

Building A Better Suicide Risk Assessment: The Nuts and Bolts of the Columbia Protocol C-SSRS



Host



Nikki Harris, MA, CBHC-BS
Training and Education Lead

Nikki serves as the training and education lead for the Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF). For the past 20 years, Nikki has provided program implementation, development, management, external and internal trainings, policy development, quality assurance, and managed training coordination and technical support throughout the southeast region.

Previously, she served as the program manager for the Division of Behavioral Health and Substance Use Services within the South Carolina Department of Corrections.

She has a B.A. in psychology from the University of South Carolina, a M.A. in counseling from Webster University and is a certified behavioral specialist.



Presenter



Adam Lesser, LCSW

Deputy Director

Columbia Lighthouse Project

at the New York State Psychiatric Institute

Adam is a licensed clinical social worker, an assistant professor of clinical psychiatric social work in the Division of Child and Adolescent Psychiatry at Columbia University Vagelos College of Physicians and Surgeons, a lecturer at the Columbia University School of Social Work and the deputy director of the Columbia Lighthouse Project at the New York State Psychiatric Institute where he assists with all suicide prevention activities related to public health including the international dissemination and implementation of the Columbia Suicide Severity Rating Scale (C-SSRS).

Adam has published, presented internationally and consulted to state and local governments on best practices for suicide risk identification and prevention and trained over 100,000 individuals on these methods. His work has been featured in *Social Work Today* magazine and on Atlanta National Public Radio (NPR), CNN-espanol, Univision and other local media outlets.







Building A Better Suicide Risk Assessment: The Nuts and Bolts of the Columbia Protocol



Adam Lesser, LCSW
Deputy Director for Implementation







Before We Begin

- Suicide is very personal.
- Many of us are survivors, who miss our clients, friends or relatives.
- Some may be attempt survivors.
- You shouldn't hold yourself responsible for something you didn't do/say in the past based on what you will learn today.

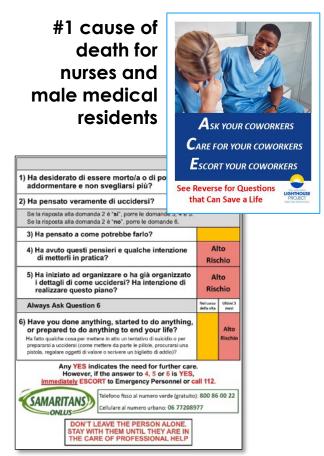
Please take care of yourself during and after this training.





Caring for Ourselves and Each Other

- Clinicians and healthcare workers feel an obligation to appear healthy or invincible – may be hesitant to ask for help for fear of hurting their career.
- The biggest risk for employees is vicarious or secondary traumatization – hearing difficult stories can traumatize the social worker/psychologist.
- Human service workers are also vulnerable to Compassion Fatigue, which can affect mental health and work performance if unaddressed.
- Studies show depressed clinicians are more prone to making errors and have a higher risk of chronic illness.
- · Mental Health providers are uniquely positioned to recognize depression in their peers









Suicide is a Global Public Health Crisis and Kills...



More Americans than Car Crashes



More People across the World than Natural Disasters, War and Homicide



More Soldiers than Combat (and 20 Veterans per day)



More Teenage Girls across the Globe than anything else



More Firefighters than Fire



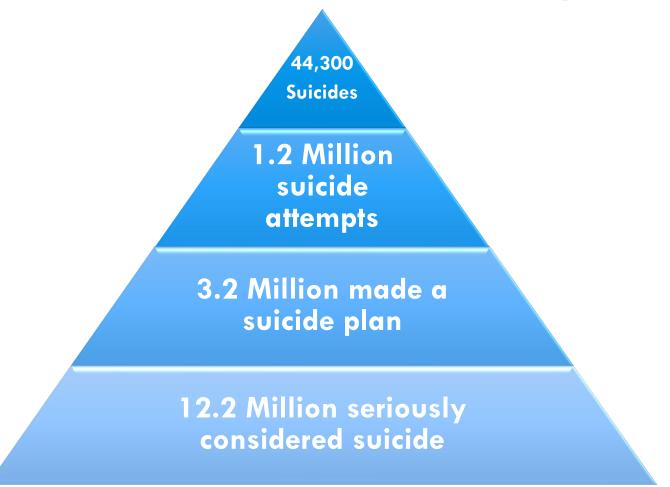
More Police than Crime

Suicide Touches Everyone -- 135 People Are Affected for Every Death And Effects Linger Across Generations Because of the Silence that Often Follows





Pyramid of Suicidal Behaviors (Adults)



Source: * National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. (2022). Web-based Injury Statistics Query and Reporting System (WISQARS). Available from: www.cdc.gov/injury/wisqars/index.html.





Why Asking Our Kids Routinely is Critical

Whether You're a Parent, Coach, Teacher or Peer

In a typical classroom, it's likely that 3 students (1 boy and 2 girls) have attempted suicide last year

AVERAGE HIGH SCHOOLERS

18% seriously considered in the prior year

6.6% of boys and 11% of girls attempted in the prior year

CDC: In 2020, Suicidal ideation in youth increased

The proportion of children's mental health-related ED visits increased 24% compared to 2019 (ages 5-17). ED presentation of girls age 12-17 went up 50% (only 4% for boys). Parents weren't taking kids even with high fevers to the ER, but psych visits increased.

Suicide attempts by Black adolescents rose 73% (compared to 18% rise among white adolescents)







Chronic Medical Illness and Suicide

Studies indicate at least 10% suicide deaths connected to chronic medical conditions

Young people 15-30 who live with a chronic illness, such as an <u>inflammatory bowel disease</u> (IBD), are three times more likely to attempt suicide than their healthy peers. (Ferro 2017)

17 chronic medical conditions linked to increased risk for suicide (back pain, brain injury, cancer, CHF, COPD, Epilepsy, HIV/AIDS, migraine, sleep disorders) (Ahmedani 2017)

In cancer, suicide most common in first 3 months after diagnosis. Overall risk twice that of the general population, this risk can be as much as 13 times the average suicide risk in those newly diagnosed with cancer. (Saad 2019)





Addictions

Opiates, including heroin and prescription painkillers, are present

in **20%** of suicide deaths in the United States

Acute alcohol intoxication is present in about

30-40% of suicide attempts

22% of deaths by suicide in the US involve alcohol intoxication



Up to 40% of patients seeking treatment for substance abuse dependence report a history of suicide attempt(s)

A diagnosis of alcohol misuse or dependence is associated with a suicide risk that is 10 times greater than for suicide

individuals who inject drugs are at about 14 times greater risk for suicide

(Rizk 2021)





Desperately Self-Medicating in Lieu of Proper Treatment: Large Portion of Overdoses Are Suicides



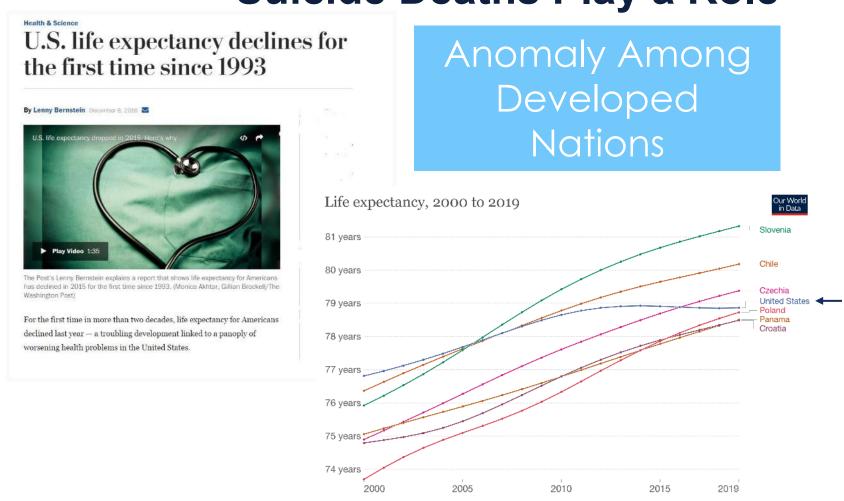








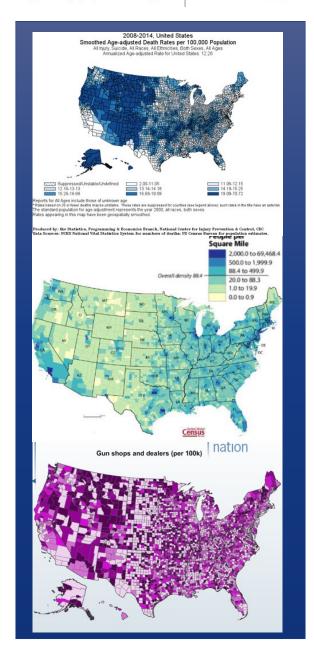
The Magnitude... U.S. Life Expectancy Decreased: Suicide Deaths Play a Role



Source: Riley (2005), Clio Infra (2015), and UN Population Division (2019)

OurWorldInData.org/life-expectancy • CC BY
Note: Shown is period life expectancy at birth, the average number of years a newborn would live if the pattern of mortality in the given year
were to stay the same throughout its life.





Rural Areas: One of Our Greatest Challenges

- Highest rates of suicide
- Populations spread out across great distances
- Less consistent access to medical and mental healthcare
- Closest physicians may be several hours away and overburdened
- High rates of gun ownership (panic buying in early days of COVID)

(Miller et al., 2013)





Data on 2016-2020 Suicides in States with the Highest and Lowest Rates of Gun Ownership

	High G	un Ownership	Low	Gun Ownership	Ratio
Percent of households with guns		~50%		~20%	
Suicide Rate per 100,000		18.17		9.02	2.0
Male					
Non-firearm Suicides		9042		9121	1.0
Firearm Suicides		17779		3909	4.5
Female					
Non-firearm Suicides		3851		3655	1.1
Firearm Suicides		3286		342	9.6

States with the highest percentage of gun owners include: Wyoming, Montana, Idaho, Mississippi, Vermont, Alaska, Arkansas, W. Virginia, S. Dakota, Tennessee, Alabama, Utah, Kentucky and Louisiana. States with the lowest percentage of gun owners include: Hawaii, Massachusetts, Rhode Island, New Jersey and New York







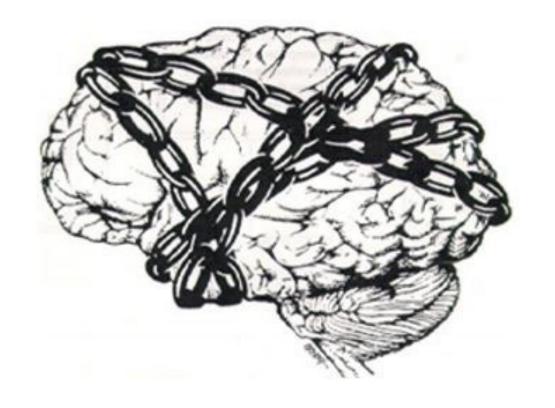


Compounded Effects for Groups Already Vulnerable

- Low-income families hit hardest
- With less resources and access to care, rates of suicide and attempts have been rising faster among black youth (Meza 2022)
- JAMA Pediatrics: Children age-19 were 37% more likely to die by suicide if they were from communities where
 >20% lived below the poverty line (Hoffmann 2016)
- Limited access to community support and lack of inschool counseling has also disproportionately impacted LGBTQ youth, especially if their family is unsupportive
- Unemployment results in loss of health insurance and often medications are unaffordable







Suicide's Biggest Cause: a Heritable, Treatable Medical Illness

85-90% of people who die by suicide have an untreated mental health problem, most often of which is depression

Depression is the result of changes in brain chemistry





Touches Everyone... Vital Part of Health & Wellness for Employees & Their Families

Need to Screen Everywhere and Care for the Caregivers

Depression - #1 cause of work related absence and costs US workplaces \$23 billion annually in lost productivity





58% of teachers report high stress and/or depression. But have one of the lowest rates of suicide deaths among professions.

Firefighters utilize the C-SSRS in 3 ways:

- 1) To screen civilians in the community who are potentially suicidal to determine what treatment is appropriate.
- 2) To identify members in the Department who are in need of assistance.
- **3)** To **recognize family members** of firefighters who may be at risk of suicide.













The Culture that Defines the Protectors

Why Is Screening So Important for Everyone? Stigma and Misunderstanding Can be Lethal

"This isn't a real illness; I'm weak if I ask for help."



"...it's the stigma attached to admitting you have any kind of problems that gets in the way of beating depression. But when you see a real person up there...they know they're not alone and can go out and get help."

