

# Columbia-Suicide Severity Rating Scale (C-SSRs):

A Common Language for the Community

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# CEU Information

- The State of Ohio Counselor, Social Worker and Marriage and Family Therapist Board has approved this seminar for 4 CEU credits. Cincinnati Children's Hospital Medical Center is an approved provider by the State of Ohio Counselor, Social Worker, and Marriage and Family Therapist Board (provider number RCX111201 and RSX030902).
- No partial credit will be given.
- Be sure your sign in and your email is correct.
- Failure to complete sign in, full attendance and survey may result in CEU not given.

# 48 Hours to Complete Survey

You must complete the survey through **Survey Monkey** within **48 hours** of completion of the training. **CEU credit** will **NOT** be provided if you do not complete the survey within this timeframe.

# CEU Information

- Please **double** and **triple** check your **name, email address and License number**.
- If you are missing any of the above information or this information is not accurate it may result in CEU credit not given or certificate not uploaded to CE Broker.

# Helpful Hints

- Stay logged in, even if you step away
- There will be breaks, but keep your zoom logged in
- Your patience and support is appreciated
- Ask questions
- Self Care: the topic is a hard one, take care of you

# Are you using the C-SSRs?

- Yes and I am comfortable with it.
- Yes, but I am struggling to feel comfortable with it.
- No, not at this time.

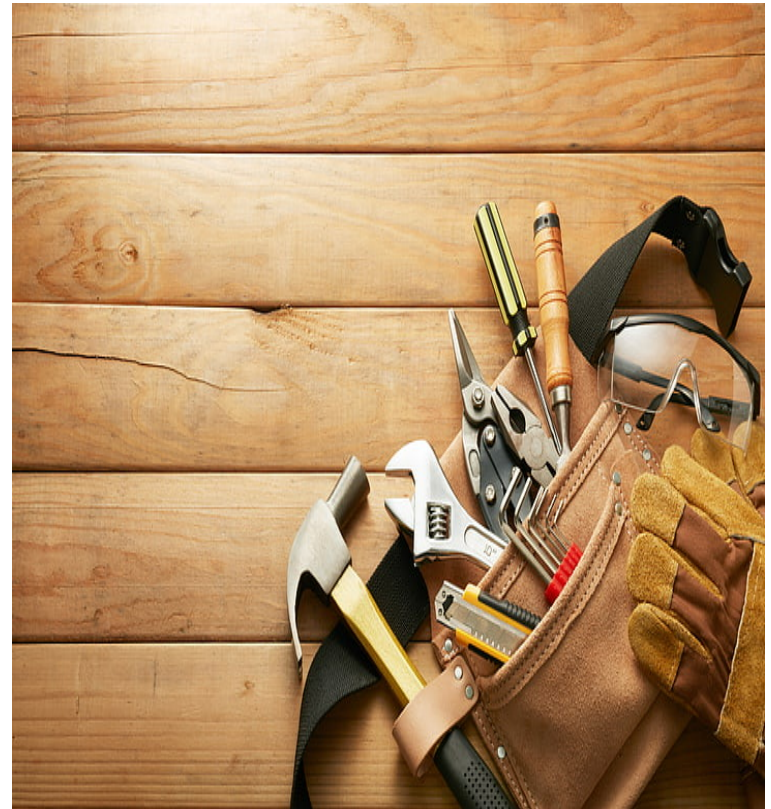
# Objectives

- Describe how and when to use the Columbia-Suicide Severity Rating Scale (C-SSRS).
- Utilize assessment findings of the C-SSRS as a common language when discussing suicide with Psychiatric Intake Response Center (PIRC) and other community providers.



# General Reminders

- Follow your agency or school
- Follow your licenses ethical guidelines
- Follow your “gut”
- These are just tools that we recommend to help you keep kids safe.







# What does PIRC do?

**Serves as a community resource to connect children to the right level of care and takes emergency department referrals**

- Can take information to be share with the individual assessing the child in the emergency department.
- If referral is made, provide you with information on decisions made while the child was in the emergency department.
- Connect a child to alternative crisis care via the Bridge Clinic.

