The Columbia Suicide Severity Rating Scale (C-SSRS)

Supporting Evidence

Last Revised
8-15-2018
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The Columbia Suicide Severity Rating Scale (C-SSRS): Psychometric Evidence

### Table 1: Studies Supporting Specific Psychometric Properties

<table>
<thead>
<tr>
<th>Psychometric Property</th>
<th>Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Utility</strong></td>
<td></td>
</tr>
<tr>
<td>Predictive and/or Incremental Validity</td>
<td>Brent et al., 2009^; Posner et al., 2011*^; Gipson et al., 2015^; Conway et al. 2016^; Horwitz et al., 2015^; Mundt et al., 2013*; Arias et al. 2013*; Greist et al. 2014*; Brown et al., 2015*; Arias et al., 2016*; Madan et al. 2016*</td>
</tr>
<tr>
<td>Sensitivity to Change</td>
<td>Posner et al., 2011*^; Ionescu et al., 2016*</td>
</tr>
<tr>
<td>Sensitivity and Specificity</td>
<td>Posner et al., 2011*^; Mundt et al., 2013*; Viguera et al. 2015*; Madan et al. 2016*</td>
</tr>
<tr>
<td>Positive and Negative Predictive Value (PPV &amp; NPV)</td>
<td>Mundt et al. 2013*; Viguera et al. 2015*</td>
</tr>
<tr>
<td>Reliability (internal consistency)</td>
<td>Posner et al., 2011*^; Kilincaslan et al. 2018^; Pai et al. 2015*; Madan et al. 2016*</td>
</tr>
<tr>
<td>Reliability (inter-rater; multi-method agreement)</td>
<td>Kerr et al., 2013^; Brent et al., 2009^; Kilincaslan et al. 2018^; Hesdorffer et al., 2013*; Arias et al., 2013*; Brown et al. 2015*</td>
</tr>
<tr>
<td>Internal Structure (Factor Analysis)</td>
<td>Al-Halabi et al., 2016b*; Madan et al. 2016*</td>
</tr>
<tr>
<td>Convergent Validity &amp; Accuracy</td>
<td>Posner et al., 2011*^; Kerr et al., 2013^; Kilincaslan et al. 2018^; Pai et al. 2015*; Youngstrom et al. 2015*; Brown et al., 2015*; Madan et al.2016*</td>
</tr>
<tr>
<td>Divergent &amp; Discriminant Validity</td>
<td>Posner et al., 2011*^; Kerr et al., 2013^; Kilincaslan et al. 2018^</td>
</tr>
<tr>
<td>Cross-Cultural Validation</td>
<td>Danish (Conway et al. 2016^); Turkish (Kilincaslan et al. 2018^); Korean (Pai et al. 2015*); Spanish (Al-Halabi et al ., 2016ab*)</td>
</tr>
</tbody>
</table>

* studies include adult samples; ^ studies include pediatric samples
## Table 2: Psychometric Properties of Specific C-SSRS Predictors with Coefficients

