

Columbia Suicide Severity Rating Scale (C-SSRS)

About the C-SSRS

What does it measure?

The Columbia Suicide Severity Rating Scale (C-SSRS) is a measure used to identify and assess individuals at risk for suicide. Questions are phrased for use in an interview format but can be completed as a self-report measure if necessary. The C-SSRS measures four constructs: the severity of ideation, the intensity of ideation, behavior, and lethality. It includes "stem questions," which if endorsed, prompt additional follow-up questions to obtain more information. There are currently ten versions of the scale available specifically for military settings, including:

- 1. Full Scale Lifetime/Recent version, which allows practitioners to gather a lifetime history of suicidal ideation and/or behavior.
- 2. Full Scale Since Last Contact version, for assessment of suicidal thoughts and behaviors since C-SSRS was last administered.
- 3. Screener Basic/Recent version, a shortened version of the full form (3-6 questions) commonly used in clinical triage settings.
- **4. Screener Basic Since Last Contact** version, for assessment of suicidal ideations and behaviors since last contact with triage groupings.
- 5. **Screener Recent Self Report** version, allows patients to complete for professional assessment over recent months.
- 6. Screener Recent with Triage for Emergency Room Department version, screening with color-coded risk levels and next steps for ER departments.
- 7. **Screener Recent with Triage for Primary Care Settings** version, specific to primary care settings with color-coded risk levels and next steps.
- 8. Screener Since Last Asked Self-Report version, shortened patient self-report.
- 9. Risk and Protective Factors Page, which provides a checklist of protective and risk factors of suicidality.
- 10. Military Family Risk Factors version, contains shortened questions on risk-factors specific to service members.

Availability

All four versions of the scale can be accessed from the Columbia University Medical Center's Center for Suicide Risk Assessment website at https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/cssrs-for-communities-and-healthcare/#filter=.military.english.

The C-SSRS is included in the battery of measures available within the Behavior Health Data Portal (BHDP). The BHDP is a software platform used to measure and examine patient-level clinical outcomes in military behavioral health clinics.

Ask questions 1 and 2. If both are negative, proceed to "Suicidal Behavior" section. If the univer to question 2 is "yes ", ask questions 3,4 and 5. If the ancwer to question 1 and/or 2 is "yes", complete "framents of Ideation" section below.			Lifetime: Time He/She Felt Most Spicidal		Past 1 month	
L. Wish to be Dead		3,000,00			-	
Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall askeep and not wake up.			No	Yes	N	
More you wished you were dead or wished you could go to sloop and not wake up?			0	0		
If yes, describe:						
2. Non-Specific Active Suicidal Thoughts		Ven	No.	Ven		
General non-specific thoughts of worsteg to end one's life commit suicide (e.g., "For shought above killing myself") without thoughts		100	200	570		
of ways to kill intendifuscional methods, intent, or plan during the uncomment period. Here you untually had any thoughts of killing yourself?		0		0		
If yes, describe:						
3. Active Subsidial Lectulum with Any Methods Coct Plan) without Intent to Act Subsidial Lectulum with Any Methods Coct Plan) without Intent to Act Subsidial melant modes per discussed and use a method danger to anomate princip Cost in a different time a specific pair with time, passes on tendes down's worked not ago, hought of methods to kill see Too to as specific pair. Including points where well ago, "I disable that adopt go records had been for any make a propriet plan as to when, where or low I would aroundly delivery to be reclaimed as a propriet plan as to when, where or low I would aroundly delivery to be reclaimed as a propriet plan as to when, where or low I would aroundly delivery to be reclaimed as a purpose of the part of t		Yes	» •	Yes []	N	
If yes, describe:						
4. Active Suicidal Ideation with Some Intent to Act, wit	thost Specific Plan			100	i	
Active sweidel thoughts of killing oneself and subject reports having a		Yes	No	Yes		
kongker har I definitely will not do anything about them." Here you had these throughts and had some intention of acting on th	and a				D	
ment has use twite introduce over you town patention of regalf on in	em r	10000	20.000			
If yes, describe:						
5. Active Suicidal Ideation with Specific Plan and Inten	и					
houghts of killing oneself with details of plan fully or partially worked out and subject has some intent in carry it out. Note you started to work out or marked out the details of how to kill powerful? Do you intend to carry out this plan?		Yes	No	Yes	"	
Here you started to work out or worked out the details of how to LEE	powrielf? Do you intend to carry out this plan?	0		0	D	
If you describe:						
INTENSITY OF IDEATION				-		
The following features should be rated with respect to the mos-	t severe time of ideation (i.e., 1-5 from above, with 1 being					
the least severe and 5 being the most severe). Ask about time h	briske was feeling the most swicidal.					
licing - Most Severe Ideation:		Most		44	Most	
Type + (1-fg)	Description of Ideasian		HETE	Ser		
Recest - Mont Severe Ideation:						
Type # (3-5)	Description of Idealian					
Frequency						
How many times have you had these thoughts?						
(1) Low than once a week (2) Once a week (3) 2-5 times in week (4) Dully or almost dully (5) Many times each day						
Duration						
Bhen you have the thoughts how long do they last? (1) Posting - few seconds or minutes	(E) 6-8 hours/most of day					
(2) Less than 1 hour/some of the time	(5) More than 8 hours penistent or continuous		-			
(3) 1-4 hours a lot of time						
Controllability						
Could/can you stop thinking about killing yourself or was (1) Easily able to control thoughts	thing to die if you want to? (4) Can control thoughts, with a lot of difficulty					
(2) Can control thoughts with little difficulty	(5) Unable to control thoughts	100				
(8) Care control throughts with some difficulty	(7) Does not attempt to control thoughts					
Deterrents						
Are there things - anyone or anything (e.g., family, religio	on, pain of death) - that stopped you from wanting to					
die or acting on thoughts of committing suicide?	(4) Determine most likely did not stop you (5) Determine definitely did not stop you	1000				
(1) Determents definitely attended you from attendeding assorder						
(1) Determents definitely stepped you from attempting suicide (2) Determents nechably stepped you	(0) Diete not apply					
(1) Determine definitely stopped you from attempting suicide (2) Determine perbady stopped you (3) Uncernal that determine stopped you Reasons for Education	(0) District apply					
(1) Determine definitely stopped you been attempting saicide (2) Determine probably stopped you (3) Observation that determine stopped you (Reasons for Ideation Hast sort of reasons did you have for thinking about wan	(0) Does not apply ting to die or killing yourself? Was it to end the pain					
(1) Determin definitely supped you from attempting sain-de (2) Determin probably supped you (3) Universit that determin supped you Reasons for Ideation Heat sort of reasons did you have for thinking about wan or stop the way you were feeling its other words you could	(0) Does not spely using to die or killing yourself? Was it to end the pain th' 1 go on living with this pain or how you were					
(1) Determine definitely supped you been attempting micide (2) Determine probably supped you (3) Université that desirement supped you Reasons for léteration. If hat nort of reasons did you have for thinking about wan or stop the way you were feeling the other words you could feeling or was it to get attention, recenze or a reaction fr	(0) Does not soply sting to die or killing yourself? Was it to end the pain the '1 go on living with this pain or how you were on others? Or both?					
(1) Determine defined a suppell you have attempting winder. (2) Determine should by suppell you. (2) Determine that determine subject you. (3) Determine that determine subject you. (4) Determine that determine subject you. (4) Determine that determine subject you have for thinking about waster steps the vary you were feeling the other words you could feeling; or was it to get attention, recompt or a reaction for (1) Complicity by an attention, review or a reaction of the control	(0) Does not spely sting to die or killing yourself? Was it to end the pain dn't go on living with this pain or how you were on others? Or book? (6) Meally we do or top the pain you conits? go on	-				
(2) Demmens potholy suppoy you. (3) Unternate in the demmens suppoy you. Reasons for Ideaston Has some of pressures did you have for thinking about warm or stop the way you were feeding the other words you could feeding; or was it to get attending, revenge or a reaction (1) Coupletify to get stemders, revenge or a reaction from other (2) Manky to get attending, revenge or a reaction from other	(0) Does not apply sting to die or killing yourself? Was it to end the pain the 'go on living with this pain or how you were use offers? Or both? (1) Meally to end or tasty the pain (you couldn') good living with the pain or how you went fedinari.	-				
(1) Determine defined a suppell you have attempting winder. (2) Determine should by suppell you. (2) Determine that determine subject you. (3) Determine that determine subject you. (4) Determine that determine subject you. (4) Determine that determine subject you have for thinking about waster steps the vary you were feeling the other words you could feeling; or was it to get attention, recompt or a reaction for (1) Complicity by an attention, review or a reaction of the control	(0) Does not spely sting to die or killing yourself? Was it to end the pain dn't go on living with this pain or how you were on others? Or book? (6) Meally we do or top the pain you conits? go on	-				

