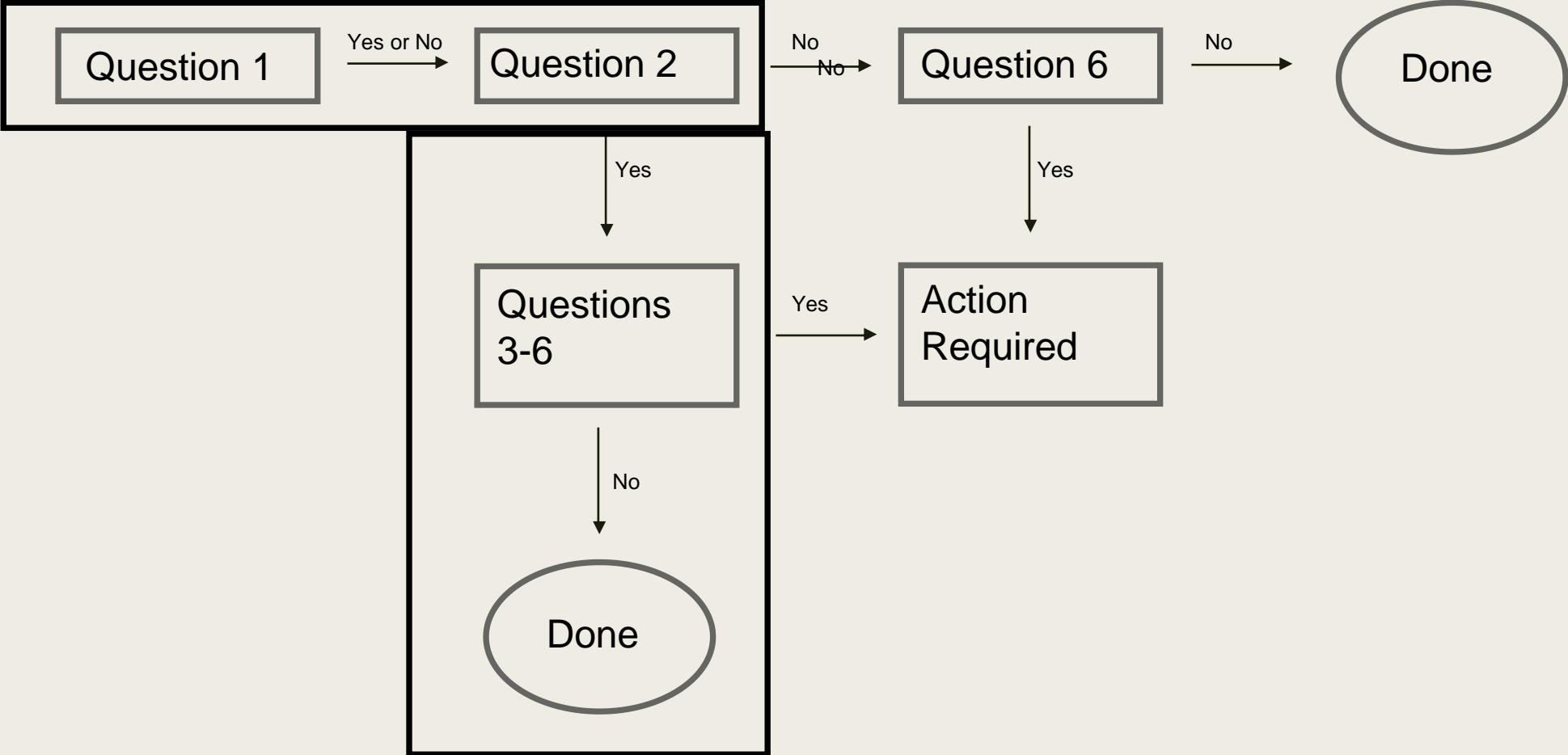
# Path 3: “No” to Questions 1& 2; “Yes” to Question 6



## Path 3: “No” to Questions 1 & 2 “Yes” to Question 6

- If the answers to questions 1 and 2 are “no,” but the answer to question 6 is “yes,” this indicates the need for immediate intervention
- If the action regarding suicide occurred more than 3 months ago, arrange a same-day behavioral health evaluation
- If the action regarding suicide occurred within the past 3 months, arrange emergency assessment with suicide precautions

# Path 4: "Yes" to Question 2



## Path 4: “Yes” to Question 2

- If the answer to question 2 is “yes,” the next step is assessment of intensity of ideation and behavior
- To accomplish this, ask questions 3, 4, 5, and 6
- Question 3 identifies active suicidal ideation with a method but without a plan or intent to act
- Question 4 identifies active suicidal ideation with intent to act, but without a specific plan
- Question 5 identifies active suicidal ideation with a specific plan and intent

## Path 4: “Yes” to Question 2 (Cont’d)

- If all responses to questions 3, 4, 5, and 6 are “no,” you are done with the C-SSRS
- A routine behavioral health referral is indicated because some thoughts of death are present
- Adults should be encouraged to seek support from family, friends, and/or co-workers
- The family of minors should be advised of the assessment and recommendation for behavioral health services

## Path 4: “Yes” to Question 2 (Cont’d)

- A “yes” response to either questions 4 or 5 indicates the need for an emergency assessment with suicide precautions
- A “yes” response to question 3 indicates the need for same-day behavioral health evaluation
- As noted earlier, if the answer to question 6 is “yes,” immediate intervention is needed
- If the action regarding suicide occurred more than 3 months ago, arrange a same-day behavioral health evaluation
- If the action regarding suicide occurred within the past 3 months, arrange emergency assessment with suicide precautions

# Resources

- The lighthouse project: <http://cssrs.Columbia.edu/>
- Zero Suicide: <http://zerosuicide.sprc.org/>
- National Suicide Prevention Lifeline:  
<https://suicidepreventionlifeline.org/>

# Thank You!

We appreciate your interest in this lifesaving tool as we all work together to prevent suicide.

Parkside Psychiatric Hospital & Clinic  
24-Hour Emergency Assessment Service  
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