**Predictive Validity - Suicidal Ideation**

<table>
<thead>
<tr>
<th></th>
<th>Predictor</th>
<th>Criterion</th>
<th>Coefficients</th>
</tr>
</thead>
</table>
| **Greist et al. 2014** | None Reported                                      | Actual, interrupted or aborted attempts       | All patients: 0.8% incidence rate, N=4975  
Psychiatric patients: 1.1% incidence rate, N=3184  
OR= 6.21, 95% CI = 4.18 – 9.23, p <0.001  
OR= 4.99, 95% CI = 3.29 – 7.56, p <0.001  
OR= 6.69, 95% CI = 4.16 – 10.76, p <0.001  
OR= 5.53, 95% CI = 3.38-9.04, p <0.001 |
|                     | Wish to Be Dead                                     | Actual, interrupted or aborted attempts       | OR= 6.16, 95% CI = 7.43-16.76, p <0.001  
OR= 8.36, 95% CI = 5.44-12.84, p <0.001 |
|                     | Non-Specific Active Thoughts                        | Actual, interrupted or aborted attempts       | OR= 6.69, 95% CI = 4.16 – 10.76, p <0.001  
OR= 5.53, 95% CI = 3.38-9.04, p <0.001 |
|                     | Active with any methods (not plan) w/o intent to act | Actual, interrupted or aborted attempts       | OR= 11.16, 95% CI = 7.43-16.76, p <0.001  
OR= 8.36, 95% CI = 5.44-12.84, p <0.001 |
|                     | Active with Some Intent to Act, without specific plan | Actual, interrupted or aborted attempts       | OR= 19.27, 95% CI = 12.97 – 28.63, p <0.001  
OR= 15.24, 95% CI = 10.07-23.09, p <0.001 |
|                     | Active with specific plan and intent                 | Actual, interrupted or aborted attempts       | OR= 25.53, 95% CI = 16.94 – 38.47, p <0.001  
OR= 18.70, 95% CI = 12.16 – 28.76, p <0.001 |
<p>| <strong>Posner et al. 2011</strong> | Baseline worst-point                                | Attempts                                      | OR=1.45, 95% CI=1.07-1.98, p=0.02          |
| (TASA study N=124, ages 12-18) |                                                     | Actual, interrupted and aborted attempts      | OR=1.34, 95% CI=1.05-1.70, p=0.02          |
|                     | Lifetime severity                                   | Attempts                                      | OR=1.43, 95% CI=0.99-2.05, p=0.05          |
|                     | Severity 4-5 (any intent to act)                    | Attempts                                      | OR=3.26, 95% CI=1.02-10.45, p=0.047        |
|                     |                                                     | Actual, interrupted and aborted attempts      | OR= 3.26, 95% CI=1.07-7.12, p=0.036        |
| <strong>Horwitz et al. 2015</strong> | Ideation severity 1 to 5                            | Attempt                                       | OR= 1.51, 95% CI=1.24-1.84, p&lt;0.001        |
| (N=473, ages 15-24) |                                                     |                                               |                                               |
| <strong>Arias et al. 2016</strong> | Current ideation severity 4 or 5 (with intent to die) | Actual attempt or suicide 6 weeks post-ED visit | OR=1.70 95% CI 1.18-2.44, p =.004          |
|                     |                                                     | Actual, interrupted, aborted attempts, suicide or preparatory behavior | OR =1.52 95%CI 1.23-1.86 p &lt;. 001          |</p>
<table>
<thead>
<tr>
<th>Predictor</th>
<th>Criterion</th>
<th>Coefficients</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Horwitz et al. 2015:</strong>  &lt;br&gt;(N=473, ages 15-24)</td>
<td>Attempt</td>
<td>OR=4.80, 95% CI = 2.23-10.32, p&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>NSSIB item</td>
<td>OR=3.12, 95% CI = 1.36-7.19, p&lt;0.01</td>
</tr>
<tr>
<td><strong>Gipson et al. 2014</strong>  &lt;br&gt;(N=178, ages 13-17)</td>
<td>NSSIB item</td>
<td>OR = 1.52; 95% CI, 1.08-2.12, p&lt;.05</td>
</tr>
<tr>
<td></td>
<td>Attempt</td>
<td>$\chi^2 = 4.131, df = 1, p = 0.04$</td>
</tr>
<tr>
<td><strong>Conway et al. 2016</strong>  &lt;br&gt;(N=85, age &lt; 18, mean age=16.2)</td>
<td>Attempts</td>
<td>OR= 11.50, 95% CI= 1.66-79.65, p&lt;0.05</td>
</tr>
<tr>
<td><strong>Greist et al. 2014</strong></td>
<td>Attempt</td>
<td>OR=4.57, 95% CI = 3.6-5.7, p&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Interrupted Attempt</td>
<td>OR=5.55, 95% CI = 4.4-7.0, p&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Aborted Attempt</td>
<td>OR=5.09, 95% CI = 4.1-6.4, p&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Preparatory behavior</td>
<td>OR=5.69, 95% CI = 4.3-7.5, p&lt;0.001</td>
</tr>
</tbody>
</table>
### Incremental Validity and Accuracy

<table>
<thead>
<tr>
<th>Study</th>
<th>Ideation Type</th>
<th>Coefficients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brent et al. (2009):</td>
<td>Treatment resistant, depressed adolescent suicide attempters (N=334, ages 12-18)</td>
<td>Higher rates of suicidal (20.8% vs. 8.8%, chi squared= 9.18, df=1, p&lt;0.002) and non-suicidal self-injury (17.6% vs. 2.2%, chi squared= 23.47, df=1, p&lt;0.001) detected with systematic monitoring</td>
</tr>
<tr>
<td>Horwitz et al. (2015):</td>
<td>Young adult psychiatric emergency patients (N=473, ages 15-24)</td>
<td>Suicidal ideation added incremental validity to the prediction of future suicide attempts beyond the past suicide attempt, $X^2 (1) = 7.54$, p=.006</td>
</tr>
<tr>
<td>Brown et al. (2015):</td>
<td>psychiatric ER patients (N=250)</td>
<td>18% (n=23) of patients with a suicide attempt in the past week misclassified or missed by clinical assessment.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Agreement with clinical assessment for suicide attempts (K=0.76, p=&lt;.001)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Agreement with clinical assessment of non-suicidal self-injurious behavior (K=0.72, p=&lt;.001)</td>
</tr>
<tr>
<td>Arias et al. (2013):</td>
<td>497 ER adult patients with suicidal thoughts or attempt(s)</td>
<td>41% increase in the detection of suicide attempts compared to chart reviews (59% vs. 18%, difference of 41%, 95% CI= 28-55, p&lt;0.001)</td>
</tr>
</tbody>
</table>

