Columbia-Suicide Severity Rating Scale (C-SSRs): A Common Language for the Community

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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.



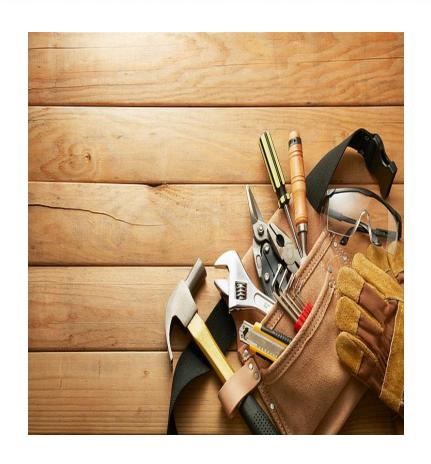
Are you using the C-SSRs?





General Reminders

- Follow your agency or school policies
- Follow your license's ethical guidelines
- Follow your "gut"
- These are just tools that we recommend to help you keep kids safe.





Statistics on Suicide

- 2021 survey reported 9% of high school students attempted suicide and almost 20% seriously considered attempting suicide.
- In 2018 suicide became the leading cause of death in Ohio for those ages 10 to 14.
- Children 5 to 11 who died by suicide primary die by hanging or a firearm.



Breaking down the statistics

- Non-Hispanic American Indian or Alaskan Native (Al/AN) children have the highest rate of suicide.
- LGBTQ+ high school students attempt suicide at a rate approximately 4 times greater than non-LGBTQ+ youth.
- Suicide attempts among Black youth are rising faster than among any other racial or ethnic group, and Black children under age 13 are twice as likely to die by suicide as their White peers



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 in community mental health.

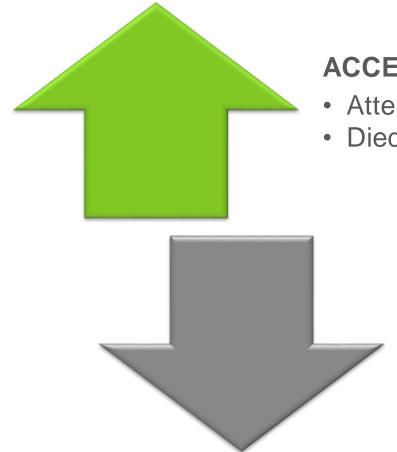
Why the C-SSRS?

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



Suicidal Ideations Definitions

Suicidal Ideation: Any thought about not wanting to be alive

Dead:Not Alive

Method: How

"Wanting to go to sleep and not wake up"
Or "wanting to die"

With young children may need to access for understanding of death

Hanging, jumping off a bridge, taking pills, shooting self



Suicidal Ideation Definitions

Plan:

Answers the how, when and where

Auditory Hallucinations:

Count as Suicidal Ideation

Frequency:

How often the thoughts occur

"After school I am going to take the pills that I hidden in my room, while my mom is still at work' You don't have to determine if it is true auditory hallucinations any thought about wanting to die, even if unwanted counts

Less than once a week, once a week, 2-5 times a week, daily or almost daily, many times each day



Suicidal Ideation Definitions

Duration:

How long the thoughts last

For just a few moments, less than an hour, 1 to 4 hours, 4 to 8 hours, all day

Controllability:

Is an effort made to stop the thoughts

Distraction, listening to music, talking to friends, going to sleep

Deterrents:

Anything that stops you from wanting to die or end your life

Similar to protective factors: family, pets, religious beliefs, future plans,



Suicidal Behaviors Definitions

Suicide Attempt:

A potentially self injurious act with some intent to die.

Harm doesn't have to occur.

Intent:

A wish to die, doesn't need to be 100%. If any part of them wanting to die that counts,

Inferred intent:

A behavior or circumstances that assume intent even if without injury

Holding a gun to head, pulls trigger, but misfires.

or

Putting a rope around one's neck, but it comes undone without injury.

At the time of action there is some desire to die and belief that action could lead to death

Gunshot to head, jumping from window of high floor, person thought that what they were doing could kill them



Suicidal Behaviors Definitions

Interrupted Attempt:

When outside circumstances stop one from starting the potentially self injurious act; without this an attempt would have occurred

Pills, knife, gun in hand, but they are taken away. Person is poised to jump but is grabbed and brought to safety. Noose is around their neck, but they have not started to hang.

Aborted or Self Interrupt Attempt:

When a person takes steps towards an attempt, but stops themselves before engaging in self injurious act

Same examples as Interrupted Attempt, but they stop themselves. On the way to get pills to take and they think of grandmother and don't follow through.