# Risk factors for suicide

- Hopelessness
- Impulsive and/or aggressive tendencies
- History of trauma or abuse
- Major physical illnesses
- Previous suicide attempt(s)
- Family history of suicide
- **Job or financial loss**
- Loss of relationship(s)
- Easy access to lethal means
- Local clusters of suicide
- **Lack of social support and sense of isolation**
- Stigma associated with asking for help
- **Lack of healthcare, especially mental health and substance abuse treatment**
- Cultural and religious beliefs, such as the belief that suicide is a noble resolution of a personal dilemma
- Exposure to others who have died by suicide (in real life or via the media and Internet)

# Statistics on Suicide

- Nearly 1 in 10 high school student attempt suicide each year.
- 16% of African American males between 15-23 will die by suicide.
- In 2018 suicide became the leading cause of death in Ohio for those ages 10 to 14.
- From Mid-March 2020 to October 2020 ED visits for mental health went up by 44% while ED visits in total went down by 43% compared to the same times in 2019

# What is the C-SSRs

- A series of evidenced based question about **suicidal thoughts** and **suicidal behaviors**
- Provides information to **laymen** and **clinical staff** to identify next steps for an individual in crisis
- Developed in 2007 by Columbia University, the University of Pennsylvania, and the University of Pittsburgh as a screening tool for suicide.
- Today, the C-SSRS is used in clinical trials, public settings, and **everyday situations**, such as in **schools**, faith communities, **hospitals**, and the military, to identify who needs help — saving lives in 45 nations on six continents.

# CCHMC and C-SSRs

PIRC adopted the C-SSRs in January 2017 and it is now being used by PIRC, Social Work, and Inpatient psychiatry at CCHMC and throughout community mental health.

## Why the C-SSRS?

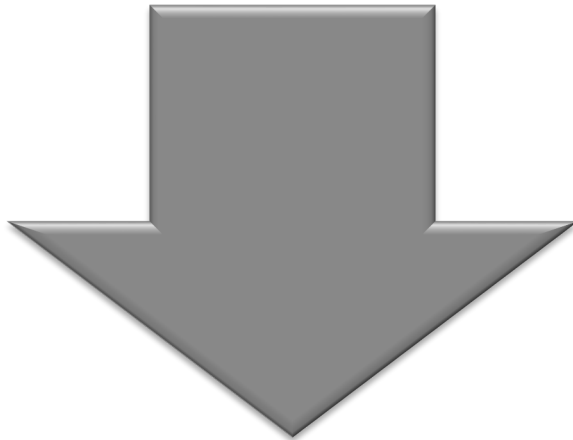
- Need for inter-rater reliability
- Documentation of medical necessity
- Common language
- Simple
- Efficient
- Evidence Supported
- Free

# Change in Language...Culture



## ACCEPTABLE

- Attempted suicide
- Died by suicide



## UNACCEPTABLE

- Completed or Committed suicide
- Successful or Failed attempt
- Non-fatal suicide
- Suicidal gesture or threat
- Manipulative suicide



# Type of C-SSRs

- There are many various versions and formats to the C-SSRs include screener, triage and full scale versions.
- C-SSRs can be modified for different agency needs. Throughout this presentation we will discuss modifications used by PIRC.

# COMMUNITY CARD



**ASK YOUR FRIENDS  
CARE FOR YOUR FRIENDS  
EMBRACE YOUR FRIENDS**

**See Reverse for Questions that Can  
Save a Life**

	Past Month
1) Have you wished you were dead or wished you could go to sleep and not wake up?	
2) Have you actually had any thoughts about killing yourself?	
If <b>YES</b> to 2, answer questions 3, 4, 5 and 6 If <b>NO</b> to 2, go directly to question 6	
3) Have you thought about how you might do this?	
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?	High Risk
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	High Risk
Always Ask Question 6	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life?  Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.	High Risk

**Any YES must be taken seriously. Seek help from friends, family**  
**If the answer to 4, 5 or 6 is YES, immediately ESCORT to Emergency**  
**Personnel for care or call 1-800-273-8255 or text 741741 or call 911**