### Reliability - Suicidal Ideation

(internal consistency; inter-rater and multi-method agreement)

<table>
<thead>
<tr>
<th>Study</th>
<th>Ideation Type</th>
<th>Coefficients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brent et al. (2009)</td>
<td>suicidal ideation ranging from 0 to 5 (from no ideation to suicidal ideation with intent and a clear plan) monitored weekly</td>
<td>ICC = .09, p&lt; 0.001</td>
</tr>
<tr>
<td>Kilincaslan et al. 2018</td>
<td>20-item C-SSRS demonstrated good internal consistency</td>
<td>Lifetime Ordinal α 0.89</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recent Ordinal α 0.91</td>
</tr>
<tr>
<td></td>
<td>Inter-rater reliability for the most severe ideation scores in the last month and lifetime were good</td>
<td>Lifetime κ = 0.92</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recent κ = 0.88</td>
</tr>
</tbody>
</table>
| Agreement between C-SSRS and suicide related measures for total C-SSRS | CDI total score r=.70  
CDI suicide item r=.87  
Beck Hopelessness Scale r=.68  
SPS total score r=.76  
SPS suicidal ideation r=.82  
SPS hopelessness r=.66  
SPS hostility r=.62  
SPS negative self-evaluation r=.56  
CBCL item 18 r=.62  
CBCL item 91 r=.58  
MINI-KID suicidality recent score r=.94 |
|---|---|
| Agreement between C-SSRS and suicide related measures for severity ideation | CDI total score r=.74  
CDI suicide item r=.91  
Beck Hopelessness Scale r=.71  
SPS total score r=.78  
SPS suicidal ideation r=.83  
SPS hopelessness r=.68  
SPS hostility r=.61  
SPS negative self-evaluation r=.58  
CBCL item 18 r=.57  
CBCL item 91 r=.55  
MINI-KID suicidality recent score r=.86 |
| Agreement between C-SSRS and suicide related measures for intensity ideation | CDI total score r=.75  
CDI suicide item r=.90  
Beck Hopelessness Scale r=.72  
SPS total score r=.78 |
<table>
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<tr>
<th>Agreement between C-SSRS and suicide related measures for most severe ideation</th>
<th>Youngstrom et al. (2015)</th>
<th>Accuracy calibrated against “missing gold standard” latent class-derived ideation and behavior categories</th>
<th>( \kappa &gt; 0.7 )</th>
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<tr>
<td>Agreement between the MINI, C-SSRS and eC-SSRS for lifetime suicidal ideation</td>
<td>Hesdorffer et al. (2013)</td>
<td>Agreement between the MINI, C-SSRS and eC-SSRS for lifetime suicidal ideation</td>
<td>( \kappa = 0.80, 95% \text{ CI} = 0.72-0.89 )</td>
</tr>
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</table>
| Equivalence analyses between IVR (interactive voice response) and tablet text-based eC-SSRS for most severe lifetime ideation | Gwaltney et al. (2017) (N=86, ages >18) | Equivalence analyses between IVR (interactive voice response) and tablet text-based eC-SSRS for most severe lifetime ideation | Correlation: 0.87, p<0.001
ICC: \( \kappa = 0.89, p<0.001 \) |
<table>
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<tr>
<th>Research Study</th>
<th>Description</th>
<th>Reliability Measures</th>
</tr>
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<tr>