Prepatory Behaviors:

Acts or preparation towards an imminent suicide

Preparing for a specific attempt: Buying or hiding pills, getting a rope or gun

Or

Preparing for attempt: giving things away, writing suicide note, or saying goodbye



Non-Suicidal Self-Injurious Behaviors

- Self harm for reasons other than to kill oneself
- Was added to Columbia, not because it clarified risk factors, but because the information was often provided during the interview, and they didn't want to lose data. It is still very important information for ongoing treatment.



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.



C-SSRS and Youth

 Full form has successfully been used with children 6 and older.

- The very young children form is designed for age 4 to 5.
 - Not alive
 - Did you think this is something you might do.



COMMUNITY CARD



ASK YOUR FRIENDS

CARE FOR YOUR FRIENDS

EMBRACE YOUR FRIENDS

See Reverse for Questions that Can Save a Life

| | Past Month |
|---|------------------|
| Have you wished you were dead or wished you could go to sleep and not wake up? | |
| Have you actually had any thoughts about killing yourself? | |
| If YES to 2, answer questions 3, 4, 5 and 6 If NO 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

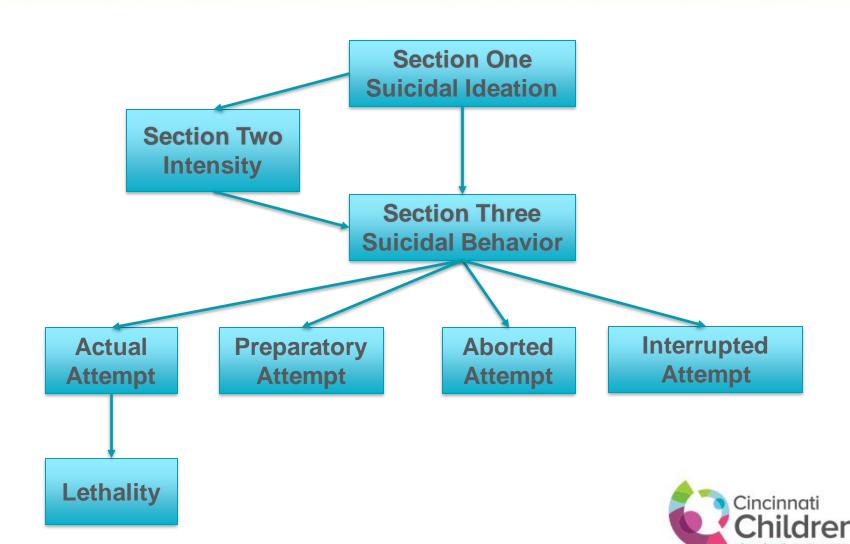


Using the C-SSRs virtually

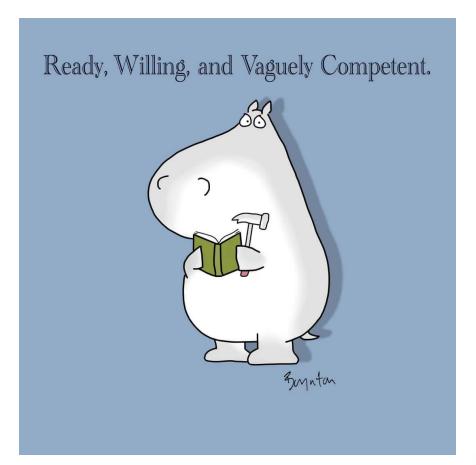
- You need the location of the student.
- Ask if there are adults in the home or at their location.
- Try to ensure child has privacy when answering questions.
- If you can use a visual platform to do the assessment. (non-verbal communication)
- Then follow up with parent.



Lifetime/Recent Structure



Role Play w/ Susie





| 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? | Yes No | Yes No |
| If yes, describe: | | |



- 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.



| 3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act 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 itand I would never go through with it." Have you been thinking about how you might do this? If yes, describe: | Yes No | Yes No |
|---|--------|--------|
| 4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan Active suicidal thoughts of killing oneself and subject reports having some intent to act on such thoughts, 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? If yes, describe: | Yes No | Yes No |
| 5. Active Suicidal Ideation with Specific Plan and Intent 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? If yes, describe: | Yes No | Yes No |

- Definition: Method
 - "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.



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



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.



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



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.



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



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.



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



| INTENSITY OF IDEAT | TION | | | |
|---|--|--|--------|--------|
| (i.e., 1-5 from above, with 1 about time he/she was feeli | being the least se ng the most suicio | espect to the most severe type of ideation vere and 5 being the most severe). Ask lal. | | |
| <u>Lifetime</u> - Most Severe Idea | | | Most | Most |
| | Type # (1-5) | Description of Ideation | Severe | Severe |
| Recent - Most Severe Ideati | on: Type # (1-5) | Description of Ideation | | |
| Frequency | | | | |
| How many times have you | | s? 2-5 times in week (4) Daily or almost daily | _ | |
| Duration | | | | |
| When you have the thought (1) Fleeting - few seconds or (2) Less than 1 hour/some of (3) 1-4 hours/a lot of time | minutes | ey last? (4) 4-8 hours/most of day (5) More than 8 hours/persistent or continuous | — | _ |



- 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."