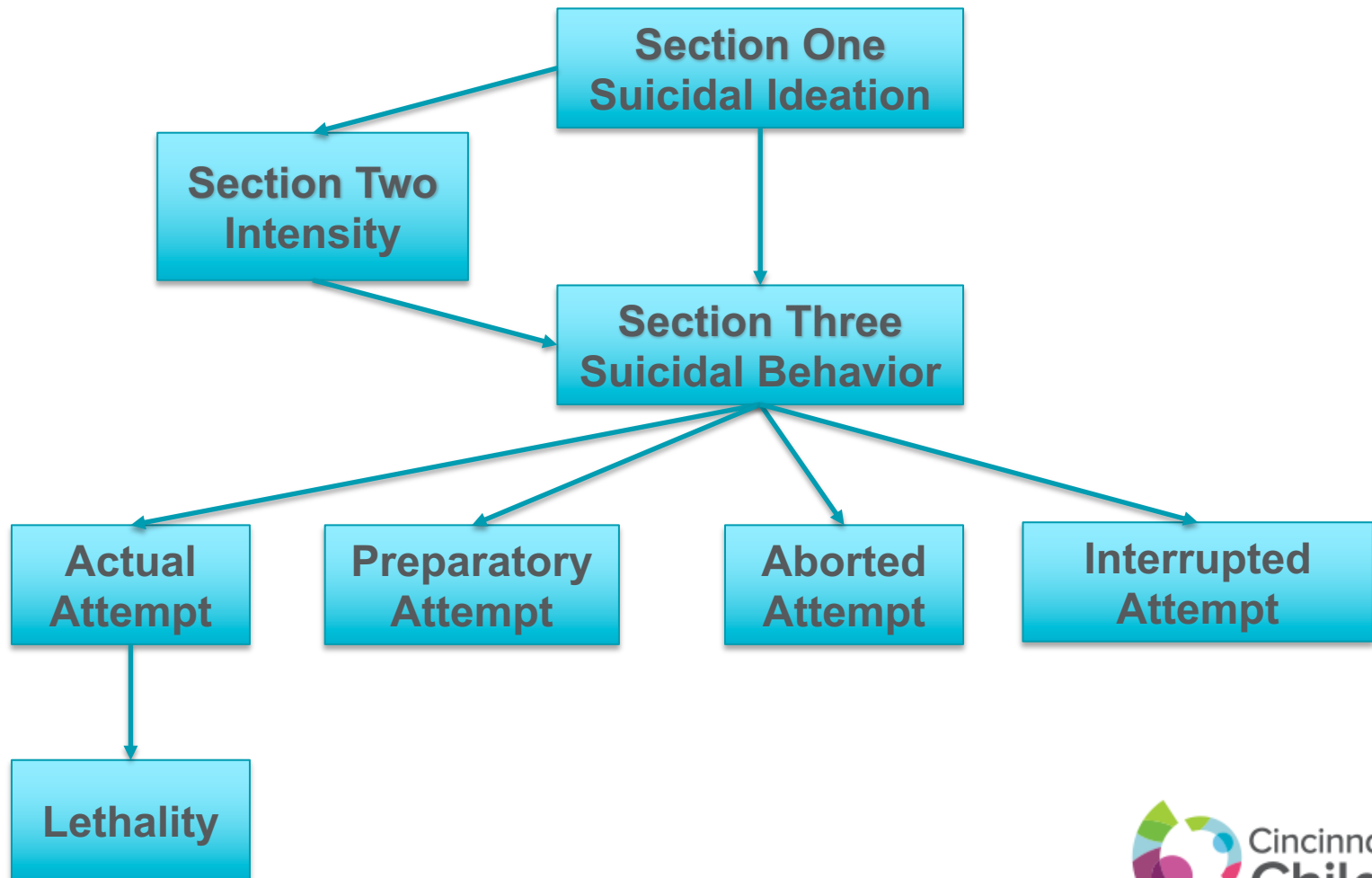


**DON'T LEAVE THE PERSON ALONE  
STAY ENGAGED UNTIL YOU MAKE A  
WARM HAND OFF TO SOMEONE WHO  
CAN HELP**

# C-SSRs in a Co-Vid19 World

- You need the location of the student.
- Ask if there are adults in the home or at their location.
- Try to ensure child has privacy when answering questions.
- If you can use a visual platform to do the assessment. (non-verbal communication)
- Then follow up with parent.

# Lifetime/Recent Structure



# Section 1: Suicide Ideation

## SUICIDAL IDEATION

Ask questions 1 and 2. If both are negative, proceed to “Suicidal Behavior” section. If the answer to question 2 is “yes”, ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is “yes”, complete “Intensity of Ideation” section below.

Lifetime:  
Time He/She  
Felt Most  
Suicidal

**Past 1  
month**

### 1. Wish to be Dead

Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.

Have you wished you were dead or wished you could go to sleep and not wake up?