Scoring the C-SSRS

The C-SSRS is made up of ten categories, all of which maintain binary responses (yes/no) to indicate a presence or absence of the behavior. The ten categories included in the C-SSRS are as follows: Category 1 – Wish to be Dead; Category 2 – Non-specific Active Suicidal Thoughts; Category 3 – Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act; Category 4 – Active Suicidal Ideation with Some Intent to Act, without Specific Plan; Category 5 – Active Suicidal Ideation with Specific Plan and Intent; Category 6 – Preparatory Acts or Behavior; Category 7 – Aborted Attempt; Category 8 – Interrupted Attempt; Category 9 – Actual Attempt (non-fatal); Category 10 – Completed Suicide. A yes/no binary response is also utilized in assessing self-injurious behavior without suicidal intent. The outcome of the C-SSRS is a numerical score obtained from the ten categories.

What are the clinical cutoffs, if any?

There are no specified clinical cutoffs for the C-SSRS due to the binary nature of the responses to items. When an item is endorsed, the clinician must pose follow-up inquiries to obtain additional information. The following table can inform safety monitoring and treatment planning when patients endorse suicidal ideation, suicidal behavior, or both:

Outcome	Item Endorsement	C-SSRS Categories
Suicidal ideation	"Yes"	Categories 1-5
Suicidal behavior	"Yes"	Categories 6-10
Suicidal ideation & behavior	"Yes"	Categories 1-10

How should a provider interpret results?

Interpretation of the C-SSRS can take place on an itemized level, a categorical scale, or overall severity of suicidal ideation and behavior. Specific ratings can be derived from the C-SSRS, such as the suicidal behavior lethality scale, suicide ideation score, and the suicidal ideation intensity rating. Ultimately, interpretation will be derived from a thorough clinical assessment, client history, and clinical expertise.

Using the C-SSRS in Practice

How should providers use the results in treatment planning?

Providers should use the C-SSRS as a measure of suicidal ideation, intent, or plan, and past suicidal behavior. It can be used to guide appropriate therapeutic intervention and to facilitate safety monitoring and planning. In addition, the C-SSRS can be utilized to measure treatment progress over time and to assess continued difficulties with suicidality which should be targets of treatment.

References

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