

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screening Version – Since Last Visit

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Since Last Visit	
Ask questions that are bold and <u>underlined</u>	YES	NO
Ask Questions 1 and 2		
<p>1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.</p> <p><u>Have you wished you were dead or wished you could go to sleep and not wake up?</u></p>		
<p>2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/die by suicide, "<i>I've thought about killing myself</i>" without general thoughts of ways to kill oneself/associated methods, intent, or plan.</p> <p><u>Have you actually had any thoughts of killing yourself?</u></p>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6		
<p>3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "<i>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.</i>"</p> <p><u>Have you been thinking about how you might do this?</u></p>		
<p>4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u>, as opposed to "<i>I have the thoughts but I definitely will not do anything about them.</i>"</p> <p><u>Have you had these thoughts and had some intention of acting on them?</u></p>		
<p>5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.</p> <p><u>Have you started to work out or worked out the details of how to kill yourself and did you intend to carry out this plan?</u></p>		
<p>6) Suicide Behavior</p> <p><u>Have you done anything, started to do anything, or prepared to do anything to end your life?</u></p> <p>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.</p>		

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COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen with Triage Points for Schools

	Past month	
Ask questions that are in bold and underlined.	YES	NO
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you had any actual thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> e.g. "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."		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> as opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		
6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <u>Was this within the past 3 months?</u>	Lifetime	
	Past 3 Months	

Response Protocol to C-SSRS Screening

Item 1 Behavioral Health Referral
Item 2 Behavioral Health Referral
Item 3 Behavioral Health Referral and Consider Consultation (Psychologist/Social Worker) and Student Safety Precautions
Item 4 Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room
Item 5 Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room
Item 6 Behavioral Health Referral and Consider Consultation (Psychologist/Social Worker) and Student Safety Precautions
Item 6 3 months ago or less: Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room

Grounding Techniques

We all experience anxiety, overwhelm, worry, and other uncomfortable symptoms. **Grounding techniques** help control these symptoms by turning attention away from thoughts, memories, or worries, and refocusing on the present moment.

5-4-3-2-1 Technique

Using the 5-4-3-2-1 technique, you will purposefully take in the details of your surroundings using each of your senses. Strive to notice small details that your mind would usually tune out, such as distant sounds, or the texture of an ordinary object.



What are 5 things you can see? Look for small details such as a pattern on the ceiling, the way light reflects off a surface, or an object you never noticed.



What are 4 things you can feel? Notice the sensation of clothing on your body, the sun on your skin, or the feeling of the chair you are sitting in. Pick up an object and examine its weight, texture, and other physical qualities.



What are 3 things you can hear? Pay special attention to the sounds your mind has tuned out, such as a ticking clock, distant traffic, or trees blowing in the wind.



What are 2 things you can smell? Try to notice smells in the air around you, like an air freshener or freshly mowed grass. You may also look around for something that has a scent, such as a flower or an unlit candle.



What is 1 thing you can taste? Carry gum, candy, or small snacks for this step. Pop one in your mouth and focus your attention closely on the flavors.

Categories

Choose at least three of the categories below and name as many items as you can in each one. Spend a few minutes on each category to come up with as many items as possible.

Movies	Countries	Books	Cereals
Sports Teams	Colors	Cars	Fruits & Vegetables
Animals	Cities	TV Shows	Famous People

For a variation on this activity, try naming items in a category alphabetically. For example, for the fruits & vegetables category, say “apple, banana, carrot,” and so on.

Grounding Techniques

Body Awareness

The body awareness technique will bring you into the here-and-now by directing your focus to sensations in the body. Pay special attention to the physical sensations created by each step.

1. Take 5 long, deep breaths through your nose, and exhale through puckered lips.
2. Place both feet flat on the floor. Wiggle your toes. Curl and uncurl your toes several times. Spend a moment noticing the sensations in your feet.
3. Stomp your feet on the ground several times. Pay attention to the sensations in your feet and legs as you make contact with the ground.
4. Clench your hands into fists, then release the tension. Repeat this 10 times.
5. Press your palms together. Press them harder and hold this pose for 15 seconds. Pay attention to the feeling of tension in your hands and arms.
6. Rub your palms together briskly. Notice and sound and the feeling of warmth.
7. Reach your hands over your head like you're trying to reach the sky. Stretch like this for 5 seconds. Bring your arms down and let them relax at your sides.
8. Take 5 more deep breaths and notice the feeling of calm in your body.

Mental Exercises

Use mental exercises to take your mind off uncomfortable thoughts and feelings. They are discreet and easy to use at nearly any time or place. Experiment to see which work best for you.

- Name all the objects you see.
- Describe the steps in performing an activity you know how to do well. For example, how to shoot a basketball, prepare your favorite meal, or tie a knot.
- Count backwards from 100 by 7.
- Pick up an object and describe it in detail. Describe its color, texture, size, weight, scent, and any other qualities you notice.
- Spell your full name, and the names of three other people, backwards.
- Name all your family members, their ages, and one of their favorite activities.
- Read something backwards, letter-by-letter. Practice for at least a few minutes.
- Think of an object and “draw” it in your mind, or in the air with your finger. Try drawing your home, a vehicle, or an animal.

STANLEY - BROWN SAFETY PLAN

STEP 1: WARNING SIGNS:

1. _____
2. _____
3. _____

STEP 2: INTERNAL COPING STRATEGIES – THINGS I CAN DO TO TAKE MY MIND OFF MY PROBLEMS WITHOUT CONTACTING ANOTHER PERSON:

1. _____
2. _____
3. _____

STEP 3: PEOPLE AND SOCIAL SETTINGS THAT PROVIDE DISTRACTION:

- | | |
|-----------------|-----------------|
| 1. Name: _____ | Contact: _____ |
| 2. Name: _____ | Contact: _____ |
| 3. Place: _____ | 4. Place: _____ |

STEP 4: PEOPLE WHOM I CAN ASK FOR HELP DURING A CRISIS:

- | | |
|----------------|----------------|
| 1. Name: _____ | Contact: _____ |
| 2. Name: _____ | Contact: _____ |
| 3. Name: _____ | Contact: _____ |

STEP 5: PROFESSIONALS OR AGENCIES I CAN CONTACT DURING A CRISIS:

- | | |
|---|--------------|
| 1. Clinician/Agency Name: _____ | Phone: _____ |
| Emergency Contact : _____ | |
| 2. Clinician/Agency Name: _____ | Phone: _____ |
| Emergency Contact : _____ | |
| 3. Local Emergency Department: _____ | |
| Emergency Department Address: _____ | |
| Emergency Department Phone : _____ | |
| 4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255) | |

STEP 6: MAKING THE ENVIRONMENT SAFER (PLAN FOR LETHAL MEANS SAFETY):

1. _____
2. _____

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