"I'm an ER doctor. I've seen a therapist & have been on antidepressants. Our system considers this a red flag, instead of a positive signal that I'm taking the best care of myself possible.

This needs to change."

It's a Sign of Strength to Ask for Help



Culture of Machismo from Baseball to Border Protection

"That's the thing with athletes, like you're not really supposed to show your weaknesses kind of thing, 'cause that like lets your competitors know, so that's why a lot of the time you wouldn't go to the psychologist or whatever, just 'cause that becomes your weakness." - MLB Player







Misunderstanding Can Be Lethal: Netflix Drama 13 Reasons Why Sends Opposite Message



Suicide Contagion:

The exposure to suicide or suicidal behaviors through **media**, within one's family, or peer group increases suicidal behaviors.

Especially in adolescents and young adults



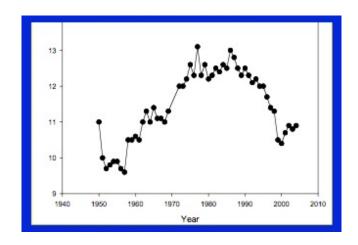


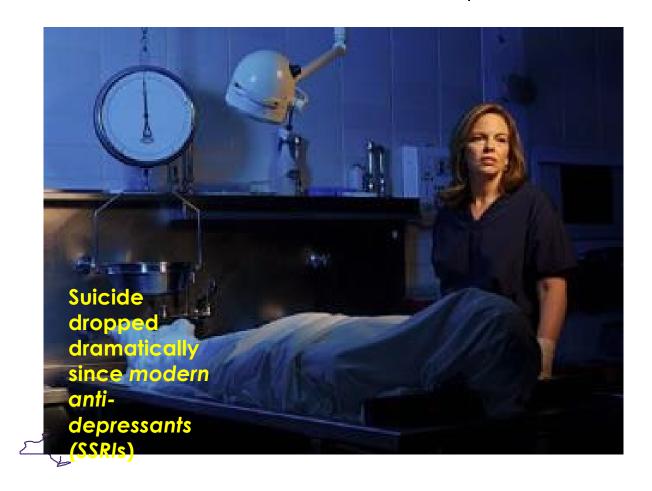
Antidepressants Save Lives Not Treating Depression is What Kills People

Autopsy studies associated with no treatment or non-compliance

Antidepressants are #1
Prescription in U.S.: "The fact that people are getting the treatments they need is encouraging.

We worry more about undertreatment than over-treatment."









Unfortunately... Those Who Need Treatment Do Not Get It

The scandal of common mental illnesses left untreated

Would we tolerate a situation in which the majority of those suffering from diabetes, heart disease, or arthritis were left to fend for themselves, or asked to make do with inferior therapies?



A Mental illness is common and debilitating, yet most people receive no medical help. Photograph: Alamy

Under-treatment of mental illness is pervasive:

- 50-75% of those in need receive no or inadequate treatment (lometsa 1994)
- Over 80% of adolescents and college students who die by suicide never received any consistent treatment prior to their death
- In LTC 63% of residents who died from suicide and were diagnosed with depression not on medication





MYTHS ABOUT SUICIDE







"If someone is really suicidal, they are probably going to kill themselves at some point no matter what you do."



- Multiple studies have found that >90% of attempt survivors including those who make highly lethal attempts do not go on to die by suicide
- Most people are suicidal only for a short amount of time
- So, helping someone through a suicidal crisis can be lifesaving







"Asking a depressed person about suicide may put the idea in their heads."



- Does <u>not</u> suggest suicide, or make it more likely
- Open discussion is more likely to be experienced as relief than intrusion
- Risk is in not asking when appropriate







"Someone making suicidal threats won't really do it, they are just looking for attention."



- Those who talk about suicide or express thoughts about wanting to die, are at risk for suicide and need your attention
- Take all threats of suicide seriously. Even if you think they are just "crying for help"—a cry for help, is a cry for help—so help





"There's no point in asking about suicidal thoughts...if someone is going to do it they won't tell you."



- Many will tell clinician when asked, though might not have volunteered it – often a relief
- Ambivalence is characteristic in 95%
- Contradictory statements/behavior common
- 80% give some kind of hints/warnings to friends or family, even if don't tell clinician







"If you stop someone from killing themselves one way, they'll probably find another."



• "Means safety" – reducing a suicidal person's access to highly lethal means - has strong evidence as effective suicide prevention strategy

Method	Lethality
Firearm	85%
Suffocation	69%
Fall	31%
Poisoning/overdose	2%
Cuts	1%





Means Safety Works Very Little Method Substitution in All Cases

- England 1958 replacing coal gas with natural gas suicide rate by carbon monoxide poisoning was cut by 1/3 (Kreitman 1976)
- New Zealand 1992 stricter gun licensing and required locked storage reduced gun suicide in youth by 66% (Beautrais et al. 2006)
- England 1998 introduced individual blister packaging for Tylenol = 44% reduction in Tylenol overdose over next 11 years (Hawton 2002)
- Israeli military 2006 restricted gun access for off-duty soldiers, suicide rate dropped 40% in military (Lubin et al. 2010)







Kevin Hines Survived Jumping Off the Golden Gate Bridge: If Just One Person Had Asked...

All Survivors Wanted to Be Saved

"Most people considering suicide want someone to save them. What we need is a culture in which no one is afraid to ask. What we needed were the questions people could use to help save us. That's why the pioneering change the C-SSRS is enabling is so essential to our humanity." - Kevin Hines, Survivor



People Want to Be Saved & Need to be Asked







Everywhere People Acquire Means: A Life Can Be Saved Up Until the Last Minute

- Transit Workers
- Pharmacies
- Gun shops
- PesticideSuppliers
- Parks
- Bathrooms



'I wasn't thinking about anything except wanting to hurt myself.' Teen suicide attempts soar





The Gun Death Crisis and the Need to Go Beyond the Hospital: Most Gun Deaths are Suicides Nearly 2/3 are Suicides (20,000-25,000 per year)

Over 2000
Mass Shootings
in the US Since
Sandy Hook

80% of school shooters have a history of suicidal issues



"The Highest Form of 'See Something Say Something'"







The Importance of Screening Beyond Medicine:

Life Saving Synergistic Partnership of the Medical Model and the Public Health Approach

Medical Model

- Narrow approach
- Mental health treatment by clinicians in hospitals & clinics
- Most people at risk do not seek specialized treatment

Public Health Model

- Broad approach
- Target: whole community
- Training of all gatekeepers
- Across all health services







Must Go Beyond the Medical Model: Marines Reduce Suicide by 22%

Undersecretary of Defense Urgent Memo



OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON D.C. 20205-4000

MEMORANDUM FOR DEPUTY ASSISTANT SECRETARY OF THE ARMY FOR
MILITARY PERSONNEL QUALITY OF LIFE
DEPUTY ASSISTANT SECRETARY OF THE NAVY FOR
MILITARY PERSONNEL POLICY
DEPUTY ASSISTANT SECRETARY OF THE AIR FORCE FOR
RESERVE AFFAIRS AND AIRMEN READINESS

SUBJECT: Use of the Columbia-Suicide Severity Rating Scale





- Total force roll-out
- In the hands of whole community
- ALL support workers: lawyers, financial aid counselors, chaplains







We Must Find People Where they Work, Live, Learn and Thrive: People Don't Necessarily Have the Will to Come to You

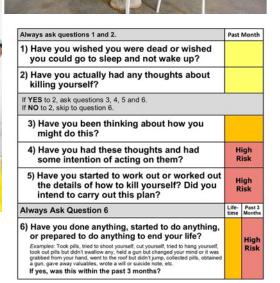
VT Policy recommendation and role play for school janitors

matter

Zero Suicide community workshop for custodians and receptionists

Future VA stand-down: From canteen worker to cemetery worker 75% of those who die by suicide die at home – for ages 5-11, it's 95%

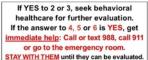




"Screening normalizes the conversation. We need to change the culture so that it becomes like taking your blood pressure – everybody gets asked."











→ NewYork-**¬** Presbyterian

Community Cards

Past	Month
High Risk	
High Risk	
Life- time	Past 3 Months
	High Risk
	H R

& CRISIS LIFELINE

If YES to 2 or 3, seek behavioral healthcare for further evaluation. If the answer to 4, 5 or 6 is YES, get immediate help: Call or text 988, call 911 or go to the emergency room. STAY WITH THEM until they can be evaluated.





Download Columbia Protocol

COMMUNITY CARD



ASK YOUR SPOUSE CARE FOR YOUR SPOUSE EMBRACE YOUR SPOUSE

See Reverse for Questions that Can Save a Life



Ask YOUR FRIENDS CARE FOR YOUR FRIENDS **E**MBRACE YOUR FRIENDS

See Reverse for Questions that Can Save a Life

COMMUNITY CARD



ASK YOUR KIDS CARE FOR YOUR KIDS **EMBRACE YOUR KIDS**

See Reverse for Questions that Can Save a Life



A SK YOUR RESIDENTS **C**ARE FOR YOUR RESIDENTS **E**SCORT YOUR RESIDENTS

See Reverse for Questions that Can Save a Life









Suicide Rate in Air Force Decreases with Everyone Asking

Zero Suicide: Whole-Community Systems Approach in the Air Force Airman, Clergy, Dentist, Spouse, etc.

Spouse



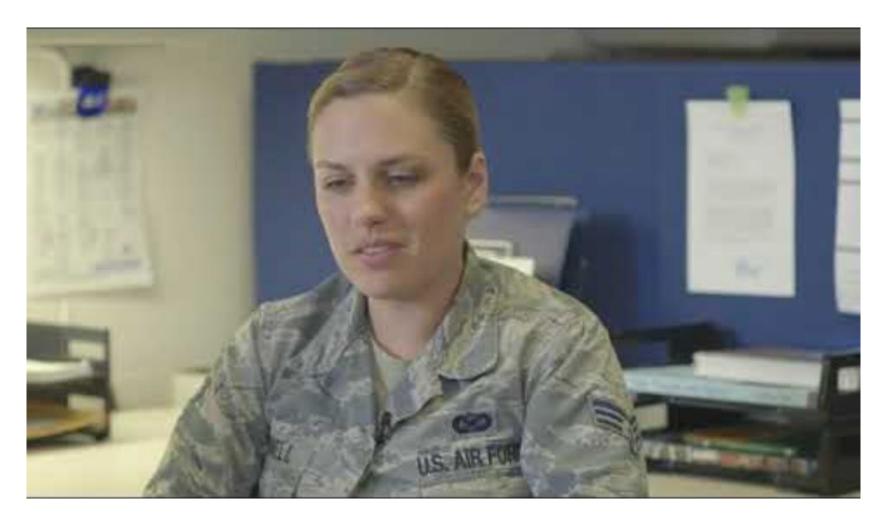
Dentistry











https://youtu.be/MfBXroY5doo



PREVENTING SUICIDE REQUIRES ACCURATE IDENTIFICATION: THE COLUMBIA TOOLS







Just Ask, You Can Save a Life:

Columbia-Suicide Severity Rating Scale (C-SSRS)



- Developed in NIMH effort
- Thousands of studies using it
- 130 languages
- Endorsed, Recommended, Adopted or Mandated by National and International Agencies (CDC, FDA, DOD, NIMH)

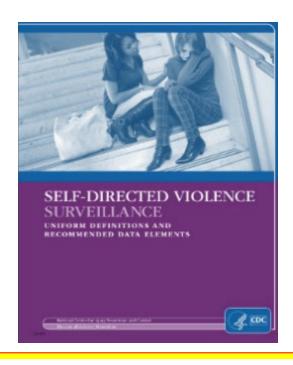






Adopted by CDC: Importance of a Common Language

"The C-SSRS is changing the paradigm in suicide risk assessment in the US and worldwide" – Alex Crosby





Also from CDC:

- "Unacceptable Terms"
- Completed suicide
- Failed attempt
- Parasuicide
- Successful suicide
- Suicidality
- Nonfatal suicide
- Suicide gesture
- Manipulative act
- Suicide threat

Source: Posner K, Oquendo MA, Gould M, Stanley B, Davies M. Columbia Classification Algorithm of Suicide Assessment (C-CASA): Classification of Suicidal Events in the FDA's Pediatric Suicidal Risk Analysis of Antidepressants. Am J Psychiatry. 2007; 164:1035-1043. http://cssrs.columbia.edu/



C-SSRS is a Semi-structured Interview

- Questions are provided as helpful tools <u>it is not</u> required to ask any or all questions just enough to get the appropriate answer
- Most important: gather enough clinical information to determine whether to call something suicidal or not