If yes, describe:

Yes    No  
☐   ☐

Yes    No  
☐   ☐

### 2. Non-Specific Active Suicidal Thoughts

General non-specific thoughts of wanting to end one’s life/die by suicide (e.g., “I’ve thought about killing myself”) without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period.

Have you actually had any thoughts of killing yourself?

If yes, describe:

Yes    No  
☐   ☐

Yes    No  
☐   ☐

# Section 1: Suicide Ideation

- Ask questions 1 & 2. If the answer is **NO** to both, **STOP** - do not ask questions 3-5, **GO** to Section 3: Suicide Behavior.
- If the answer to both or only question 2 is **yes**, **continue** to ask questions 3-5. Then **continue** to Section 2: Suicidal Intensity
- **Auditory hallucination saying “Kill yourself” = Ideation**
- For young Children (under 12), instead of “dead” use “not alive.” They need to have a concept of death.



# Section 1: Suicide Ideation

<p><b>3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act</b>  Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, "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."  Have you been thinking about how you might do this?</p> <p>If yes, describe:</p>	<p>Yes No  <input type="checkbox"/> <input type="checkbox"/></p>	<p>Yes No  <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan</b>  Active suicidal thoughts of killing oneself and subject reports having <u>some intent to act on such thoughts</u>, as opposed to "I have the thoughts but I definitely will not do anything about them."  Have you had these thoughts and had some intention of acting on them?</p> <p>If yes, describe:</p>	<p>Yes No  <input type="checkbox"/> <input type="checkbox"/></p>	<p>Yes No  <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>5. Active Suicidal Ideation with Specific Plan and Intent</b>  Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out.  Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</p> <p>If yes, describe:</p>	<p>Yes No  <input type="checkbox"/> <input type="checkbox"/></p>	<p>Yes No  <input type="checkbox"/> <input type="checkbox"/></p>



# Section 1: Suicide Ideation

- Definition: **Means**
  - “Have you been thinking about how you might do this?”
  - Has the client thought about different ways
    - Hanging, overdosing, jumping off at tall building
- Definition: **Plan**
  - “Have you started to work out the details of how to kill yourself?”
  - Client has answered the questions of how, when, where in their response.
    - After school I would take the pills that I have been hiding in my room before anyone else is home.

# Polling Questions

- For each questions
  - Select the correct way to complete question 1 and 2 on the C-SSRs
  - Select which questions on the C-SSRs should be asked next

# Polling Question 1

Andy, a ten year old male, presents with anxiety. He says that he is afraid to go asleep after his grandfather died in his sleep. Pt denies wanting to die or thoughts about killing himself ever.

# Polling Question 1

Andy, a ten year old male, presents with anxiety. He says that he is afraid to go asleep after his grandfather died in his sleep. Pt denies wanting to die or thoughts about killing himself ever.

	Lifetime	Past month
Question 1:	No	No
Question 2:	No	No

Next CSSRs questions to ask: Suicidal Behaviors

# Polling Question 2

Violet, 17 year old female, reports that three months ago she wished she could die in her sleep, but denies these thoughts in the last month. She also denies ever thinking about killing herself.

# Polling Question 2

Violet, 17 year old female, reports that three months ago she wished she could die in her sleep, but denies these thoughts in the last month. She also denies ever thinking about killing herself.

	Lifetime	Past month
Question 1:	Yes	No
Question 2:	No	No

Next CSSRs questions to ask: Intensity of Ideation  
Section

# Polling Questions 3

Olaf, 13 year old male, reports that every day for the past 3 months he wishes he was dead and in the past week has started to have thoughts about killing himself.



# Polling Questions 3

Olaf, 13 year old male, reports that every day for the past 3 months he wishes he was dead and in the past week has started to have thoughts about killing himself.

	Lifetime	Past month
Question 1:	Yes	Yes
Question 2:	Yes	Yes

Next CSSRs questions to ask: Question 3-5 followed  
Intensity of Ideation and Suicidal Behaviors

# Section 2: Suicide Intensity

## INTENSITY OF IDEATION

The following features should be rated with respect to the most severe type of ideation (i.e., 1-5 from above, with 1 being the least severe and 5 being the most severe). Ask about time he/she was feeling the most suicidal.

Lifetime - Most Severe Ideation: \_\_\_\_\_  
Type # (1-5)

\_\_\_\_\_  
Description of Ideation

Most  
Severe

Most  
Severe

Recent - Most Severe Ideation: \_\_\_\_\_  
Type # (1-5)

\_\_\_\_\_  
Description of Ideation

### Frequency

How many times have you had these thoughts?