<td><strong>Gwaltney et al. (2017)</strong>&lt;br&gt;(N=86, ages &gt;18)</td>
<td>Equivalence analyses between IVR (interactive voice response) and tablet text-based eC-SSRS for <strong>most severe ideation in past 6 months</strong></td>
<td>Correlation: 0.69, p&lt;0.001&lt;br&gt;ICC: κ = 0.79, p&lt;0.001</td>
</tr>
<tr>
<td></td>
<td><strong>Actual attempts (lifetime)</strong></td>
<td>κ = 0.81, p&lt;0.001</td>
</tr>
<tr>
<td></td>
<td><strong>Actual attempts (recent-last 2 yrs)</strong></td>
<td>κ = 0.73, p&lt;0.001</td>
</tr>
<tr>
<td></td>
<td><strong>Number of lifetime actual attempts</strong></td>
<td>κ = 0.81, p&lt;0.001</td>
</tr>
<tr>
<td></td>
<td><strong>Interrupted attempts (lifetime)</strong></td>
<td>κ = 0.78, p&lt;0.001</td>
</tr>
<tr>
<td></td>
<td><strong>Interrupted attempts (recent-last 2 yrs)</strong></td>
<td>κ = 0.762, p&lt;0.001</td>
</tr>
<tr>
<td></td>
<td><strong>Aborted attempts (lifetime)</strong></td>
<td>κ = 0.54, p&lt;0.001</td>
</tr>
<tr>
<td></td>
<td><strong>Aborted attempts (recent-last 2 yrs)</strong></td>
<td>κ = 0.74, p&lt;0.001</td>
</tr>
<tr>
<td></td>
<td><strong>Preparatory behaviors (lifetime)</strong></td>
<td>κ = 0.77, p&lt;0.001</td>
</tr>
<tr>
<td></td>
<td><strong>Preparatory behaviors (recent-last 2 yrs)</strong></td>
<td>κ = 0.89, p&lt;0.001</td>
</tr>
<tr>
<td></td>
<td><strong>Non-suicidal, self-injurious behavior</strong></td>
<td>κ = 0.73, p&lt;0.001</td>
</tr>
<tr>
<td><strong>Brent et al. (2009)</strong>&lt;br&gt;(N=334, ages 12-18)</td>
<td>Inter-rater reliability for a rating of <strong>suicidal behavior, ranging from 0 to 5</strong> (no behavior to multiple attempts during the assessment period) using the Columbia Classification Algorithm of Suicide Assessment</td>
<td>100% agreement</td>
</tr>
<tr>
<td><strong>Kerr et al. (2014a,b)</strong>&lt;br&gt;(N=155, ages 13-17)</td>
<td>Inter-rater agreement for distinction among <strong>actual, aborted, interrupted attempts, preparatory acts and any other act</strong></td>
<td>κ = 0.88; κ = .91</td>
</tr>
<tr>
<td>Study</td>
<td>Agreement</td>
<td>Metric</td>
</tr>
<tr>
<td>------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Brown et al. (2015)</td>
<td>Agreement with clinical assessment for attempts</td>
<td>κ= 0.76, P &lt; .001</td>
</tr>
<tr>
<td></td>
<td>Agreement with clinical assessment for non-suicidal self-injurious behavior</td>
<td>κ = 0.72, P &lt; .001</td>
</tr>
<tr>
<td>Youngstrom et al. (2015)</td>
<td>Accuracy of attempt: calibrated against latent class-derived categories</td>
<td>κ &gt; 0.8</td>
</tr>
<tr>
<td>Hesdorffer et al. (2013)</td>
<td>Agreement between the MINI, C-SSRS and eC-SSRS for lifetime suicidal behavior</td>
<td>κ = 0.67, 95% CI = 0.53-0.80</td>
</tr>
</tbody>
</table>
| Kilincaslan et al. 2018      | Agreement between C-SSRS and suicide related measures for suicide behavior scale | CDI total score r=.44  
CDI suicide item r=.61  
Beck Hopelessness Scale r=.45  
SPS total score r=.51  
SPS suicidal ideation r=.58  
SPS hopelessness r=.43  
SPS hostility r=.44  
SPS negative self-evaluation r=.39  
CBCL item 18 r=.67  
CBCL item 91 r=.52  
MINI-KID suicidality recent score r=.86 |

