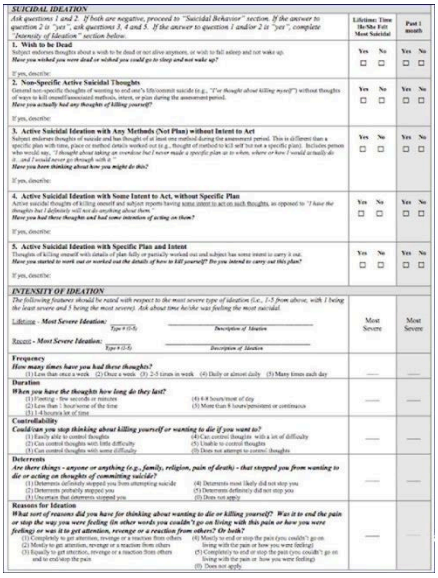
Columbia Suicide Severity Rating Scale (C-SSRS)

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 four versions of the scale available, including:



1. **Lifetime/Recent** version, which allows practitioners to gather a lifetime history of suicidal ideation and/or behavior.
2. **Since Last Visit** version for assessment of suicidal thoughts and behaviors since C-SSRS was last administered.
3. **Screener** version, a shortened version of the full form (3-6 questions) most commonly used in clinical triage settings.
4. **Risk Assessment Page**, which provides a checklist of protective and risk factors of suicidality.

Availability

All four versions of the scale can be accessed from the Columbia University Medical Center's Center for Suicide Risk Assessment website at http://www.cssrs.columbia.edu/. 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.

Scoring the C-SSRS

What is the scoring range?

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 aforementioned 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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