- (1) Less than once a week   (2) Once a week   (3) 2-5 times in week   (4) Daily or almost daily  
(5) Many times each day

\_\_\_\_\_

\_\_\_\_\_

### Duration

When you have the thoughts how long do they last?

- (1) Fleeting - few seconds or minutes   (4) 4-8 hours/most of day  
(2) Less than 1 hour/some of the time   (5) More than 8 hours/persistent or continuous  
(3) 1-4 hours/a lot of time

\_\_\_\_\_

\_\_\_\_\_

# Role Play w/ Susie

Ready, Willing, and Vaguely Competent.



# Section 2: Suicide Intensity

- Once it has been determined patient has suicide ideation, follow-up questions are necessary to help inform your clinical judgement.
- Top part of this section is just bringing down the data from suicidal ideation or what was the last question the child said yes to for each time period.
- **For very young children/cognitively delayed**
  - Only ask “How many times have you had these thoughts?”
  - Options are, “Only one time,” “A few times,” “A lot,” “All the time” and “Don’t know/Not Applicable.”

# Section 2: Suicide Intensity

- **Intensity Questions:**
  - **Frequency:** How many times have you had these thoughts? (Only one question for the very young child version)
  - **Duration:** When you have these thoughts how long do they last? (studies have shown that teenagers with higher duration of the suicidal ideation are at higher risk compared to other questions in this section.)

# Section 2: Suicide Intensity

<b>Controllability</b> <b>Could/can you stop thinking about killing yourself or wanting to die if you want to?</b> (1) Easily able to control thoughts (2) Can control thoughts with little difficulty (3) Can control thoughts with some difficulty (4) Can control thoughts with a lot of difficulty (5) Unable to control thoughts (0) Does not attempt to control thoughts	____	____
<b>Deterrents</b> <b>Are there things - anyone or anything (e.g., family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of suicide?</b> (1) Deterrents definitely stopped you (2) Deterrents probably stopped you (3) Uncertain that deterrents stopped you (4) Deterrents most likely did not stop you (5) Deterrents definitely did not stop you (0) Does not apply	____	____
<b>Reasons for Ideation</b> What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words you couldn't go on living with this pain or how you were feeling) or was it to get attention, revenge or a reaction from others? Or both? (1) Completely to get attention, revenge or a reaction from others (2) Mostly to get attention, revenge or a reaction from others (3) Equally to get attention, revenge or a reaction from others (4) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (5) Completely to end or stop the pain (you couldn't go on and to end/stop the pain living with the pain or how you were feeling) (0) Does not apply	____	____

# Section 2: Suicide Intensity

- **Intensity Questions**

- **Controllability:** Can you stop thinking about killing yourself or wanting to die if you want to?
- **Deterrents:** Are there things – anyone or anything that stopped you from wanting to die or acting on thoughts of committing suicide?
- **Reasons for ideation:** What reasons did you have for thinking about wanting to die or killing yourself? To end the pain or stop the way you were feeling? To get attention, revenge or a reaction from others?



# Practice in Breakout Rooms

- Group will create scenario in which either or both questions 1 and 2 are yes
- 4 to 5 people in a room and each has a role
  - Child, Counselor, and other are observers
- Complete the C-SSRs through the 1<sup>st</sup> two sections (suicidal ideation and intensity of ideation)

# Section 3: Suicidal Behavior

SUICIDAL BEHAVIOR (Check all that apply, so long as these are separate events; must ask about all types)	Lifetime	Past 3 months
<b>Actual Attempt:</b> A potentially self-injurious act committed with at least some wish to die, as a result of act. Behavior was in part thought of as method to kill oneself. Intent does not have to be 100%. If there is any intent/desire to die associated with the act, then it can be considered an actual suicide attempt. There does not have to be any injury or harm, just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt. <b>Inferring Intent:</b> Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal act that is clearly not an accident so no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor/story). Also, if someone denies intent to die, but they thought that what they did could be lethal, intent may be inferred. Have you made a suicide attempt? Have you done anything to harm yourself? Have you done anything dangerous where you could have died? What did you do? Did you _____ as a way to end your life? Did you want to die (even a little) when you _____? Were you trying to end your life when you _____? Or Did you think it was possible you could have died from _____? Or did you do it purely for other reasons / without ANY intention of killing yourself (like to relieve stress, feel better, get sympathy, or get something else to happen)? (Self-Injurious Behavior without suicidal intent) If yes, describe:  Has subject engaged in Non-Suicidal Self-Injurious Behavior?	Yes    No <input type="checkbox"/> <input type="checkbox"/>          Total # of Attempts   _____          Yes    No <input type="checkbox"/> <input type="checkbox"/>	Yes    No <input type="checkbox"/> <input type="checkbox"/>          Total # of Attempts   _____          Yes    No <input type="checkbox"/> <input type="checkbox"/>