### Divergent & Discriminant Validity

- In Turkish CSSRS scales:
  - Recent and lifetime total scores discriminate suicide attempter group from nondepressed psychiatric and nonpsychiatric control groups
  - Severity of ideation and suicide behavior scale discriminated the depressed group from the suicide attempter group
  - Suicide behavior scale of the lifetime discriminated the suicide attempter group from the depressed group
### Internal Structure (Factor Analysis)

<table>
<thead>
<tr>
<th>Kilincaslan et al. 2018</th>
<th>Two- and three-factor models showed adequate fit for recent and lifetime. Three-factor model fits significantly better than two- and one-factor models</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Recent: RMSEA=0.068-0.077, TLI=0.99, CFI=0.99</td>
</tr>
<tr>
<td></td>
<td>Lifetime: RMSEA=0.095-0.102, TLI=0.98, CFI=0.98</td>
</tr>
</tbody>
</table>
# The Columbia Suicide Severity Rating Scale (C-SSRS): Impact in Public Health and Diagnostic and Treatment-Monitoring Effectiveness

## Table 3: C-SSRS as Intervention and Measure of Diagnosis and Treatment

<table>
<thead>
<tr>
<th>C-SSRS as an Effective Measure for Diagnosis &amp; Treatment</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Veterans</strong> Legarreta et al., 2015</td>
<td>The association of specific PTSD symptoms with suicidal ideation and behavior suggested individual PTSD symptoms as treatment target for reducing suicidal outcomes.</td>
</tr>
<tr>
<td><strong>Veterans</strong> Harvey et al., 2018</td>
<td>A lifetime history of suicidal ideation and behavior was higher among the Vets with Bipolar Disorder (82.3%, N=5414) than Schizophrenia (69.9%, N=3942). The highest risk was found for patients with multiple psychiatric comorbidities (OR = 2.61 for ideation; OR = 3.82 for behavior). Clinical factors (e.g., psychiatric comorbidity) contributed more of the variance in the predictive model than demographic factors.</td>
</tr>
<tr>
<td><strong>Medication Treatment</strong> Ionescu et al. (2016)</td>
<td>Ketamine treatment effective for suicidal ideation (SI) in adults. SI severity improved independent of acute decrease in depression and SI intensity improved even if SI severity un-remitted.</td>
</tr>
<tr>
<td><strong>Prakash et al. (2012)</strong></td>
<td>Duloxetine was effective in treating suicidal ideation among children ages 7-17 with major depression. Distinguished children with improvement and deterioration.</td>
</tr>
</tbody>
</table>
References for Psychometric Evidence and Clinical Outcomes


Representative Publications for C-SSRS Use:
Demographic and Clinical Populations, Settings, Treatment Efficacy and Assessment Guidelines

Pediatric Populations by Age Group

Ages 5-11

Ages 6-12
Buchanan, J., Burke, T., Camacho, K., Yershova, K., Lazzaretto, D., Posner, K. (2013) Preschool Bullying and Victimization as Predictors of Suicidal Ideation in School Age: 6-year Follow-Up of the Preschool Attention Deficit/Hyperactivity Disorder Treatment Study (PATS). *1st Annual Meeting of the International Academy for Suicide Research, Montreal, Canada.*

Ages 6-17

Ages 6-18

Ages 7-13

Ages 7-17


**Ages 7-18 (for the pediatric sub-sample; also includes studies with adults)**


**Ages 8-12**


**Ages 10-18**


**Ages 11-17**


**Ages 12-17**


**Ages 12-17.5**

**Ages 12-18**


**Ages 13-17**


**Ages 14-19**


Studies with Adolescents and Young Adults

**Ages 13-25**


**Ages 14-39**


**Ages 15-20**


**Ages 15-24**


**Ages 20-22**


**School Protocols**


**Medical Specialties**

**Neurology**


Oncology

Psoriasis

Psychiatric Conditions
Alzheimer’s


ADHD


**Autism**


**Bipolar Depression**


**Complicated Grief**


**Generalized Anxiety Disorder (GAD)**


**Postpartum Depression**


**Psychosis/Schizophrenia**


**PTSD**


**Sleep**


**Healthcare Systems**


**Outpatient Settings**

**Outpatient Psychiatry**


**Juvenile Justice**


**Integrated Primary Care**


**Veterans**


**Emergency Departments: Identification of Risk and Prediction of Suicidal Behavior in Pediatric and Adult Patients**


**In-Patient Psychiatric Settings: Identification of Risk and Prediction of Suicidal Behavior in Pediatric and Adult Patients**


**Mobile Crisis**


**Telemedicine**


**Medication Treatment Efficacy for Suicidal Outcomes**


**Reviews of Suicide Risk Assessment Tools**


**Guidelines for Treatment & Assessment of Suicidal Outcomes**


**Linguistic and Psychometric Validation of Translations**


Al-Halabi, S., Fernández-Peláez, AD, Burón, P., Riesco, E., Rodríguez-Revueltal, J. Posner, K. Oquendo, M., García-Portilla, MP, Saiz., P. and Bobes, J (September, 2016). In Search of the Internal Structure of the Columbia Suicide Severity Rating Scale (C-SSRS): A Confirmatory Factor Analysis Approach. 16th European Symposium on Suicide Suicidal Behavior, Oviedo, Spain. [Spanish]


Cross-Cultural Settings

Latin America (Spanish)


Australia


China


Croatia


Ethiopia


France

Germany

Hungary

Indonesia

India


Korea

Spain


Sri Lanka
Ethnic Groups

Asian Americans


C-SSRS Training Program Evaluations


Columbia Suicide Severity Rating Scale Versions

C-SSRS Clinical Practice Screener:


C-SSRS Self-Report:

