

Columbia-Suicide Severity Rating Scale (C-SSRS)-Public Health Settings

Training is recommended for clinical practice before administering the C-SSRS. Training can be administered through a 30-minute interactive slide presentation followed by optional case study questions. Following training, raters receive a certificate of completion, which is valid for two years. Licensing must be initiated prior to use in pharmaceutical-sponsored clinical trials.

http://www.cssrs.columbia.edu/training_cssrs.html

C-SSRS Scale Descriptions

The **Lifetime/Recent** version allows practitioners to gather lifetime history of suicidality as well as any recent suicidal ideation and/or behavior. For behavior it is used to capture all lifetime occurrences, however, for ideation, which is hard to average throughout a lifetime, the reference point used is “the time the person felt most suicidal.” which has been shown to be the most predictive of completed suicide in the future (Beck, A.T., et al., *Suicide Ideation at Its Worst Point: A Predictor of Eventual Suicide in Psychiatric Outpatients*. *Suicide and Life-Threatening Behavior*, 1999. **29**(1): p. 1-9)

The **Since Last Visit** version of the scale assesses suicidality since the patient’s last visit. This version is meant to assess patients who have completed at least one Lifetime/Recent C-SSRS assessment. The ‘Since Last Visit’ version of the C-SSRS asks about any suicidal thoughts or behaviors the patient/participant may have had since the last time you have administered the C-SSRS.

The **Screeener** version of the C-SSRS is a truncated form of the Full Version. It is 3-6 questions long and is commonly used for clinical triage by first responders, in ER settings and crisis call centers, for non-mental health users like teachers or clergy or in situations where frequent monitoring is required (e.g. inpatient shift monitoring, day programs) The C-SSRS Screeener version includes all the information necessary to make a decision about next steps (the 1-5 questions about the severity of suicidal ideation (thoughts of suicide), and one question on the full range of suicidal behaviors that is collapsed from the Full Version).

The **Risk Assessment Page** provides a checklist for protective and risk factors for suicidality. It was developed to better account for common risk and protective factors, which are supported by empirical research, in assessing suicidal ideation and behavior clinically. The measure is designed to include all suicide-relevant variables as well as other risk and protective factors on one page to assist the clinician in weighing these factors for determining overall risk and treatment planning. It can be used in conjunction with the Full or Screeener versions of the scale.