# Section 3: Suicidal Behavior

- Definition: **Suicide attempt**
  - “potentially self-injurious act with at least some intent to die”
  - Actual harm is not needed, just **potential** for injury
  - A suicide attempt begins with the first pill swallowed or scratch with a knife

# Intent is of primary importance

- Definition: **Intent**

- “**Wish to die**” Client does not have to endorse 100% wanting to die, if any part of them wanted to die then the act would be considered an attempt
- Helps determine if act was a suicide attempt or self harm

- Definition: **Inferred Intent**

- A client does not respond or denies intent/plan to die, but the behavior and potential for being lethal is evident.
- A client denies intent to die, but they thought that what they did could be lethal.
- “**Clinically impressive**” circumstances – highly lethal act where no other intent but suicide can be inferred

# How to ask the questions

- Have you made a suicide attempt?
- Have you done anything to harm yourself?
- Have you done anything dangerous where you could have died?
- What did you do?
- Did you \_\_\_\_\_ as a way to end your life?
- Did you want to die (even a little) when you \_\_\_\_\_?
- Were you trying to end your life when you \_\_\_\_\_?
- Or Did you think it was possible you could have died from \_\_\_\_\_?

# Section 3: Suicidal Behavior

- Definition: **Self injurious behavior**
  - Self harming for other reasons than to kill oneself
  - No intention of death
  - Purpose of action was to relieve stress, feel better get sympathy or *get sympathy, attention, make someone angry*

# Section 3: Suicidal Behavior

## Interrupted Attempt:

When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act (if not for that, actual attempt would have occurred).

Overdose: Person has pills in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather than an interrupted attempt. Shooting: Person has gun pointed toward self, gun is taken away by someone else, or is somehow prevented from pulling trigger. Once they pull the trigger, even if the gun fails to fire, it is an attempt. Jumping: Person is poised to jump, is grabbed and taken down from ledge. Hanging: Person has noose around neck but has not yet started to hang - is stopped from doing so.

Has there been a time when you started to do something to end your life but someone or something stopped you before you actually did anything?

If yes, describe:

Yes No

☐ ☐

Yes No

☐ ☐

Total # of  
interrupted

\_\_\_\_\_

Total # of  
interrupted

\_\_\_\_\_

## Aborted or Self-Interrupted Attempt:

When person begins to take steps toward making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior. Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else.

Has there been a time when you started to do something to try to end your life but you stopped yourself before you actually did anything?

If yes, describe:

Yes No

☐ ☐

Yes No

☐ ☐

Total # of  
aborted or  
self-  
interrupted

\_\_\_\_\_

Total # of  
aborted or  
self-  
interrupted

\_\_\_\_\_

# Section 3: Suicidal Behavior

- **Definition: Interrupted Attempt**
  - When person starts to take steps to end their life, but someone or something stops them. Bottle of pills or gun in hand but someone grabs it. On ledge poised to jump, but police stop them.
  - *“Has there been a time when you started to do something to end our life, but someone or something stopped you before you actually did anything?”*



# Section 3: Suicidal Behavior

- Definition: **Aborted or Self Interrupted Attempt**
  - When a person begins to take steps towards making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior.
  - *“Has there been a time when you started to do something to end your life, but you stopped yourself before you actually did anything?”*

# Section 3: Suicidal Behavior

## Preparatory Acts or Behavior:

Acts or preparation towards imminently making a suicide attempt. This can include anything beyond a verbalization or thought, such as assembling a specific method (e.g., buying pills, purchasing a gun) or preparing for one's death by suicide (e.g., giving things away, writing a suicide note).