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.)



| Controllability Could/can you stop thinking about killing yourself or wanting to die (1) Easily able to control thoughts (2) Can control thoughts with little difficulty (3) Can control thoughts with some difficulty (0) Does not attempt to control thoughts | with a lot of difficulty ughts | |
|--|---|--|
| Deterrents Are there things - anyone or anything (e.g., family, religion, pain of stopped you from wanting to die or acting on thoughts of suicide? (1) Deterrents definitely stopped you (2) Deterrents probably stopped you (3) Uncertain that deterrents stopped you (6) Deterrents definitely (7) Deterrents definitely (8) Uncertain that deterrents stopped you (9) Does not apply | y did not stop you | |
| Reasons for Ideation What sort of reasons did you have for thinking die or killing yourself? Was it to end the pain or stop the way you we other words you couldn't go on living with this pain or how you we 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 (5) Completely to end or stop the pain (you couldn't go on and to end/stop the or how you were feeling) (0) Does not apply | were feeling (in re feeling) or was it ow you were feeling) | |



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 thigs 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

- Roles
 - Child, Counselor, and other are observers
- Complete the C-SSRs through the 1st two sections (suicidal ideation and intensity of ideation)



| SUICIDAL BEHAVIOR (Check all that apply, so long as these are separate events; must ask about all types) | Lifetime | Past 3 months |
|--|------------------------|---------------------|
| Actual Attempt: 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 meth-od 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. Inferring Intent: Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior | Yes No | Yes No |
| 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? | Total # of Attempts | Total # of Attempts |
| 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: | Yes No | Yes No |
| Has subject engaged in Non-Suicidal Self-Injurious 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_____?



- 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



| Interrupted Attempt: | Yes No | Yes No |
|---|------------------------------------|------------------------------------|
| 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: | Total # of interrupted | Total # of interrupted |
| Aborted or Self-Interrupted Attempt: | Yes No | Yes No |
| 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, | 0 0 | 0 0 |
| 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 | Total # of | Total # of |
| before you actually did anything? If yes, describe: | aborted or self- interrupted | aborted or self- interrupted |
| | | |



- 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?"



- 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 selfdestructive 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?"



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 |
|-------------|-------------|
| | |
| | |
| Total # of | Total # of |
| preparatory | preparatory |
| acts | 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?"

| Actual Lethality/Medical Damage: 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 Potential Lethality: Only Answer if Actual Lethality=0 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). D = 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 | | Most Recent Attempt Date: | Most Lethal Attempt Date: | Initial/ First Attempt Date: |
|--|---|------------------------------------|------------------------------------|---------------------------------------|
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| Potential Lethality: Only Answer if Actual Lethality=0 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 | 4. Severe physical damage; medical hospitalization with intensive care required (e.g., comatose without reflexes; third-degree burns over 20% of body; extensive blood | | | |
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| 1 = Behavior likely to result in injury but not likely to cause death | 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 | 1.7 | | |
| 1 = Behavior likely to result in injury but not likely to cause death | 0 = Behavior not likely to result in injury | | | |
| 2 = Behavior likely to result in death despite available medical care | | | | |
| | 2 = Behavior likely to result in death despite available medical care | | | |

Actual Lethality/ Medical Damage

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



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



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



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



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.



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



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



Sally cut her wrist after an argument with her boyfriend.

Was this a suicide attempt?

○ Yes ○ No ○ Not enough information



Sally cut her wrist after an argument with her boyfriend.

Was this a suicide attempt?

Not enough information



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



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.

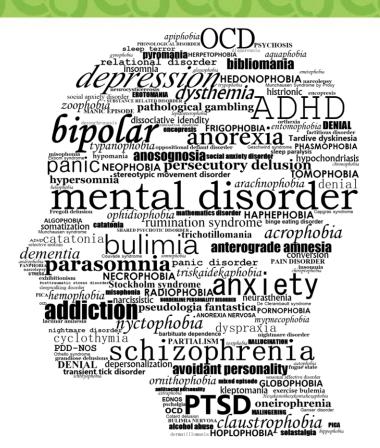
- Connect the student to their mental health provider or primary care physician.
- Call PIRC 513-636-4124 if further assessment is needed either through Bridge Clinic or the Emergency Department.



PIRC

Psychiatric Intake Response Center

513-636-4124





Questions?

For more information on suicide and C-SSRs:

<u>The Lighthouse Project The Columbia Lighthouse</u>

<u>Project</u>

Lifeline (988lifeline.org)

For further trainings on C-SSRs:

<u>Center for Practice Innovations > Resources > SCORM > CSSRS</u>

https://www.youtube.com/watch?v=Xfddz_Yfnc4