Multiple Sources : Don't Have to Rely solely on Individual's Report

- Most of time person will give you relevant info, but when indicated....
- Allows for utilization of multiple sources of information
 - Any source of information that gets you the most clinically meaningful response (subject, family members/caregivers, records)
- Very helpful for children and adolescents who may not give same info as parents or other caregivers









Assessment of Suicidal Ideation and Suicidal Behavior

- <u>Ideation Severity</u> 1-5 rating, of increasing severity from a wish to die to an active thought of killing oneself with plan and intent (Full and Screener C-SSRS)
- <u>Ideation Intensity</u> 5 intensity items (Full C-SSRS Only)
- <u>Behaviors</u> All relevant behaviors assessed and all items include <u>definitions</u> for each term and <u>standardized questions</u> for <u>each category</u> are included to guide the interviewer for facilitating improved identification (Full and Screener C-SSRS)
- Lethality of Actual Suicide Attempts (Full C-SSRS Only)











Division of Child & Adolescent Psychiatry

This is the Full C-SSRS Ideation Page

Typical
Administration
Time=Few Minutes

"Intensity of Ideation" section below.		Most S	Suicidal	-	
1. Wish to be Dead					
Subject endorses thoughts about a wish to be dead or not alive anymore		Yes	No	Yes	No
Have you wished you were dead or wished you could go to sleep and t	not wake up?				
If yes, describe:					
. Non-Specific Active Suicidal Thoughts		Yes	No	Yes	N
eneral non-specific thoughts of wanting to end one's life/commit suic	ide (e.g., "I've thought about killing myself") without thoughts	165		108	
f ways to kill oneselflussociated methods, intent, or plan during the as lave you actually had any thoughts of killing yourself?	sessment period.				
and you are any arrangement of annual your region of					
f yes, describe:					
. Active Suicidal Ideation with Any Methods (Not Plan					_
ubject endorses thoughts of suicide and has thought of at least one me		Yes	No	Yes	N
pecific plan with time, place or method details worked out (e.g., thoug sho would say, "I thought about taking an overdose but I never made					
and I would never go through with it."	a questi para de la mont, more de mon a mont de many de				
lave you been thinking about how you might do this?					
f yes, describe:					
A. Active Suicidal Ideation with Some Intent to Act, with	hout Specific Plan				
active suicidal thoughts of killing oneself and subject reports having so		Yes	No	Yes	N
houghts but I definitely will not do anything about them."					
lare you had these thoughts and had some intention of acting on the	m.r		_		
f yes, describe:					
5. Active Suicidal Ideation with Specific Plan and Intent	t				
houghts of killing oneself with details of plan fully or partially worker		Yes	No	Yes	N
lave you started to work out or worked out the details of how to kill y	ourself? Do you intend to carry out this plan?				
if yes, describe:					
					_
NTENSITY OF IDEATION					
The following features should be rated with respect to the most					
he least severe and 5 being the most severe). Ask about time he	oshe was feeling the most stactaul.				
ifetime - Most Severe Ideation:			lost		ost
T) per # (T-5)	Description of Ideation	50	vere	501	ere
Recest - Most Severe Ideation:	Description of Ideation				
	Description of January				
Frequency How many times have you had these thoughts?					
(1) Less than once a week (2) Once a week (3) 2-5 times in w	eek (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 (3) 1-4 hours/s lot of time	(5) More than 8 hours/persistent or continuous				
Controllability					
ould/can you stop thinking about killing yourself or wan	ting to die if you want to?				
	(4) Can control thoughts with a lot of difficulty	_		_	_
(1) Easily able to control thoughts					
(1) Easily able to control thoughts (2) Can control thoughts with little difficulty	(5) Unable to control thoughts (6) Door not atterned to control thoughts				
(1) Easily able to control thoughts (2) Can control thoughts with little difficulty (3) Can control thoughts with some difficulty	(5) Unable to control thoughts (0) Does not attempt to control thoughts				
(1) Easily able to control thoughts (2) Can control thoughts with little difficulty (3) Can control thoughts with some difficulty Deterrents	(0) Does not attempt to control thoughts				
(1) Easily able to control thoughts (2) Can control thoughts with lintle difficulty (3) Can control thoughts with some difficulty Deterrents Are there things - anyone or anything (e.g., family, religion	(0) Does not attempt to control thoughts				
(1) Easily able to control thoughts (2) Can control thoughts with lintle difficulty (3) Can control thoughts with some difficulty Deterrents for there things - anyone or anything (e.g., family, religion lie or acting on thoughts of committing suicide? (1) Deterrents definitely stopped you from attempting saicide?	(0) Does not attempt to control thoughts n, pain of death) - that stopped you from wanting to (4) Determents most likely did not stop you	_	_	_	
(1) Easily able to control thoughts (2) Can control thoughts with lintle difficulty (3) Can control thoughts with some difficulty Deterrents Are there things - anyone or anything (e.g., family, religion file or acting on thoughts of committing suicide? (1) Deterrents possibly stopped you from attempting suicide? (2) Deterrents probably stopped you	(0) Does not attempt to control thoughts n, pain of death) - that stopped you from wanting to (4) Determins most likely did not stop you (5) Determins definitely did not stop you	_	_	_	_
(1) Easily able to control thoughts (2) Can control thoughts with lintle difficulty (3) Can control thoughts with some difficulty Deterrents For there things - anyone or anything (e.g., family, religion lie or acting on thoughts of committing suicide? (1) Determents definitely starped you from attempting suicide (2) Determents probably stopped you (3) Uncertain that determents support of the control of the c	(0) Does not attempt to control thoughts n, pain of death) - that stopped you from wanting to (4) Determents most likely did not stop you	_	_	-	-
(1) Easily able to control thoughts (2) Can control thoughts with lintle difficulty (3) Can control thoughts with some difficulty Deterrents Are there things - anyone or anything (e.g., family, religion tie or acting on thoughts of committing suicide? (1) Deterrents definitely stopped you from attempting suicide (2) Deterrents probably stopped you (3) Uncertain that deterrents stopped you (4) Reasons for Idention	(9) Does not attempt to control thoughts n, pain of death) - that stopped you from wanting to (4) Deterrents most likely did not stop you (5) Deterrents definitely did not stop you (6) Does not apply	_	_	_	_
(1) Easily able to control thoughts (2) Can control thoughts with limle difficulty (3) Can control thoughts with some difficulty Deterrents for three things - anyone or anything (e.g., family, religion lie or acting on thoughts of committing suicide? (1) Deterrents befinisely stepped you from attempting suicide? (2) Deterrents porbably stopped you (3) Uncertain that deterrents stopped you Reasons for Idention What sort of reasons did you have for thinking about want	(0) Does not attempt to control thoughts n, pain of death) - that stopped you from wanting to (4) Determins most likely did not stop you (5) Determins definitely did not stop you (0) Does not apply ting to die or killing yourself? Was it to end the pain	_	_	_	
(1) Easily able to control thoughts (2) Can control thoughts with lintle difficulty (3) Can control thoughts with some difficulty (3) Can control thoughts with some difficulty (4) The three things - anyone or anything (e.g., family, religion (iie or acting on thoughts of committing suicide? (1) Determents definitely stopped you (3) Uncertain that determents stopped you (3) Uncertain that determents stopped you (4) Easons for Ideation (5) And some for thinking about want (6) The stop of the way you were feeling (6) other words you could (6) Eding) or was it to get attention, revenge or a reaction fro	(9) Does not attempt to control thoughts n, pain of death) - that stopped you from wanting to (4) Determents most likely did not stop you (5) Determents definitely did not stop you (6) Does not apply ting to die or killing yourself? Was it to end the pain in 'yo on living with this pain or how you were m others? Or both?	_		-	
(1) Easily able to control thoughts (2) Can control thoughts with limit difficulty (3) Can control thoughts with some difficulty Deterrents for there things - anyone or anything (e.g., family, religion fie or acting on thoughts of committing suicide? (1) Deterrents beforehigh stopped you from attempting suicide (2) Deterrents probably stopped you (3) Uncertain that deterrents stopped you Reasons for Ideation What sort of reasons did you have for thinking about want or stop the way you were feeling (in other words you could feeling) or was it to get attention, revenge or a reaction from others (1) Completely to get attention, revenge or a reaction from others	(0) Does not attempt to control thoughts n, pain of death) - that stopped you from wanting to (4) Deterrents most likely did not stop you (5) Deterrents definitely did not stop you (0) Does not apply ting to die or killing yourself? Was it to end the pain in to on living with this pain or how you were mothers? Or both? (4) Mostly to end or stop the pain (you couldn't go on	-		_	
(1) Easily able to control thoughts (2) Can control thoughts with limit difficulty (3) Can control thoughts with some difficulty Observents Are there things - anyone or anything (e.g., family, religion tie or acting on thoughts of committing suicide? (1) Determine definitely stopped you from attempting suicide (2) Determine probably stopped you Reasons for Idention What sort of reasons did you have for thinking about want or stop the way you were feeling (in other words you could feeling) or was it to get attention, revenge or a reaction from (1) Completely to get attention, revenge or a reaction from others (2) Mostly to get attention, revenge or a reaction from others (2) Mostly to get attention, revenge or a reaction from others	(6) Does not attempt to control thoughts n, pain of death) - that stopped you from wanting to (4) Deterrents most likely did not stop you (5) Deterrents definitely did not stop you (6) Does not apply ting to die or killing yourself? Was it to end the pain in 't go on living with this pain or how you were m others? Or both? (4) Mostly to end or stop the pain (you couldn't go on living with the pain to how you were feeling)	_		_	
(1) Easily able to control thoughts (2) Can control thoughts with lintle difficulty (3) Can control thoughts with some difficulty (beterrents) Are there things - anyone or anything (e.g., family, religion fie or acting on thoughts of committing suicide? (1) Deterrents beforeheld supped you from attempting suicide (2) Deterrents probably stopped you (3) Uncertain that deterrents supped you Reasons for Ideation What sort of reasons did you have for thinking about want or stop the way you were feeling (in other words you could feeling) or was it to get attention, revenge or a reaction from others (1) Completely to get attention, revenge or a reaction from others	(0) Does not attempt to control thoughts n, pain of death) - that stopped you from wanting to (4) Deterrents most likely did not stop you (5) Deterrents definitely did not stop you (0) Does not apply ting to die or killing yourself? Was it to end the pain in to on living with this pain or how you were mothers? Or both? (4) Mostly to end or stop the pain (you couldn't go on	_		_	

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



He/She Felt



SUICIDAL IDEATION



C-SSRS Full & Screener Ideation Questions

		Pa moi	
As	sk questions that are bolded and <u>underlined</u> .	YES	NC
As	sk Questions 1 and 2		
L) <u>#</u>	ave you wished you were dead or wished you could go to sleep and not wake up?		
2) <u>#</u>	lave you actually had any thoughts of killing yourself?		
If	YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
21	Have you been thinking about how you might do this?		
3)			
3)	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 itand I would never go through with it."		
	where or how I would actually do itand I would never go through with it."		