Have you taken any steps towards making a suicide attempt or preparing to kill yourself (such as collecting pills, getting a gun, giving valuables away or writing a suicide note)? If yes, describe:

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total # of preparatory acts		Total # of preparatory acts	
_____		_____	

- **Definition: Preparatory Acts or Behavior**

- Any other behavior – beyond saying something with suicide intent. Not impulsive, but planned. Collecting or buying pills; Purchasing a gun; Writing a will or suicide note
- *“Have you taken any steps towards making a suicide attempt or preparing to kill yourself such as, collecting pills, getting a gun, giving valuables away, writing a suicide note?”*

# Section 3: Suicidal Behavior

	Most Recent Attempt Date:	Most Lethal Attempt Date:	Initial/First Attempt Date:
<b>Actual Lethality/Medical Damage:</b> 0. No physical damage or very minor physical damage (e.g., surface scratches). 1. Minor physical damage (e.g., lethargic speech; first-degree burns; mild bleeding; sprains). 2. Moderate physical damage; medical attention needed (e.g., conscious but sleepy, somewhat responsive; second-degree burns; bleeding of major vessel). 3. Moderately severe physical damage; medical hospitalization and likely intensive care required (e.g., comatose with reflexes intact; third-degree burns less than 20% of body; extensive blood loss but can recover; major fractures). 4. Severe physical damage; medical hospitalization with intensive care required (e.g., comatose without reflexes; third-degree burns over 20% of body; extensive blood loss with unstable vital signs; major damage to a vital area). 5. Death	Enter Code       _____	Enter Code       _____	Enter Code       _____
<b>Potential Lethality: Only Answer if Actual Lethality=0</b> Likely lethality of actual attempt if no medical damage (the following examples, while having no actual medical damage, had potential for very serious lethality: put gun in mouth and pulled the trigger but gun fails to fire so no medical damage; laying on train tracks with oncoming train but pulled away before run over).  0 = Behavior not likely to result in injury 1 = Behavior likely to result in injury but not likely to cause death 2 = Behavior likely to result in death despite available medical care	Enter Code       _____	Enter Code       _____	Enter Code       _____

# Actual Lethality/ Medical Damage

0. No physical damage or very minor physical damage (i.e., surface scratches)
1. Minor physical damage (i.e., lethargic speech; 1<sup>st</sup> degree burns; mild bleeding; sprain)
2. Moderate physical damage/medical attention needed (i.e., conscious, but sleepy; somewhat responsive; 2<sup>nd</sup> degree burns; bleeding of major vessel)
3. Moderately severe physical damage/medical hospitalization and likely intensive care required (i.e., comatose with reflexes intact; 3<sup>rd</sup> degree burns less than 20% of body; extensive blood loss but can recover; major fractures).
4. Severe physical damage/medical hospitalization with intensive care required (i.e., comatose without reflexes; 3<sup>rd</sup> degree burns over 20% of body; extensive blood loss with unstable vital signs; major damage to a vital area).
5. Death

## Potential Lethality:

*Only answer if actual lethality is 0*

1. Behavior not likely to result in injury
2. Behavior likely to result in injury but not likely to cause death
3. Behavior likely to result in death despite available medical care

# Polling Question 4

Rapunzel wanted to escape from her mother's home. She researched lethal doses of ibuprofen. She took 6 ibuprofen pills and said she felt certain from her research that this amount was not enough to kill her. She stated she did not want to die, only to escape from her mother's home. She was taken to the emergency department where her stomach was pumped and she was admitted to a psychiatric unit.

Was this a suicide attempt?

☐ Yes   ☐ No   ☐ Not enough information

# Polling Question 4

Rapunzel wanted to escape from her mother's home. She researched lethal doses of ibuprofen. She took 6 ibuprofen pills and said she felt certain from her research that this amount was not enough to kill her. She stated she did not want to die, only to escape from her mother's home. She was taken to the emergency department where her stomach was pumped and she was admitted to a psychiatric unit.

Was this a suicide attempt?

No – She never wanted to die. No intent

# Polling Question 5

Anna, age 15, following a fight with her boyfriend, felt like she wanted to die, impulsively took a kitchen knife and made a superficial scratch to her wrist. Before she actually punctured the skin or bled, she changed her mind and stopped.

Was this a suicide attempt?

☐ Yes    ☐ No    ☐ Not enough information



# Polling Question 5

Anna, age 15, following a fight with her boyfriend, felt like she wanted to die, impulsively took a kitchen knife and made a superficial scratch to her wrist. Before she actually punctured the skin or bled, she changed her mind and stopped.

Was this a suicide attempt?

Yes – She wanted to die. There was intent.

# Polling Question 6

Ralph was feeling ignored. He went into the kitchen where mother and sister were talking. He took a knife out of the drawer and made a cut on his arm. He denied that he wanted to die, but just wanted them to pay attention.

Was this a suicide attempt?

☐ Yes    ☐ No    ☐ Not enough information

# Polling Question 6

Ralph was feeling ignored. He went into the family kitchen where mother and sister were talking. He took a knife out of the drawer and made a cut on his arm. He denied that he wanted to die, but just wanted them to pay attention.

Was this a suicide attempt?

No – He didn't want to die. There was no intent

# Polling Question 7

Sally cut her wrist after an argument with her boyfriend.

Was this a suicide attempt?

☐ Yes   ☐ No   ☐ Not enough information

# Polling Question 7

Sally cut her wrist after an argument with her boyfriend.

Was this a suicide attempt?

Not enough information

# Polling Question 8

Wendy stated that she experienced heartbreak over the “loss of her boyfriend” a week ago. She stated that she took 4 clonazepam, called a girlfriend, and talked/cried it out while on the phone. She was dismissive of the seriousness of the attempt, but indicated that she wanted to die at the time she took the overdose.

Was this a:

- ☐ Suicide attempt
- ☐ Interrupted attempt
- ☐ Aborted attempt

# Polling Question 8

Wendy stated that she experienced heartbreak over the “loss of her boyfriend” a week ago. She stated that she took 4 clonazepam, called a girlfriend, and talked/cried it out while on the phone. She was dismissive of the seriousness of the attempt, but indicated that she wanted to die at the time she took the overdose.

This was a:

Suicide attempt – There was intent and she actually took pills. It does not matter that it was not a lethal dose.

# What's next?

- Complete a crisis management plan.
- Connect the student to their mental health provider or primary care physician.
- Call PIRC **513-636-4124** if further assessment is needed either through Bridge Clinic or the Emergency Department.



# PIRC

## Psychiatric Intake Response Center

513-636-4124

apiphobia OCD PSYCHOSIS  
PHONOLOGICAL DISORDER sleep terror HERPETOPHOBIA aquaphobia  
pyromania relational disorder bibliomania  
insomnia  
depression dysthymia HEDONOPHOBIA narcolepsy  
neurocyclophobia  
social anxiety disorder ERYTHROPHOBIA Munchausen Syndrome by Proxy  
zoophobia pathologic gambling ADHD  
MANIC EPISODE dissociative identity  
disynchronosis  
bipolar anorexia  
typanophobia oppositional defiant disorder  
misophonia hypomania anosognosia social anxiety disorder  
panic NEOPHOBIA persecutory delusion  
hypersomnia stereotypic movement disorder arachnophobia denial  
Fregoli delusion ophiophobia mathematics disorder HAPHEPHOBIA  
somatization catatonia ruminant syndrome binge eating disorder  
ADHD selective mutism trichotillomania acrophobia  
dementia bulimia anterograde amnesia  
parasomnia panic disorder PAIN DISORDER  
NECROPHOBIA triskaidekaphobia  
Stockholm syndrome misophobia RADIOPHOBIA conversion  
PICA hemophobia narcissistic BORDERLINE PERSONALITY DISORDER neurasthenia  
addiction pseudologia fantastica PORNOPHOBIA  
lacunar amnesia nyctophobia dyspraxia  
nightmare disorder barbiturate dependence nightmare disorder  
cyclothymia PARTIALISM  
PDD-NOS Othello syndrome grandiose delusions  
DENIAL depersonalization  
transient tick disorder  
schizophrenia avoidant personality  
ornithophobia mixed episode GLOBOPHOBIA  
antisocial personality kleptomania exercise bulimia  
EDNOS  
OCD  
BULIMIA NERVOSA  
alcohol abuse  
dermatillomania HOPLOPHOBIA solastalgia  
hallucination  
oneirophobia  
Ganser disorder  
Pica  
hypophoria

# Questions?

For more information on suicide and C-SSRs:  
[The Lighthouse Project The Columbia Lighthouse Project](#)

[Lifeline \(988lifeline.org\)](http://988lifeline.org)

For further trainings on C-SSRs:  
[Center for Practice Innovations > Resources > SCORM > CSSRS](#)  
[https://www.youtube.com/watch?v=Xfddz\\_Yfnc4](https://www.youtube.com/watch?v=Xfddz_Yfnc4)