Psychosis: Auditory hallucinations count as suicidal ideation



		Charles Company of the Company of th		
AND TAKEN OF SELECTION OF SELECTION OF	100			
	Pittali	CORNEL STREET, CORNEL SECURITION		в
	10.00			
And the state of t				
	0.0	to the second of the sports of the second of the second		
Tar Barba				
	In its			
the same of the sa	10.00	Married State of the Assessment Street and benefit		
		November of the Parish Street		
	0.00			
Control of the Contro				
AND DESCRIPTION OF THE PERSON		Project of the second statement of the second secon		
		7.000		
****		To the proper halo of allegan from		
AND THE RESIDENCE OF THE PROPERTY OF				
Mind to the Winds of the second secon	100, 20	Manager Stranger and Lorentz and American Strategy and Colores (Section)		
		The Brack of State SuperSupers State Spring Sylven areas for		
		to the best of the first state of the best		
And internal control to the last last		A CANADA CAMBRIDA DE CAMBRIDA DE CAMBRIDA DA CAMBRIDA		П
AND ADDRESS OF THE PARTY OF THE				
		Pro-tests		
		The Publisher on the State of the Publisher of the State		
PERSONAL PROPERTY AND PROPERTY				
	1004	1104 Table		
DOTAL ACCOUNT NO.				
		Party of Francisco Control of State of		
A Substance of Street of Street of Street or other Street or o		The state of the s		
State Sections of the last of		THE RESERVE TO SERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME		
Date None		Coldinate or providing in several print?	harrier house	
Section (Cont.)		Conference or providing in several print?		b
Control of the contro		tracts and months		E
Section (Cont.)	_	tracts and months	Sec. Sec.	E
Commence of the commence of th	-	The state of the s	Sec. Sec.	E
A long from the special state of the special state		The section of the se	Sec. Sec.	E
A long from the special state of the special state	-	maybe and countries	Sec. Sec.	E
Comment to agent assign a copul Comment to agent assign a		The section of the se	Sec. Sec.	E
With the stage of tage of the stage of the stage of the stage of tage	-	much and combined and analysis of the second analysis of the second and analysis of the second analysis of the second and analysis of the second analysis of the second and analysis of the second analysis of the second and analysis of the second and analysis of the second and analysis of the second analysis of the second and analysis of the second analysis of the second and analysis of the second analysis of the seco	24 24	191
A second	-	Continue and control for the c	Sec. Sec.	191
The state of the s	-	much and combined and analysis of the second analysis of the second and analysis of the second analysis of the second and analysis of the second analysis of the second and analysis of the second analysis of the second and analysis of the second and analysis of the second and analysis of the second analysis of the second and analysis of the second analysis of the second and analysis of the second analysis of the seco	24 24	188
The second section of the section of the second section of the section of the second section of the second section of the s	-	Combination of personal process and an extension of the combination of		198
The state of the s	-	Continue and control for the c	24 24	191



Intensity of Ideation

Once most severe type of ideation is determined, a few follow-up questions are asked

- Frequency
- Duration
- Controllability
- Deterrents
- Reasons for ideation (stop the pain or make something else happen)

INTENSITY OF IDEATION		
and 5 being the most severe). Most Severe Ideation:	severe type of ideation (i.e., I -5 from above, with I being the least severe	Most Severe
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 w	and: (4) Drille or abount drille. (5) Morre Sinne such due	
Duration	eat (4) Daily of amountainy (3) hours dates each day	
When you have the thoughts, how long do they last? (1) Fleeting - few seconds or minutes (2) Less than 1 hour'score of the time (3) 1-4 hours's lot of time	(4) 4-5 hours/most of day (5) More than 8 hours/persistent or continuous	_
Controllability		
Could/can you stop thinking about killing yourself or want (1) Easily able to control thoughs: (2) Can control thoughs with little difficulty (3) Can control thoughs with some difficulty	ting to die if you want to? (4) Can control thoughts with a lot of difficulty (5) Unable to control thoughts (0) Does not attempt to control thoughts	_
Deterrents Are there things - anyone or anything (e.g., family, religio. thoughts of suicide? (1) Deterrents definitely stopped you from attempting suicide (2) Deterrents probably stopped you (3) Uncertain that deterrents stopped you	n, pain of death) - that stopped you from wanting to die or acting on (4) Dearments most likely did not stop you. (5) Dearment definitely did not stop you. (9) Dees not specification.	-
Reasons for Ideation	19394-19304-19375	
you were feeling (in other words you couldn't go on living revenge or a reaction from others? Or both?	ing to die or killing yourself? Was it to end the pain or stop the way with this pain or how you were feeling) or was it to get attention,	
 Completely to get attention, revenge or a reaction from others Mostly to get attention, revenge or a reaction from others Equality to get attention, revenge or a reaction from others and to end stop the pain 	(4) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (3) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (9) Does not apply	-



Control and Carlot Medianopolis arrests "Crist Marin" unto Discoverage and To Just.	470	Control and the state of the st	- Union
commend from a filtrature a granter later in a few stephin beautiful and other tiers.			50.3
THE STATE OF THE S	Table 1	market 1971, along the property of the burner of the burne	
AND DESCRIPTION OF THE PROPERTY OF THE PERSON OF THE PERSO	50.50		
NAME AND ADDRESS OF THE OWNER, WHEN PARTY AND AD		the second or th	
Color on Carlotte	_	No. on the country of the party.	
			780
mining and he ref.		CON ACCOUNTS	Anna
e bob			_
Andre Schild Berkenstell (andre Schildere Profiles) without Schild Stepper (and	20.00	THE STREET OF STREET STREET	
		Section 1. In profession case, when I'd making the part of the principal temperature.	
and an interest of the same of		TAX TO SEE STATE OF THE PARTY O	
***			-
	_	To the country of the free Color State Sta	
	200 (200	The first section is a second to the second section of the section of the	-
and all the state of the state		the second secon	
and the same of th		The second secon	
All to Standard Manager of Standard Standard Standard	_		200
THE RESERVE OF THE PARTY OF THE	0.00	to take	
a belo		CONTRACT.	
		THE RESERVE THE PERSON NAMED IN COLUMN 2 I	-
NEW CONTRACTOR CONTRAC	_		
Francisco per contrata de la contrata del contrata del contrata de la contrata del la contrata de la contrata del la contr	200	n log	700
and the second s	Contract Con		
		TO PROPERTY HOLD BEAUTY AND THE RESERVE OF THE PROPERTY OF THE	-
ness and the second of the standard			
		No. or other professor beauty made in property of the office of a strong party professor or the professor of	
Company of the Compan		Carlotte Control of Co	
Plant to continue the state of		MENTINE CONTRACTOR OF THE PERSON OF THE PERS	-
The state of the s			-
		and the second s	N MP
P. C.	_	Colon Charles	De la
Commission water the event recom-			
		nor late commit	
Company and Company and Company and Personal		THE RESERVE AND THE PERSON OF	
Control of the Contro		Agricultural Parties of the Association of the Agricultural Parties of the Agricultura	
		THE RESIDENCE OF THE PARTY OF T	
for any water for the payor in the entire company to be a subject to the control of the entire company to the control of the c		and the second second second second second second second	
region before the residence of the second se		Print to Art of the room had been been been been been been been bee	
		- Marine Marine Marine	
ACTION WITH THE PROPERTY OF THE PARTY OF THE		The second state and the secon	



Clinical Guidance

For Intensity of Ideation, risk is greater when:

- Thoughts are more frequent
- Thoughts are of <u>longer</u> duration
- Thoughts are <u>less</u> controllable
- Fewer deterrents to acting on thoughts
- Stopping the pain is the reason
- Gives you a 2-25 score that will help inform clinical judgment about risk
- Duration found to be most predictive in adolescents (King, 2009)



TOTAL READING	_	LOCAL CHESS	-
Constitution of Carlot Annual Constitution of Contract Constitution of Constitution of Carlot Contract Constitution of Carlot Constitutio	100	THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS.	-
manusi feet of transmission leads to larger beautifulness and feet	1975	Committee of the commit	50.50
001320		the state of the s	
NAME AND ADDRESS OF THE OWNER, WHEN PARTY AND AD	~ ~	and the same of th	
NO.			
Section 1980 and 1980	_	Parameter and annual	
et, magerit begind originalise describences enters. The teglindensities and other teglines are the			Terral Contract of the Contrac
and the second of the second		CON STREET, CON	_
to the second se			_
tota from the based includes the first other branch to	20.00	Calcal Service and the proper parties	
THE RESERVE OF THE PARTY OF THE	5.5	the department of the control of the	
and a fall and the second seco		A STATE OF THE PARTY OF THE PAR	
			2.5
	_	For Allert Cont. State Cont. S	
And have deposed for both or a back to be the first	20.00	Participation of the contract	-
and of and and and and an analysis and		THE RESIDENCE OF COMPANIES IN CONTRACT OF SAME ASSESSMENT OF SAME ASSE	
NOT		the Control of the last to the	
	_	THE TANK OF THE PARTY OF THE PA	20.00
And the second distance of the second distanc	To 100		
	0.0	Circles Co.	
a destination of the second of		CONTRACT TO A STREET OF THE PARTY OF THE PAR	Se h
TRACTICE STUDIOS	_	page at that a benefit toward of the page of the control and the control of the c	
Condens of the observations and the Condens of Condens			-
	554	Ex. or in	And
charakter	6600	Control to a Marie	_
Tomat St. Brander John	_	the state of the same of the s	-
Charles of Marie Manager Charles Charles		the major and an employment of change against a quality of a quality field of a	
Company of August San		Fig. 40%	
			-
Display of the Control of the Contro		THE REST OF THE PARTY OF THE PA	
DAME.	_	A NATIONAL AND ADDRESS OF THE PARTY AND ADDRES	-
Control bearing the control or against a serious			-
Contract and contract and an artist and an artist and an artist and artists are artists and artists and artists are artists and artists and artists are artists are artists are artists and artists are artists ar	_	Contract Charles on the Contract Contra	Se le
77	_	CONTRACTOR DE LA CONTRA	
COMPANY TO THE PARK OF THE PAR		The control of the co	
See and the Contract of the Co		Applicants of the description of the description of the	
m is in in		CONTRACTOR OF THE PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS.	District.
manufacture of the layer before the cases and realize cased. The case of the manufacture of the case o		AND THE RESIDENCE OF THE PARTY	
Section Control of the Control of th		FOR BUILDING COMMISSION AND REPORT COME.	
		- Marine Marine Company	
NAME OF THE PARTY		All the second s	No.



Ideation Demo









Full C-SSRS Suicidal Behavior Section

Actual Attempt: A constaint self-injurious are communed with at least some with to die, we a need of plant for was in part throught of at method to bill constaint. Instead does not have to be 100%. If there is ally intended size to die associated with the set, than it can be considered as sixed social section. There does not have to be any injury or harm, just the potential for uppey or horn. If person pulls brigger while goe is in considered to a through. It is considered as among the part of the person pulls brigger while goe is in another but goe is broken so so injury or that with to die, it may be inferred clinically from the behavior or to insurantees. For example, a highly lethal set that is clearly not an accident so so other what the value of only and to be behavior or to insurantees for example, a highly lethal set that is clearly not an accident so so other what which can be inferred by a guarder to head, jumping from weadow of a high floor story). Also, if someone desire intent to die, but they thought that what they did could be lethal, letter may be inferred. Have you done anything to have yourself? Have you done anything dangerous where you could have died? What did you do? Did you want to die form a little when you. ?	Yes	Ne Q	Yes No
strongs. There does not have to be any injury or harm, just the potential for uppry or beam. If person pulls trigger while goes is a careful but goes is because on a squary results, the is considered as inseque. Informing limited. Even if an individual description intent with to die, it may be informed clinically from the behavior or viocumstances. For example, a highly lethal and that is clearly not an accident to no other intent but mixed on the informed (e.g., guarded to head, jumping from window of a high from they). Also, if measure decide after to die, but they thought that what they did could be belief, letted may be informed. Have you done anything to have yourself? Have you done anything dangerour where you could have died? What did you do? Did you as a way so and your life?	Total		
Have you done engithing danger our where you could have died? What did you do? Did you as a way to end your lift?			
			Total 2 of Attenues
Were you trying to end your life when you? Or Did you think is was portible you could have died from? Or did you do it purely for other reasons / without ANY instation of killing yourself (like to relieve stress, feel better,			
gg sympathy, or get something else to happen; 7 (self-lejarous Behavior vittors sucidal inter) If yes, describe:	Yes.	No.	Yes No
Has subject engaged in Non-Suicidal Self-Injurious Behavior?		П	0 0
Interrupted Attempt	_	No	Ves No
When the person is interrupted (by an outside circumstance) from starting the potentially self-injusious act (y/ not for that, or and outside circumstance). From starting the potentially self-injusious act (y/ not for that, or an outside circumstance). Once they injust any yills, this becomes an attempt eather than an interrupted effecting. Becoming Person has gun pointed forward self, gun in taken away by someone clae, or a somethow prevented from pulling trigger. Once they pull the trigger, even if the gun fails to far, it a on attempt. Numping Person is pointed in jump, is gratified and taken down from beings. Hanging Person has control earned on the started to kany, is copped from things.		므	0 8
Has there been a time when you started to do romething to end your life but someone or comething supped you before	Total	i tof ugred	Total # of
Aborted or Self-Interrupted Attempt: When person began to take steps toward making a suicide estempt, but sups themselves before they actually have engaged in any self- destructive behavior. Examples are similar to interrupted attempts, except that the individual steps him herself, instead of being stopped by	Vet	No E	Vec No
uscerting else. Has there been a time when you started to do something to try so end your life but you supped yourself before you actually did anything? If you decade:	965	#of ed or If- upted	Total # of aborted or self- interrupted
Preparatory Acts or Behavior:	3	Saura	
Arth or preparation towards imministry making a mixed attempt. This can include anything beyond a verbalization or thought, such as assembling a specific method (e.g., buying pills, prachasing a god) or preparing for one 's death by mixed (e.g., giving things arms), mixing a strict most.	Yes	No.	Ees No
Have you taken any steps towards making a suicide attempt or preparing to killyourself (such as collecting pills,		erory to	Total # of preparator octs



ERION .	
nic (ed.) (film en grand provide "providente" (ed.) (film providente en l'ord) (film) (ed.) (film) (ed.) (ed	T. C.
to the control of the	5.0
THE REPORT OF THE PARTY OF THE	
the facility of the state of th	100
Contract of the first the part for	2.5
NOTIFICATION OF THE OWNER OF THE PROPERTY OF THE OWNER OF THE OWNER OF THE OWNER OWNER OF THE OWNER OW	Pr 50
ALL OF MEANUTY THE COMMENT OF THE COMME	22
entra	
Control of the Contro	
Les di dirette for land Archer .	-
SEC OF CONTROL OF SECURITY AND ADDRESS OF SECURITY ADDRESS OF SECURITY AND ADDRESS OF SECURITY ADDRESS OF SECU	-
Constitution of the second	-
The state of the s	Na."
A spring and the spri	-
of temporal feed functions	





Suicide Attempt Definition

A self-injurious <u>act</u> undertaken with at least <u>some</u> intent to die, <u>as a result of</u> the act

- There does not have to be any injury or harm, just the **potential** for injury or harm (e.g., gun failing to fire, first pill swallowed, scratch with a knife)
- Any "non-zero" intent to die does not have to be 100%
- Intent and behavior must be linked



Printed State Communication Co	1000	CONTROL BY THE	-
tacked on the property and the comments of the same	1	The Charles and the Control of the Art of the Residence of the Control of the Con	h
Name of the Control o	2.5	Settlement of the second second	
1.00	1.7		
the state of the s	* *	Street of the st	×
n-Mode		STATE OF THE PARTY	
	* *	A series to the series of the	
1473			-
ALL PROPERTY AND ADDRESS OF THE PARTY OF THE	_	No. 26 to page the first through the constitution. Special Street	
The state of the s	7.7	Section and the section of the secti	ŀ
e desh		The state of the s	٠,
Service and the service of the servi	2.5		
race.		CONTROL DE LA CO	-
Control of the Contro		AND THE CONTRACT OF THE PARTY O	100
n ine firm	750 mark	1000	
April 2 Access of Archite		For extract the in Edition	
Andrews Charles Charles Histories Comment	-	of the order of the beautiful and the	
Marine III	-	Control of the Contro	
COM CONTRACTOR CONTRAC		month end enquiries the	
HANGED NAME OF	-	COLUMN TOWNS AND ADDRESS OF THE PARTY OF THE	12
September - Septem	-	Section of the second section of the section of the second section of the se	
The state of the s		Street, day, but the company of the spirit street, and the spirit st	~
Water paleston	-	de production	-
Analysis and a second second	-	THE PARTY OF THE P	Ann



Inferring Intent

- Intent can sometimes be inferred clinically from the behavior or circumstances
 - e.g., if someone denies intent to die, but they thought that what they did could be lethal, intent can be inferred
 - "Clinically impressive" circumstances; highly lethal act where no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor/story, setting self on fire, or taking 200 pills)



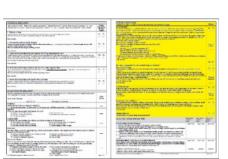




As Opposed To Non-suicidal Self-injurious Behavior

- Engaging in behavior PURELY (100%) for reasons other than to end one's life:
 - Either to affect:
 - Internal state (feel better, relieve pain etc.) -"self-mutilation"
 - and/or -
 - External circumstances (get sympathy, attention, make angry, etc.)







Other Suicidal Behaviors.... Interrupted Attempt

Definition:

 When person starts to take steps to end their life but someone or something stops them

Examples

- Bottle of pills or gun in hand but someone grabs it
- On ledge poised to jump





Aborted/Self-Interrupted Attempt

Definition:

 When person begins to take steps towards making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior

Examples

- Man plans to drive his car off the road at high speed at a chosen destination. On the way there, he changes his mind and returns home
- Man walks up to the roof to jump, but changes his mind and turns around
- She picks up a gun, but then puts it down





Preparatory Acts or Behaviors

Definition:

 Any other behavior (beyond saying something) with suicidal intent

Examples

- Acquiring the means to kill self
- Giving away valuables
- Writing a suicide note





Preparatory Behaviors

By asking about all types of ideation and behaviors maybe we can find kids like Dylan Klebold who mentioned suicide more than 5 times in his journals: "I don't fit in here, thinking about suicide gives me hope."

Santa Fe shooter wrote in his journals that he wanted to kill people then kill himself







Lethality

(Compilation of Beck Medical Lethality Rating Scale)

What actually happened in terms of medical damage?

For example if there was a cut, did it require a Band-Aid or a bandage? Did it bleed a little bit or profusely?

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

Likely lethality of attempt if <u>no medical damage</u>. Examples of why this is important are cases in which there was no actual medical damage but the potential for very serious lethality

- Laying on tracks with an oncoming train but pulling away before run over
- Put gun in mouth and pulled trigger but it failed to fire Both 2

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
- I = Behavior likely to result in injury but not likely to cause death
- 2 = Behavior likely to result in death despite available medical care



NO. CALANCE		AND COMPANIES	
to one or first for the month or order the hid block of a dear from the month of the temperature of the first	till:	Photo Street and the second se	To 3
With a local design of the	** **	The state of the s	0 0
(a male		to the first advantage of the case to come in the first payment and properties make the first building No. 1 that is assumed that of the length of make an order the last of the state.	
The Breith of Serlin Self Terrain	2.5	The section of the se	ini *
Parameter State Control of the Contr		Section 19	
party fields blooks of any fallows of all the rains should be a second of the party of the common of	2.5	A sit of all the could be a second be added as a second be a second as a secon	
la jack			-
and a finish Market of Combination in with other Cities		A SECTION OF THE PROPERTY OF T	-
ATT THE BOOK THE STATE OF THE S	7.7	THE RESIDENCE THE REAL PROPERTY AND ADDRESS OF THE PARTY ADDRESS OF THE PARTY AND ADDRESS OF THE	
to be to		the first property where the property of the p	_
Committee Commit	5.5	the detection of the second control of the control of the second c	-
Charles Committee Committe		The state of the s	
NEAR TO DESCRIPE THE SECOND PROPERTY OF THE S	Jin.	the few into the characteristic beautiful to contain a control of the property	-
Activities (MANA)	000	Specifica A los Notass	_
A to the second of the second of the second of the second of		The second of th	0
Manager Street Communication Street Communication Street Communication Street Communication Communic		Const Marie Construction and construction	-
Secretary Secretary Secretary			Part of
	_	AN POCHECO TONE SECTION PROPERTY OF THE PROPER	
Security of the second of the		F. Str. Maria	-
The series of the second series of the serie		And the second second second second	t-c
		Secretary Secret	
Titles and delicate Ottom Control	Sel A	CONTRACTOR	



Behavior Demo



http://youtu.be/2Fk0XuQwcMc





Suicidal Behavior Administration

- Select (check) all that apply
- Only select if discrete behaviors
 - For example, if writing a suicide note is part of an actual attempt, do <u>not</u> give a separate rating of Preparatory Behavior (ONLY MARK A SUICIDE ATTEMPT)
- Reminder: Ideation & Behavior Must Be Queried Separately
 - Just because ideation is denied, it does not mean that there will not be any suicidal behavior
- Listen to what the person believed would happen not what you think regarding lethality

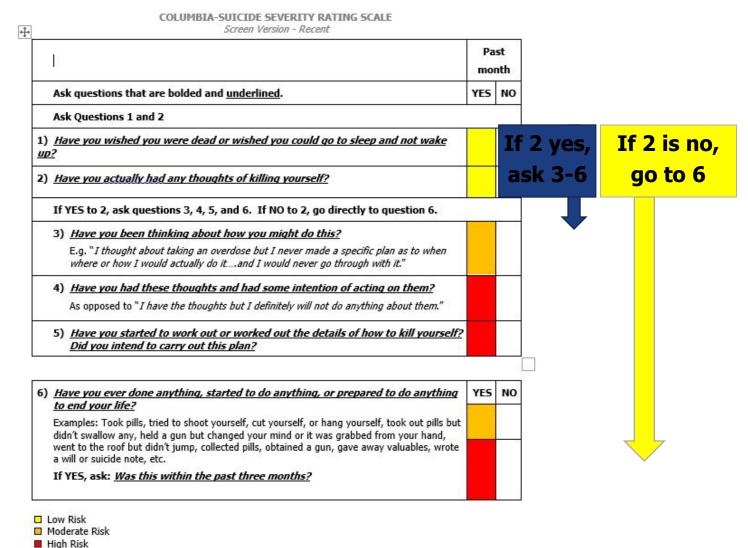






SCREENER

Combined **Behaviors** Question







Timeframes

Lifetime

<u>Ideation</u>: Most suicidal time most clinically meaningful – even if 20 years ago, much more predictive than current

Behavior: Lifetime behavior highly predictive (e.g. history of suicide attempt #1 risk factor for suicide)

SUICIDAL IDEATION						
Ask questions 1 and 2. If both are negative, proceed to "Suicidal Behavior" section. If question 2 is "yes", ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is "yes". Intensity of Ideation" section below.			He/Sh	e: Time ie Felt Suicidal		st 1 uth
 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 Have you wished you were dead or wished you could go to sleep and not wake up? 	щ.		Yes	No	Yes	No
If yes, describe:						
 Non-Specific Active Suicidal Thoughts General non-specific thoughts of wanting to end one's life/commit suicide (e.g., "Two thought about killing of wave to kill onecalf/accordated methods intent or plan during the accommant period 	myself") with	nout thoughts	Yes	No	Yes	No
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 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	Yes No	- 1.0	Yes	No	Yes	No
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 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.		м				
Have you made a suicide attempt? Have you done anything to harm yourself?	Total # of	Total # of				
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?	Attempts	Attempts	Yes	No	Yes	No
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)			Yes	No	Yes	No
get sympathy, or get something else to happen)? (Seir-injurious Benavior without suicidal intent). If yes, describe:	Yes No	Yes No				
Has subject engaged in Non-Suicidal Self-Injurious Behavior?						



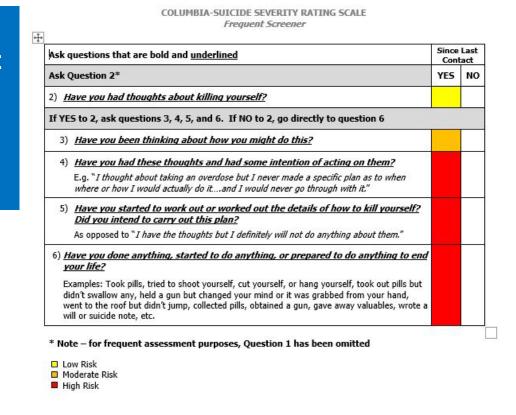
Monitoring is Critical

Capture all events and types of thoughts since last assessment:

"Since I last saw you have you had any thoughts about suicide or done anything, started to do anything or prepared to do anything to end your life?"

Recommended **EVERY** visit

 You don't want the time you didn't ask to be the time you needed to ask









Flexible **Toolkit:** Youth Screener

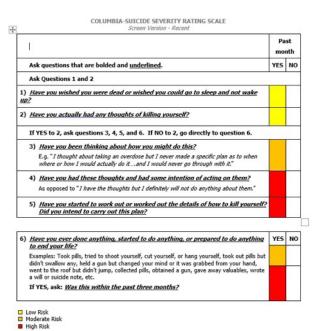
Columbia Suicide Severity Rating Scale (C-SSRS) - Screener - Recent - Child

		PAST MONTH
Ask	questions 1 and 2.	
1.	Have you wished that you could go to sleep and never wake up or that you were dead?	
2.	Have you thought about killing yourself?	
If YE	ES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.	
	3. Did you think about ways you could kill yourself?	
,	4. Some people think about killing themselves but know they would NEVER do it. Others think about killing themselves and think that they might do something. Was there a time when you thought about killing yourself and it was something you MIGHT do, even if you weren't completely sure?	
,	5. Did you make a plan for how you would kill yourself (things like when, how, and where) and, even if you weren't completely sure when you made this plan, was it something that you thought you MIGHT do?	
Alwa	ays ask question 6	
	Have you <u>EVER</u> tried to kill yourself, started to do something to kill yourself or done anything to get ready to kill yourself?	
	If YES, was this in the past 3 months?	
sv b	xamples: took pills, tried to shoot yourself, cut yourself or hang yourself, took out pills but didn't wallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof ut didn't jump, wrote, or sent a goodbye message, did research on the internet about killing ourself, or got what you needed to kill yourself, etc.	

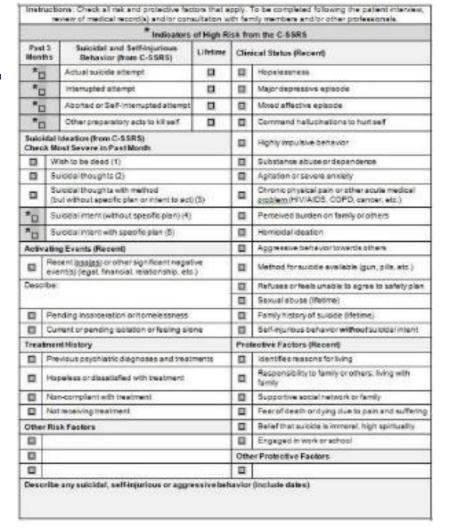




 Risk Assessment page and screener for all crisis evaluations



Flexible Toolkit – Tennessee Crisis Assessment Tool







Division of Child & Adolescent Psychiatry

SAFE-T with C-SSRS

SAFE-T Protocol with C-SSRS (Columbia Risk and Protective Factors) Lifetime/Recent

Step 1: Identify Risk Factors					
C-SSCS Suicidal Ideation Severity		Month	Lifetime (Worst)		
Wish to be dead Have you wished you were dead or wished you could go to sleep and not wake up?					
Current suicidal thoughts Hove you actually had any thoughts of killing yourself?					
Suicidal thoughts w/ Method (w/no specific Plan or Intent or act) Have you been thinking about how you might kill yourself?					
4) Suicidal Intent without Specific Plan Have you had these thoughts and had some intention of acting on them?					
5) Intent with Plan Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?					
C-SSRS Suicidal Behavior: "Have you ever done anything, started to	do anything, or prepared to do anything to	3 Months	Lifetime		
end your life?" 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.					
Activating Events: Recent losses or other significant negative event(s) {legal, financial, relationship, etc.) Pending incarceration or homelessness Current or pending isolation or feeling alone Treatment History: Previous psychiatric diagnosis and treatments Hopeless or dissatisfied with treatment Non-compliant with treatment Insomnia Other:	Clinical Status: Hopelessness Major depressive episode Mixed affect episode (e.g. Bipolar) Chronic physical pain or other acute medical problem (e.g. CNS disorders) Highly impulsive behavior Substance abuse or dependence Agitation or severe anxiety Perceived burden on family or others Homicidal I deation Aggressive behavior towards others Refuses or feels unable to agree to safety plan Sexual abuse (lifetime) Family history of suicide				
Access to lethal methods: Ask specifically about presence or absence of a firearm in the home or workplace or ease of accessing					
Step 2: Identify Protective Factors (Protective factors may not counteract significant acute suicide risk factors)					
Internal: Fear of death or dying due to pain and suffering Identifies reasons for living	External: Belief that suicide is immoral; high spirituality Responsibility to family or others; living with family Supportive social network of family or friends Engaged in work or school				



C-SSRS Suicidal Ideation Intensity (with respect to the most severe ideation identified above)		Month	Lifetime (Worst)
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 las	t?		
(1) Fleeting - few seconds or minutes	_(4) 4-8 hours/most of day		
(2) Less than 1 hour/some of the time	45) More than 8 hours/persistent or continuous		
(3) 1-4 hours/a lot of time			
Controllability			
Could/can you stop thinking about killing yourself	or wanting to die if you want to?		
(1) Easily able to control thoughts	_(4) Can control thoughts with a lot of difficulty		
(2) Can control thoughts with little difficulty	(5) Unable to control thoughts		
(3) Can control thoughts with some difficulty	(0) Does not attempt to control thoughts		
Deterrents			
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 committing suicide?			
(1) Deterrents definitely stopped you from attempting suicide	(4) Deterrents most likely did not stop you		
(2) Deterrents probably stopped you	_(5) Deterrents definitely did not stop you		
(3) Uncertain that deterrents stopped you	_(0) Does not apply		
was it to get attention, revenge or a reaction from	thers(4) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling)		
	Total Score		
Notes:			
Behaviors:			
	asing a gun, giving things away, writing a suicide note)		
 Aborted/self-interrupted attempts, 			
Interrupted attempts and			
Actual attempts			
 Assess for the presence of non-suicidal self-inj 	urious behavior (e.g. cutting, hair pulling, cuticle biting, skin pickin	g)	
particularly among adolescents and young adul	ts, and especially among those with a history of mood or externalize	ing disord	lers
□ For Youths: ask parents/guardian about eviden	ice of suicidal thoughts, plans or behaviors and changes in mood, b	ehaviors of	or
disposition	,		
 Assess for homicidal ideation, plan behavior a 	nd Intent particularly in:		
	eparation, especially if paranoid, or impulsivity disorders		

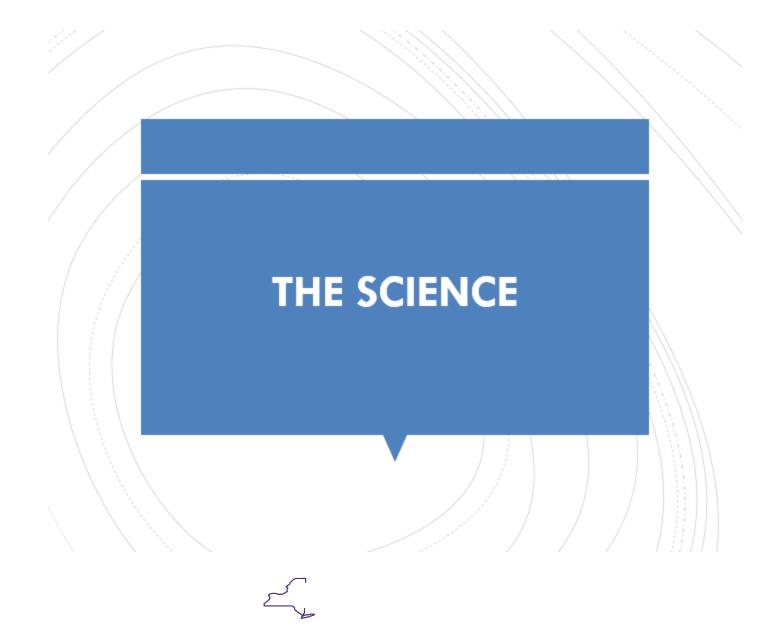


SAFE-T with C-SSRS Triage

Step 4: Guidelines to Determine Level of Risk and Develop "The estimation of suicide risk, at the culmination of the suicide assessment, is identified one specific risk factor or set of risk factors as specifically predictive or From The American Psychiatric Association Practice Guidelines for the Assessment and Tro	the quintessential clinical judgment , since no study has f suicide or other suicidal behavior."
RISK STRATIFICATION	TRIAGE
High Risk Suicidal Ideation, with intent or intent with plan in past month (C-SSRS Suicidal Ideation #4 or #5) Or Suicidal behavior within past 3 months (C-SSRS Suicidal Behavior)	Initiate local psychiatric admission process Stay with patient until transfer to higher level of care is complete Follow-up and document outcome of emergency psychiatric evaluation
Moderate Risk Suicidal ideation with method WITHOUT plan, intent or behavior in past month (C-SSRS screen #3) Or Suicidal behavior more than 3 months ago (C-SSRS Suicidal Behavior) Or Multiple risk factors and few protective factors	Directly address suicide risk, implementing suicide prevention strategies Develop Safety Plan
Low Risk Wish to die or suicidal thoughts (C-SSRS Suicidal Ideation #1 and/or #2) no method, plan, intent or behavior Or Suicidal ideation more than 1 month ago (C-SSRS screen #1-5) Or Modifiable risk factors and strong protective factors Or No reported history of Suicidal Ideation or Behavior	□ Discretionary Outpatient Referral
Step 5: Document Level of Risk, Rationale for Risk Assignment Plan (to be developed)	ent, Intervention and Structured Follow Up
Risk Level: [] High Risk [] Moderate Risk [] Low Risk Suicidal	
Clinical Note:	
Your Clinical Observation Relevant Mental Status Information Methods of Suicide Risk Evaluation	
Brief Evaluation Summary Warning Signs Risk Indicators Protective Factors Access to Lethal Means Collateral Sources Used and Relevant Information Obtained Specific Assessment Data to Support Risk Determination Rationale for Actions Taken and Not Taken	









Past

Research Supported Thresholds for Imminent Risk Identification

Indicates

Need

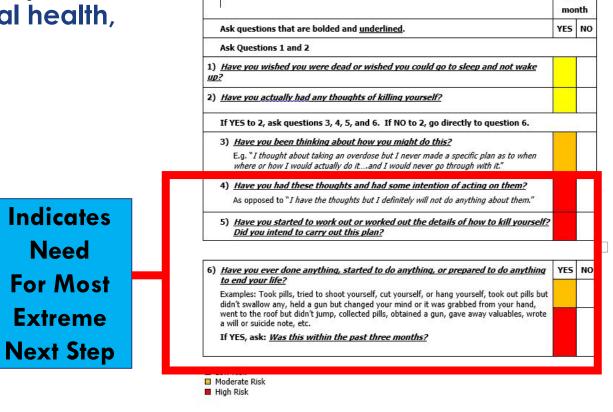
For Most

Extreme

Operationalized criteria for triage and next steps whatever they may be (e.g. referral to mental health, one-to-one, etc.)

Indicated clinical management response

Scientific data informs clinical judgment



COLUMBIA-SUICIDE SEVERITY RATING SCALE Screen Version - Recent





The Full Lifetime/Recent C-SSRS

SUICIDAL IDEATION Ask questions I and 2. If both are negative, proceed to "Suicidal Behavior" section. If the answer to question 2 "yes", ask questions 3, 4 and 5. If the answer to question I and/or 2 is "yes", complete "Intensity of Ideation" section below.	Lifetime: Time He/She Felt Most Suicidal		Past 1 month	
	Y	N	Y	N
1. Wish to be Dead Subject endower broughts about a wish to be dead or not allive anymore or wish to fall subsep and not wake up. Have you wished you were dead or wished you could go to sleep and not wake up?				
If yes, describe:				
2. Non-Specific Active Suicidal Thoughts General non-specific thoughts of wanting to end one's life/commit suicide (e.g., "Two thought about hilling myself") without thoughts of ways to kill meel/shootcidet endersho, intent, or plan during the assessment period. Have you actually had any thoughts of hilling yourself?			12	
If yes, describe:		l		
3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act Subject endows thought of suicide and has hought of all east 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, "Theograf sout teiding or so-or-less 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."		,,,,,,		
If yes, describe:				
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 had addressly will not do nothing advent them." Have you had these thoughts and fading with gained intention of acting on them? Have you had these thoughts and had some intention of acting on them?				
If yes, describe:				
5. Active Suicidal Ideation with Specific Plan and Intent Thoughts of tilling encedle with details of plan fully or partially worked out and subject has some intent to carry it out. Heavy post seated to work out or worked on the details of Ann to hilly source!? Do you intend to carry out this plan?				
If yes, describe:				

Lifetime - Most Severe Ideation:		Most Severe	Most Severe
Past Month - Most Severe Ideation:	Description of Idention		
	Description of Idention		
Frequency How many times have you had these thoughts? (1) Less than once a week (2) Once a week (3) 2-5 times in we	ek (4) Daily or almost daily (5) Many times each day		
Duration			
When you have the thoughts how long do they last?	\$65.655(HDD);1950(45000000)		
(1) Fleeting - few seconds or minutes	(4) 4-8 hours/most of day	SS	1
(2) Less than 1 hour/some of the time (3) 1-4 hours/a lot of time	(5) More than 8 hours/persistent or continuous		
Controllability			
Could/can you stop thinking about killing yourself or			
(1) Easily able to control thoughts	(4) Can control thoughts with a lot of difficulty		
(2) Can control thoughts with little difficulty	(5) Unable to control thoughts		1.
(3) Can control thoughts with some difficulty	(0) Does not attempt to control thoughts		
Deterrents	10	7	
Are there things - anyone or anything (e.g., family, rei	igion, pain of death) - that stopped you from wanting to		
die or acting on thoughts of committing suicide?			
(1) Deterrents definitely stopped you from attempting suicide	(4) Deterrents most likely did not stop you	_	
(2) Deterrents probably stopped you	(5) Deterrents definitely did not stop you		
(3) Uncertain that deterrents stopped you	(0) Does not apply		
Reasons for Ideation	DE 20/0346 685/05 4/825/056, 196/5 5000 DE		
	vanting to die or killing yourself? Was it to end the pain		
or stop the way you were feeling (in other words you c	ouldn'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	(4) Mostly to end or stop the pain (you couldn't go on		
(2) Mostly to get attention, revenge or a reaction from others	living with the pain or how you were feeling)		
	(5) Completely to end or stop the pain (you couldn't go on		
(3) Equally to get attention, revenge or a reaction from others and to end/stop the pain	living with the pain or how you were feeling)		

SUICIDAL BEHAVIOR (Check all that apply, so long as these are separate events; must ask about all types)		Lifetime		Past 3 months	
		Y	N	Y	N
Actual Attempt: A potentially self-injurious act committed with at least some wish to die, as foresult of act. Behavior was in part thought of as a	method to kill				
coneself. Intent does not have to be 100%. If there is QHV intent/desire to die associated with the act, then it can be considered a					
attempt. There does not have to be any injury or harm, just the potential for injury or harm. If person pulls trigger wh			-		_
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 or circumstance 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					
high floor/story). Also, if someone denies intent to die, but they thought that what they did could be lethal, intent may be inferr	n window or a ed.				
Have you made a suicide attempt?			l# of	Total	
Have you done anything to harm yourself?		Atte	mpts	Atter	npts
Have you done anything dangerous where you could have died?		100			
What did you do?		_	_		_
Did youqs_e,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 hetter				
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?					
Interrupted Attempt: When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act (if not for that, actual	of assumptions of				
when the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act (g not for that, defin have occurred).	и анетримовій				
Overdose: Person has pills in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather the	in an interrupted				_
attempt. Shooting: Person has gun pointed toward self, gun is taken away by someone else, or is somehow prevented from pull	ing trigger. Once	100		022/03	
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 Hanging: Person has noose around neck but has not yet started to hang - is stopped from doing so.	from ledge.		l # of nupted	Total interre	
Has there been a time when you started to do something to end your life but someone or something stops	sed you	miter	nupited	lument s	iptec
before you actually did anything?		_	_	_	
If yes, describe:					
Aborted or Self-Interrupted Attempt:					П
When person begins to take steps toward making a suicide attempt but stops themselves before they actually have engaged in a					
destructive behavior. Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being something else.	stopped by				
somening eise. Has there been a time when you started to do something to try to end your life but you stopped yourself l	efore you		l # of ted or	Total aborts	
actually did anything?	V		iea or	anocu	
If yes, describe:			rupted	interru	
		22000000			
Processing Astron. Pakering		-	_		
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 a					
suicide note).					
Have you taken any steps towards making a suicide attempt or preparing to kill yourself (such as collect getting a gun, giving valuables away or writing a suicide note)?	urg pills,				
			hal	Initial/Fi	rst
	Most Recent	Most Let	100	Attempt	
	Attempt	Attempt			
If yes, describe:	Attempt Date:	Attempt Dute:		Date:	
If yes, describe: Acrual Lethality/Medical Damage: systeal damage or very minor physical damage (e.g., surface scratches).	Attempt	Attempt	Code		Code
If yes, describe: Actual Lethality/Medical Damage: syskiad damage or very minor physical damage (e.g., surface scratches). nor physical damage (e.g., therapie speech; first-degree burns; mild bleeding; spraino).	Attempt Date:	Attempt Dute:	Code	Date:	Code
If yes, describe: Actual Lethality/Medical Damage: yocial damage or very minor physical damage (e.g., surface scratches), more physical damage (e.g., lethargie speech; first-degree barns: mild bleeding; sprains). oderate physical damage, medical attention needed (e.g., conscious but sleepy, somewhat responsive; second-degree barns;	Attempt Date:	Attempt Dute:	Code	Date:	Code
If yes, describe: Actual Lethality/Medical Damage: Actual Lethality/Medical Damage: Journal damage of very minor physical damage (e.g., surface scruiches), Journal damage of well minor physical damage (e.g., surface scruiches), Journal damage of minor physical damage; Journal damage of minor well damage medical attention medical (e.g., consciola but sleepy, somewhat responsive; second-degree barns; Delecting of major vestel), Oderately severe physical damage; medical hospitalization and likely intensive cure required (e.g., comatous with reflexes)	Attempt Date:	Attempt Dute:	Code	Date:	Code
If yes, describe: Actual Lethality/Medical Damage: lysical damage or very minor physical damage (e.g., surface scratches). inor physical damage (e.g., lethargies speech; first-degree burns; mild bleeding; sprain). oderate physical damage, medical attention needed (e.g., conscious but skeep), somewhat responsive; second-degree burns; bleeding of major vested). oderately swere physical damage; medical hospitalization and likely intensive care required (e.g., comatons with reflexes intent, third-degree burns less than 20% of body; extensive blood loss but can recover; major finatures).	Attempt Date:	Attempt Dute:	Code	Date:	Code
If yes, describe: Actual Lethality/Medical Damage: special damage of very minor physical damage (e.g., surface scratches), sort physical damage (e.g., ktharige) specia; first-dagace barns; mild bleeding; speains), proposed of major vessell, scheding of special damage; major flowed for special principal control of the proposed special constitution and filely intensive our required (e.g., comatons with reflexes intact; third-degree barns less than 20% of body; extensive blood loss but can recover; major finances).	Attempt Date:	Attempt Dute:	Code	Date:	Code
If yes, describe: Actual Lethality/Medical Damage: systeal damage or very minor plysseal damage (e.g., surface seratches), nor physical damage; e.g., lethargie; speech; first-degree barns; mild bleeding; sprains), here plysical damage; medical attention needed (e.g., conocious but sleep), somewhat responsive; second-degree barns; defrance yearen physical damage; medical hospitalization and likely intensive our required (e.g., comations with reflexes intact; third-degree barns less than 20% of body; extensive blood loss but can recover; major finetures). were physical damage; medical hospitalization with intensive care required (e.g., comations with reflexes) were 20% of body; extensive blood loss with unstable vital signs; major damage to a vital area). Neath	Attempt Date:	Attempt Dute:	Code	Date:	Code
If yes, describe: Accual Lerkality/Medical Damage: tyskial damage or very minor plyskeal damage (e.g., surface scratches), mor physical damage or very minor plyskeal damage (e.g., chargies place), mor physical damage (e.g., kehargies speech; first-degree burns; mild bleeding; spraino). obscellag of major vessel), checiflag of major vessel). obscellation dayere burns less time 30% of body; extensive blood loss but can recover; major finantizes), mater, timid-dayere burns less time 30% of body; extensive blood loss but can recover; major finantizes). No body extensive blood loss with unstable vital signs; major damage to a vital area). Pestantial Lerkality: Oaly Answer if Actual Lerkality=0	Attempt Date: Enter Code	Attempt Date: Enter	=8	Date:	- 3
If yes, describe: Actual Lethality/Medical Damage: systeal damage or very minor physical damage (e.g., surface seratches), mort physical damage; except first-degree barns; mild bleeding; sprains). mort physical damage; medical attention needed (e.g., conacious but sleep), somewhat responsive; second-degree barns; schemely severe physical damage; medical astention needed (e.g., conacious but sleep), somewhat responsive; second-degree barns; schemely severe physical damage; medical hospitalization and likely intensive are required (e.g., conations with reflexes intact; third-degree barns less than 20% of body, extensive blond loss but can recover; major finetures). were physical damage; medical hospitalization with intensive care required (e.g., contantons without reflexes; third-degree barns over 20% of body; extensive blond loss with unstable vital signs; major damage to a vital area). Petensial Lethality: Oaly Answer if Actual Lethality=0 Likely lethality of statul attents if in medical damage, had	Attempt Date:	Attempt Dute:	=8	Date: Enter	- 3
If yes, describe: Actual Lethality/Medical Damage: yokal damage or very minor plyskal damage (e.g., urface scratches), nor physical damage or very minor plyskal damage (e.g., chargies peculi first-degree burns; mild bleeding; sprains). docture physical damage; engle, alternion needed (e.g., contacious but sleepy, somewhat responsive; second-degree burns; bleeding of major vessel). bleeding of major vessel). docturally severe physical damage; medical pospitalization and likely intensive care required (e.g., comations with reflexes intact; third-degree burns less than 20% of body; extensive blond loss but can recover; major finatures). ever physical damage; medical hospitalization awith intensive care required (e.g., contations without reflexes; third-degree burns below the continued of th	Attempt Date: Enter Code	Attempt Date: Enter	=8	Date: Enter	- 3
If yes, describe: Actual Lethality/Medical Danage: syocial damage or very minor physical damage (e.g., surface scratches), inor physical damage is g., keltargie speech; first-degree barns; mild bleeding; sprains), oderate physical damage; medical statention needed (e.g., conscious but sleepy, sonnewhat responsive; second-degree barns; bleeding of major vessel). Oderately severe physical damage; medical statention needed (e.g., conscious but sleepy, sonnewhat responsive; second-degree barns; bleeding of major vessel). Oderately severe physical damage; medical subjustification and likely intensive care required (e.g., comatons with reflexes intact; third-degree barns less than 20% of body; extensive blood loss but can recover; major fractures). So beath Potential Lethality; Odly Answer of Actual Lethality=0 Likely Jeluliny of actual attempt if no medical damage (the following examples, while having no actual medical damage, had good and the very serious lethality-ping usin mount and palled the trigger but gan fails to fire so no medical damage; laying to train tracks with one comming train but publicd away before run over).	Attempt Date: Enter Code	Attempt Date: Enter	=8	Date: Enter	- 3
	Attempt Date: Enter Code	Attempt Date: Enter	=8	Date: Enter	3





Questions Used to Facilitate Appropriate Care: Officer Demo



http://youtu.be/fx3N3uDUQbo

Police Asking

is Critical to
Optimizing
Scarce Resources,
and Decreasing
Unnecessary ED Holds

Magellan PA Study

EMS use of the Columbia resulted in increased rates of voluntary hospitalization

Improved mental health follow-up and treatment engagement following C-SSRS screening in the Veterans Health Administration



Highlights from the Science:

Suicidal Behaviors are Rare; Mst Are NOT Suicide Attempts

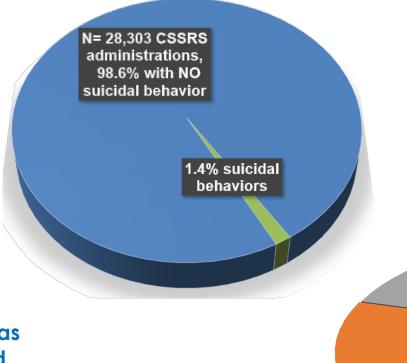
We used to only ask about a suicide attempt, and missed the person who bought the gun, or wrote the suicide note, or put a noose around their neck and changed their mind.

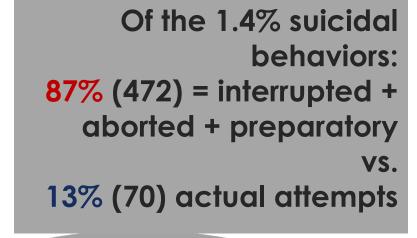
Each type of suicidal behavior is equally

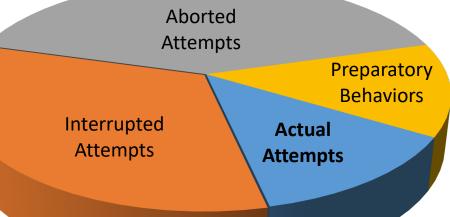
OR MORE predictive

An interrupted attempt (e.g. officer grabbing someone from jumping) was 4x as potent in identifying who would go on to end their life

Multiple behaviors = greater risk When you get to a 4 or 5, risk jumps 100%











Why C-SSRS is Common Data Element? **Evidence-based Thresholds for Imminent Risk:** Full Range of Behavior, Precision on Passive Suicidal Thoughts Risk increases with each step and utilization predicted death by suicide imminently (Biureberg 2021) ASQ/PHQ Increases Increases risk of suicidal Q"better off false Wish to die behavior 5-6x (Beck 2000) dead" is positives NOT suicidal ideation Q2 Thoughts of killing self ASQ "In the past week, have you ASQ ideation been havina stops here Q3 thoughts Thoughts with methods • Risk increases 45% about killing yourself?" Thoughts with any Evidence-based threshold for Q4 intent to act imminent risk NOT on the ASQ or PHQ9 Risk of suicidal behavior increases 100% with intent to act (Greist Thoughts with any Q5 2014) 4 or 5 times more likely intent and plan ALL behaviors equally or more ASQ/P4 has ASQ only predictive as an attempt Actual attempt, only actual "Have you attempts interrupted attempt, Almost 90% of suicidal Q6 ever tried to aborted attempt. PHQ9 has NO behaviors are not actual preparatory behavior behaviors kill yourself?" attempts







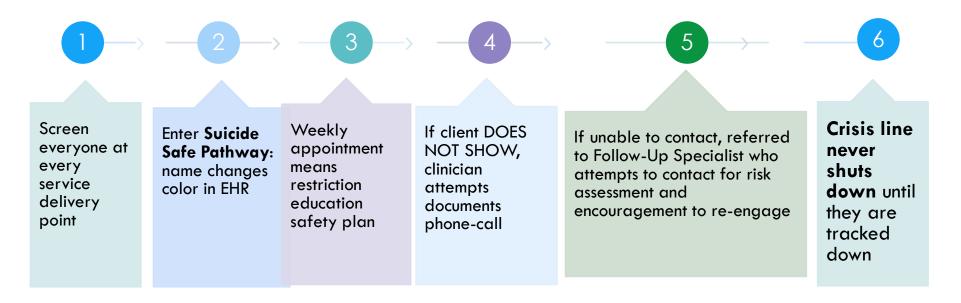






The National Action Alliance Toolkit for Zero SuicideCenterstone Care Pathway

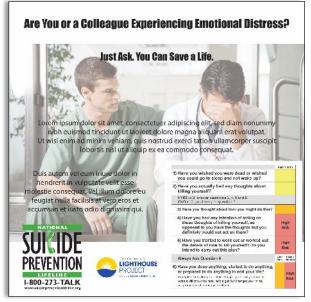
"With so many clients its like mining for gold and the Columbia is the sifter"



Reduced their suicide rate 65% over 20 months. Also reduced hospital recidivism from 40% to 7%



Just as Important to have Flexible and Innovative Delivery as to Have the Right Questions





Electronic delivery, automatic risk notification



earch the app store for Columbia protocol

ou Can Save A Life. #BeThere

sticky pads

→ NewYork¬ Presbyterian



The Columbia Mobile App:

With Individualized
Community
Crisis Information



Posters in Workplaces

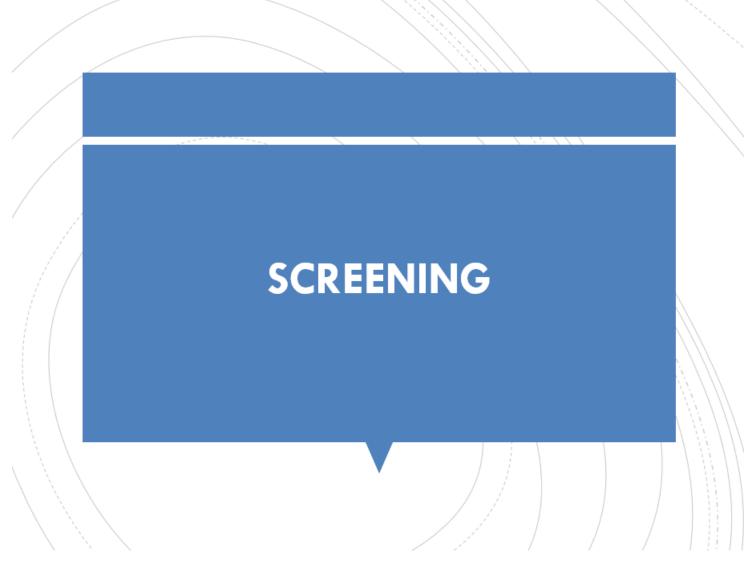
Telehealth:

Research shows it is equivalent to in-person care in quality of care, and patient satisfaction













Vital Part of Saving Lives: Need to Ask Like Blood Pressure to Find People Suffering in Silence

Over 50% of people who die by suicide see their <u>primary</u> care doctor the <u>month</u> before they die

2/3 of adolescent attempters in ER are not present for psychiatric reasons

Part of daily safety checks





Screen more at times of higher risk, e.g. transition from active duty to veteran status, problems happening at home, injury, relocation, wartime, etc

VITAL OPPORTUNITIES FOR PREVENTION:

Imagine every school nurse, physical therapist or EAP asking about mental health alongside physical checkups.

If we ask, we can find those suffering in silence.





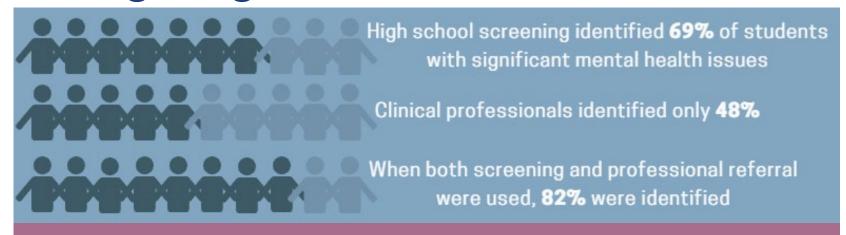
Screening Programs are Successful

- Meta-analysis concluded that screening results in lower suicide rates in adults (Mann et al., JAMA 2005)
- Elderly primary care screenings - 118% increase in rates of detection and diagnosis of depression (Callahan et al., 1996)





Screening Programs in Schools Are Also Successful



Scott et al., 2009

COLLEGE SCREENING PROJECT

Data suggest screening brings high-risk students into treatment:

Only 1 suicide in 4 years post screening VS 3 suicides in 4 years pre-screening program



Haas et al., 2008





Barriers to Screening: Stigma, Fear and Liability

The Data Supports the Public Health Approach, Getting the Highest Risk People to Care

"I'm afraid to ask because I don't know what to do with the answer." "If I ask, will I put the idea in their head?"

Asking actually relieves

distress — people who are suffering want help but don't necessarily have the will to come to you



The Columbia Suicide Severity
Rating Scale (C-SSRS)
Supporting Evidence

Protects Against Liability: Internal and External

"If a practitioner asked the questions...

It would provide some legal protection"

– Mental Health Attorney, Crain's NY





Breaking Down Barriers: Asking These Questions <u>Protects</u> Against Liability

"If a practitioner asked the questions... It would provide some legal protection"

-Bruce Hillowe, mental health attorney specializing in malpractice litigation (Crain's NY, 11/8/11)

Implemented by national risk managers of *The Doctor's Company*, a medical malpractice insurance company, to be used by physician members

"I believe it sets the standard...we take a proactive position in patient safety" – Patient Safety Risk Manager

"People don't get sued for something bad happening, they get sued for negligence." 52. At 3:18 a.m. Matt was triaged by a registered nurse and scored as "high risk" by the Columbia-Suicide Severity Rating Scale ("C-SSRS") screening and was immediately placed on suicide precautions. It was noted that Matt was "suicidal with a specific plan." An order was entered for an ER Counselor consult, and Matt was visually observed every fifteen minutes.

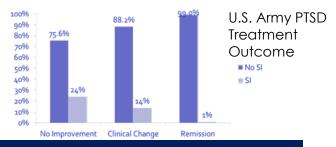






Normalizing Screening and Reducing Stigma Saves Lives in the US Army





Data leads to additional funding

Military, highest risk post-hospitalization – struggle to reintegrate into unit, stigma, false sense of recovery so this prevents post-hospitalization risk sequelae

Elevated risk for 2 years after discharge

- Treatment no longer at a stigmatizing outpost
- Mental health questions integrated into other care
- Inpatient overnights reduced 41%, saving 30-40 million dollars since 2012
- Decrease in suicide







How To Ask The Questions: Delivery Matters!







Effective Communication: Key to Building Trust and Collecting Accurate Information

- Stay in this Moment = Clear your mind and free yourself of as many distractions as possible
- Positive Body Language= arms loosely at your side, head up, eyes connecting to the person in front of you
- Stay Attentive and Responsive, but Calm
- Voice is Steady and Clear
- Listen Carefully
- Do not Judge
- Paraphrase/Reflect back important details





The Power of Empathy



https://www.youtube.com/watch?v=HznVuCVQd10&list=PPSV







What Do I Do?

- Don't be afraid to ask the questions directly
- Listen to their story
- Tell them you are worried about them
- Ask them to come with you to get help
- Show you care, be patient but don't take no for an answer
- Avoid minimizing feelings, trying to talk them out of it or giving advice
- Create safe and supportive family, community and school environments





A Common Language is an Intervention In and of Itself: <u>Asking Can Literally Be Medicine Because it Shows You Care</u>

Huge Study Showed Biggest Impact in Stopping Kids From Trying to Take Their Own Lives is <u>Peers Helping Each Other</u>

- "Just Ask" is much more than a screening intervention
- Study in 10 EU countries with >11,000 students:
 peer-to-peer component is most effective
- Common language develops Connectedness which saves lives
- Even if you are lucky enough to see a professional it's likely only once a week, so we all need to check on our friends, coworkers and neighbors more consistently
- We also help kids by helping ourselves, just like putting on your own oxygen mask first

Schools offer students the opportunity to **build their resilience by developing caring relationships with teachers, and school staff**. The presence of a trusted caring adult is often considered one of the most **critical protective factors** in a young person's life.









The Magnitude of Connecting and Using a Common Language Devastating Health Effects of Loneliness Equal to 15 Cigarettes a Day: More Lethal than Heart Disease and Obesity

Columbia Protocol is more than just a method to identify when someone is at risk.

It's a framework for normalizing the tough conversations and reducing stigma around talking about suicide and promotes connectedness.











For questions and other inquiries, email: kelly.posner@nyspi.columbia.edu

Website address for more information: cssrs.columbia.edu



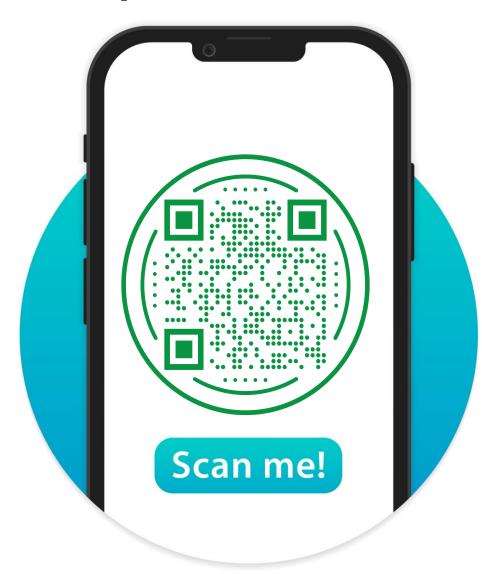




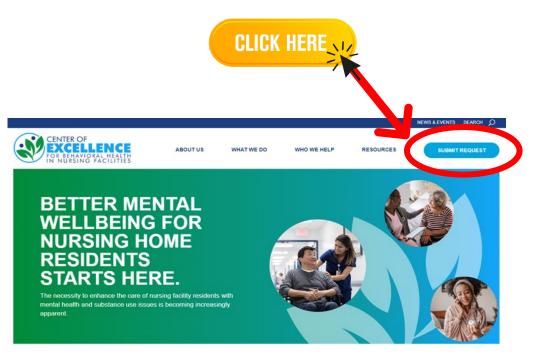
Questions?



Request Assistance



To submit a request for assistance, scan the QR code.



Contact us:

For more information or to request assistance, we can be reached by phone at **1-844-314-1433** or by email at coeinfo@allianthealth.org.

Visit the website:

nursinghomebehavioralhealth.org



Connect with Us!





Subscribe to receive text messages from COE-NF!

Scan the QR code or visit https://bit.ly/COETextList to stay up-to-date on COE-NF services and news.

Text Messaging Platform

Enables nursing facility staff to receive COE-NF updates on their smartphone

Contact us:

For more information or to request assistance, we can be reached by phone at **1-844-314-1433** or by email at coeinfo@allianthealth.org.

Visit the website:

nursinghomebehavioralhealth.org



Connect with COE-NF

Monthly Newsletter

- Shares behavioral health resources
- Provides nursing facility behavioral health regulatory updates
- Announces upcoming training opportunities

Social Media Profiles

- LinkedIn: www.linkedin.com/company/nursinghomebh/
- Twitter: twitter.com/NursingHomeBH
- Facebook: www.facebook.com/NursingHomeBH
- YouTube: www.youtube.com/channel/UCgnRi9EFB9rXApnlUwS09sw

SCAN ME

Scan QR code to sign up for the COE-NF newsletter.



Thank You!











This material was created by the Center of Excellence for Behavioral Health in Nursing Facilities. This work is made possible by grant number 1H79SM087155 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Substance Abuse and Mental Health Services Administration.