Patient: Kevin
Clinician: David Jobes
Date: 6/23
Time: Noon

Section A (Patient):
Rate and fill out each item according to how you feel right now. Then rank in order of importance 1 to 5
(1 = most important to 5 = least important)

1) RATE PSYCHOLOGICAL PAIN (hurt, anguish, or misery in your mind, not stress, not physical pain):
   Rank: 3
   What I find most painful is: being stuck in my own skin
   Low pain: 1 2 3 4 5 : High pain
   Rating: 5

2) RATE STRESS (your general feeling of being pressured or overwhelmed):
   Rank: 5
   What I find most stressful is: being here
   Low stress: 1 2 3 4 5 : High stress
   Rating: 5

3) RATE AGITATION (emotional urgency; feeling that you need to take action; not irritation; not annoyance):
   Rank: 4
   I most need to take action when: someone does something untrustworthy
   Low agitation: 1 2 3 4 5 : High agitation
   Rating: 4

4) RATE HOPELESSNESS (your expectation that things will not get better no matter what you do):
   Rank: 1.5
   I am most hopeless about: anything changing
   Low hopelessness: 1 2 3 4 5 : High hopelessness
   Rating: 5

5) RATE SELF-HATE (your general feeling of disliking yourself; having no self-esteem; having no self-respect):
   Rank: 1
   What I hate most about myself is: everything
   Low self-hate: 1 2 3 4 5 : High self-hate
   Rating: 5

N/A 6) RATE OVERALL RISK OF SUICIDE:
   Extremely low risk: 1 2 3 4 5 : Extremely high risk (will not kill self)
   Rating: 4

1) How much is being suicidal related to thoughts and feelings about yourself? Not at all: 1 2 3 4 5 : completely
2) How much is being suicidal related to thoughts and feeling about others? Not at all: 1 2 3 4 5 : completely

Please list your reasons for wanting to live and your reasons for wanting to die. Then rank in order of importance 1 to 5.

<table>
<thead>
<tr>
<th>Rank</th>
<th>REASONS FOR LIVING</th>
<th>Rank</th>
<th>REASONS FOR DYING</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>my mom</td>
<td>1</td>
<td>people don't get it/they don't care</td>
</tr>
<tr>
<td>2</td>
<td>maybe something will get better</td>
<td>3</td>
<td>nothing is going to change</td>
</tr>
<tr>
<td>1</td>
<td>see how Breaking Bad ends</td>
<td>4</td>
<td>I don't contribute to society</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>people would be better off if I was dead</td>
</tr>
</tbody>
</table>

I wish to live to the following extent: Not at all: 0 1 2 3 4 5 6 7 8 : Very much
I wish to die to the following extent: Not at all: 0 1 2 3 4 5 6 7 8 : Very much

The one thing that would help me no longer feel suicidal would be: MIB flash thing on everyone and then myself

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**Section B (Clinician):**

<table>
<thead>
<tr>
<th>N</th>
<th>Suicide ideation</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
<td>Frequency: 3 per day, 6 per week, 5 per month</td>
</tr>
<tr>
<td>☑</td>
<td>Duration: 60 seconds, 60 minutes, 60 hours</td>
</tr>
<tr>
<td>☑</td>
<td>When: At home before GF comes home</td>
</tr>
<tr>
<td>☑</td>
<td>Where: At home</td>
</tr>
<tr>
<td>N</td>
<td>Suicide plan</td>
</tr>
<tr>
<td>N</td>
<td>Suicide preparation</td>
</tr>
<tr>
<td>N</td>
<td>Suicide rehearsal</td>
</tr>
<tr>
<td>N</td>
<td>History of suicidal behaviors</td>
</tr>
<tr>
<td>☑</td>
<td>Single attempt: 6 x hanging</td>
</tr>
<tr>
<td>☑</td>
<td>Multiple attempts: GF says yes</td>
</tr>
<tr>
<td>N</td>
<td>Impulsivity</td>
</tr>
<tr>
<td>Y</td>
<td>Substance abuse</td>
</tr>
<tr>
<td>N</td>
<td>Significant loss</td>
</tr>
<tr>
<td>N</td>
<td>Relationship problems: GF/GF's mom/ mother</td>
</tr>
<tr>
<td>N</td>
<td>Burden to others</td>
</tr>
<tr>
<td>N</td>
<td>Health/pain problems</td>
</tr>
<tr>
<td>N</td>
<td>Sleep problems: Only sleeps 3-4 hours per night</td>
</tr>
<tr>
<td>Y</td>
<td>Legal/financial issues</td>
</tr>
<tr>
<td>N</td>
<td>Shame</td>
</tr>
</tbody>
</table>

**Section C (Clinician):**

<table>
<thead>
<tr>
<th>Problem #</th>
<th>Problem Description</th>
<th>Goals and Objectives</th>
<th>Interventions</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Self-Harm Potential</td>
<td>Safety and Stability</td>
<td>Stabilization Plan Completed ✔️</td>
<td>3 mos</td>
</tr>
<tr>
<td>2</td>
<td>Self-hate</td>
<td>↓ Self-hate</td>
<td>Insight 4 tx CBT BA Voc Counseling</td>
<td>3 mos</td>
</tr>
<tr>
<td>3</td>
<td>People don't get it/ Betrayal</td>
<td>Find ways to help others get it/ increase trust</td>
<td>Psychodynamic 4 tx CBT BA CT?</td>
<td>3 mos</td>
</tr>
</tbody>
</table>

YES ☑ NO ☑ Patient understands and concurs with treatment plan?

YES ☑ NO ☑ Patient at imminent danger of suicide (hospitalization indicated)?

Kaye 6/23  Danner 6/23

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CAM'S STABILIZATION PLAN

Ways to reduce access to lethal means:

1. **Conversation with girlfriend about knife**
2. **Remove the belt**
3. 

Things I can do to cope differently when I am in a suicide crisis (consider crisis card):

1. **Exercise**
2. **Watch “Breaking Bad”**
3. **Write in journal**
4. **Read “Choosing to Live”**
5. **Walk to local Best Buy**
6. Life or death emergency contact number: **367 999-9999**
   **1-800-273-TALK**

People I can call for help or to decrease my isolation:

TBD

Attending treatment as scheduled:

Potential barrier: **N/A**
Solutions I will try:

1. 
2. 

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**Section D (Clinician Postsession Evaluation):**

**MENTAL STATUS EXAM** (Circle appropriate items):

- Alertness: **Alert**
- Oriented To: **Person, Place, Time, Reason for Evaluation**
- Mood: **Euthymic**
- Affect: **Flat**
- Thought Continuity: **Clear & Coherent**
- Thought Content: **WNH**
- Abstraction: **WNH**
- Speech: **WNH**
- Memory: **Conserved**
- Reality Testing: **WNH**

**DIAGNOSTIC IMPRESSIONS/DIAGNOSIS (DSM/ICD DIAGNOSES):**

**Deferred - R10 Major Depression**

**PATIENT'S OVERALL SUICIDE RISK LEVEL** (Check one and explain):

- LOW (WTL/RFL)
- MODERATE (AMB)
- HIGH (WTD/RFD)

**Explanation:**
- Multiple Attempt History
- High SSF Core Assessment Rating
- Long History of Suicidal Ideation - but willing to try CAMS for 3 months

**CASE NOTES:**

Kevin is a 32 year old white male who is unemployed and living with his girlfriend (GF) at her mom's house. He is isolated, hopeless, and hates himself. He has few resources and limited coping skills. But he is verbal and somewhat intrigued by the treatment being offered. He reports high risk, but based on compliance and CAMS Stabilization Plan, can be managed on outpatient basis.

Next Appointment Scheduled: Thurs Treatment Modality: Individual Insight, CBT

**Clinician Signature:**

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**CAMS SUICIDE STATUS FORM-4 (SSF-4) TRACKING/UPDATE INTERIM SESSION**

**Patient:** Kevin  
**Clinician:** David Jobes  
**Date:** 7/11  
**Time:** 1 pm

**Section A (Patient):**

Rate and fill out each item according to how you feel right now.

1) RATE PSYCHOLOGICAL PAIN (hurt, anguish, or misery in your mind, **not** stress, **not** physical pain):

<table>
<thead>
<tr>
<th>Low pain: 1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>High pain</th>
</tr>
</thead>
</table>

2) RATE STRESS (your general feeling of being pressured or overwhelmed):

<table>
<thead>
<tr>
<th>Low stress: 1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>High stress</th>
</tr>
</thead>
</table>

3) RATE AGITATION (emotional urgency; feeling that you need to take action; **not** irritation; **not** annoyance):

<table>
<thead>
<tr>
<th>Low agitation: 1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>High agitation</th>
</tr>
</thead>
</table>

4) RATE HOPELESSNESS (your expectation that things will not get better no matter what you do):

<table>
<thead>
<tr>
<th>Low hopelessness: 1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>High hopelessness</th>
</tr>
</thead>
</table>

5) RATE SELF-HATE (your general feeling of disliking yourself; having no self-esteem; having no self-respect):

<table>
<thead>
<tr>
<th>Low self-hate: 1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>High self-hate</th>
</tr>
</thead>
</table>

6) RATE OVERALL RISK OF SUICIDE:

<table>
<thead>
<tr>
<th>Extremely low risk: (will not kill self) 1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Extremely high risk (will kill self)</th>
</tr>
</thead>
</table>

**In the past week:**

Suicidal Thoughts/Feelings Y N  
Managed Thoughts/Feelings Y N  
Suicidal Behavior Y N

**Section B (Clinician):**

Resolution of suicidality, if: current overall risk of suicide < 3; in past week: no suicidal behavior and effectively managed suicidal thoughts/feelings  
1st session  
2nd session

**Complete SSF Outcome Form at 3rd consecutive resolution session**

**Patient Status:**

TREATMENT PLAN UPDATE

- Discontinued treatment  
- No show  
- Cancelled  
- Hospitalization  
- Referred/Other:

<table>
<thead>
<tr>
<th>Problem #</th>
<th>Problem Description</th>
<th>Goals and Objectives</th>
<th>Interventions</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Self-hate</td>
<td>↑ self-hatred</td>
<td>Choosing to Live Chap 1 Psychodynamic x CBT</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>↑ compassion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>People don't get me</td>
<td>↑ trust</td>
<td>Psychotherapy Behavioral Activation</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>↑ support</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Patient Signature**  
**Date**  
**Clinician Signature**  
**Date**

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Section C (Clinician Postsession Evaluation):

MENTAL STATUS EXAM (Circle appropriate items):

ALERTNESS: ALERT  DROWSY  LETHARGIC  STUPOROUS
OTHER:

ORIENTED TO: PERSON  PLACE  TIME  REASON FOR EVALUATION

MOOD: CRYPTIC  ELEVATED  DISORIENTED  AGITATED  ANGRY

AFFECT: FLAT  BLUNTED  CONstricted  APPROPRIATE  LABILE

THOUGHT CONTINUITY: CLEAR & COHERENT  GOAL-DIRECTED  TANGENTIAL  CIRCUMSTANTSIAL

THOUGHT CONTENT: DERN  OBSESSIONS  DELUSIONS  IDEAS OF REFERENCE  BIZARRENESS  MORBIDITY

ABSTRACTION: NOTABLY CONCRETE

SPEECH: RAPID  SLOW  SLURRED  IMPOVERISHED  INCOHERENT

MEMORY: GROSSLY INTACT

REALITY TESTING: OTHER

NOTABLE BEHAVIORAL OBSERVATIONS:

DIAGNOSTIC IMPRESSIONS/DIAGNOSIS (DSM/ICD DIAGNOSES):

Major Depression

PATIENT'S OVERALL SUICIDE RISK LEVEL (Check one and explain):

☐ LOW (WTL/RFL)
☐ MODERATE (AMB)
☐ HIGH (WTD/RFD)

Explanation: Continues to have high SSF core assessment ratings, is managing suicidal thoughts and feelings.

CASE NOTES:

Kevin, 32 year old white male, unemployed, lives with GF at her mother's house. Completed CAMS Therapeutic Worksheet today and discussed history of abuse that contributes to self hate. Self hate is a primary driver of suicide for him. Updated his treatment plan to include self hate related to trauma history. Discussed Behavioral Activation for goal-setting.

Clinician Signature  7/1

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CAMS Therapeutic Worksheet:
Understanding Your Suicidality

Date of Session: Session #: 

I. Personal Story of Suicidality

Why are you suicidal? How do you understand your suicidality? How do you understand your relationship to suicide? What is your personal story?

7 years old, abused by babysitter → 13 years old

II. Drivers of Suicidality

Problem #2: Self hate

Problem #3: People don’t get me

Now let us examine the factors underlying your suicidality or what we refer to as “drivers.” Please only complete those sections that have relevance toward your own experience of suicidality. Your answers may overlap with the information you provided on the Suicide Status Form in the first therapy session. However, new information may also be added over the course of treatment in order to most accurately reflect your personal experience of suicidality.

What are the “direct drivers” that lead me to feeling suicidal?

Specific thoughts (e.g., “It would be easier on everyone if I were dead.)

Think I’m filthy, something’s wrong with me.
I should give up
Specific feelings (e.g., “I just feel so much shame.”)

* filthy, angry. It’s not my fault

Specific behaviors (e.g., “When I waste time all day long.”)

* hide, ruminate, I lash out
* look at GF’s phone/computer

Specific themes (e.g., patterns in relationships or self-concept)

* It’s my fault
* Can’t rely on other people to have my back

What are the “indirect drivers” that lead me to feel suicidal?

* Indirect drivers: Underlying factors that contribute, but do not necessarily lead to acute suicidal ideation, feelings, and behaviors (e.g., homelessness, depression, substance abuse, PTSD, isolation)

* Isolation, get in a fight with GF
* Sleep problem
III. Suicidal Conceptualization

Suicide as an Option

Describe bridges and barriers to going to the next level

Direct Drivers (transpose information here)

Self-hate

No one gets me or has my back

Describe bridges and barriers to going to the next level

Indirect Drivers (transpose information here)

Isolation, getting in fights with GF
Sleep deprivation
**CAMS SUICIDE STATUS FORM-4 (SSF-4) TRACKING/UPDATE INTERIM SESSION**

Patient: **KEVIN**  
Clinician: **David Jobes**  
Date: **7/21**  
Time: **1 pm**

**Section A (Patient):**

Rate and fill out each item according to how you feel right now.

1) RATE PSYCHOLOGICAL PAIN (hurt, anguish, or misery in your mind, not stress, not physical pain):

<table>
<thead>
<tr>
<th>Low pain:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>High pain</th>
</tr>
</thead>
</table>

2) RATE STRESS (your general feeling of being pressured or overwhelmed):

<table>
<thead>
<tr>
<th>Low stress:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>High stress</th>
</tr>
</thead>
</table>

3) RATE AGITATION (emotional urgency; feeling that you need to take action; not irritation; not annoyance):

<table>
<thead>
<tr>
<th>Low agitation:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>High agitation</th>
</tr>
</thead>
</table>

4) RATE HOPELESSNESS (your expectation that things will not get better no matter what you do):

<table>
<thead>
<tr>
<th>Low hopelessness:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>High hopelessness</th>
</tr>
</thead>
</table>

5) RATE SELF-HATE (your general feeling of disliking yourself; having no self-esteem; having no self-respect):

<table>
<thead>
<tr>
<th>Low self-hate:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>High self-hate</th>
</tr>
</thead>
</table>

6) RATE OVERALL RISK OF SUICIDE:

<table>
<thead>
<tr>
<th>Extremely low risk (will not kill self):</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Extremely high risk (will kill self)</th>
</tr>
</thead>
</table>

**In the past week:**

Suicidal Thoughts/Feelings  **Y ✓ N _**  
Managed Thoughts/Feelings  **Y ✓ N _**  
Suicidal Behavior  **Y _ N ✓**

**Section B (Clinician):**

Resolution of suicidality, if: current overall risk of suicide < 3; in past week: no suicidal behavior and effectively managed suicidal thoughts/feelings  
☐ 1st session  
☐ 2nd session  
**Complete SSF Outcome Form at 3rd consecutive resolution session**

**Patient Status:**

TREATMENT PLAN UPDATE

☐ Discontinued treatment  
☐ No show  
☐ Cancelled  
☐ Hospitalization  
☐ Referred/Other: _______

<table>
<thead>
<tr>
<th>Problem #</th>
<th>Problem Description</th>
<th>Goals and Objectives</th>
<th>Interventions</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Self-Harm Potential</td>
<td>Safety and Stability</td>
<td>Stabilization Plan Completed ✓</td>
<td>7 Sessions</td>
</tr>
<tr>
<td>2</td>
<td>Self-hate</td>
<td>↓ Self-hate</td>
<td>Continue Insight &amp; CBT</td>
<td>7 Sessions</td>
</tr>
<tr>
<td>3</td>
<td>People don't get it</td>
<td>↑ Increase trust</td>
<td>Psychodynamic &amp; CBT</td>
<td>7 Sessions</td>
</tr>
</tbody>
</table>

**KEVIN**  
Date: **7/21**

**David Jobes**  
Date: **7/21**

---

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Section C (Clinician Postsession Evaluation):

MENTAL STATUS EXAM (Circle appropriate items):

ALERTNESS: ALERT, DROWSY, LEATHARGIC, STUPOROUS

OTHER: ________________________________

ORIENTED TO: PERSON, PLACE, TIME, REASON FOR EVALUATION

MOOD: EUTHYMIC, ELEVATED, HYPSOMAL, AGITATED, ANGRY

AFFECT: FLAT, BLUNTED, CONSTRICTED, APPROPRIATE, LABILE

THOUGHT CONTINUITY: CLEAR & COHERENT, GOAL-DIRECTED, TANGENTIAL, CIRCUMSTANTIAL

OTHER: ________________________________

THOUGHT CONTENT: WNL, OBSESSIONS, DELUSIONS, IDEAS OF REFERENCE, BIZARRENESS, MORBIDITY

OTHER: ________________________________

ABSTRACTION: WNL, NOTABLY CONCRETE

OTHER: ________________________________

SPEECH: WNL, RAPID, SLOW, SLURRED, IMPOVERISHED, INCOHERENT

OTHER: ________________________________

MEMORY: GROSSLY INTACT

OTHER: ________________________________

REALITY TESTING: WNL

OTHER: ________________________________

NOTABLE BEHAVIORAL OBSERVATIONS: ________________________________

DIAGNOSTIC IMPRESSIONS/DIAGNOSIS (DSM/ICD DIAGNOSES):

Major Depression

PATIENT'S OVERALL SUICIDE RISK LEVEL (Check one and explain):

☐ MILD (WTL/RFL)
☐ MODERATE (AMB)
☐ HIGH (WTD/RFD)

Explain: Core SSF ratings moderate, managing thoughts and feelings

CASE NOTES:

Kevin, 32 year-old white male, continues to experience suicidal ideation. Feels like book on trauma was helpful. Reported his overall risk of suicide had decreased. Displays more insight into elements that trigger fighting with GF. Appears more able to connect the dots about what leads to becoming suicidal.

Next Appointment Scheduled: Thursday Treatment Modality: CBT, Insight

Clinician Signature: ________________________________ Date: 7/21

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**CAMS SUICIDE STATUS FORM-4 (SSF-4) TRACKING/UPDATE INTERIM SESSION**

Patient: **Kevin**  
Clinician: **David Jobes**  
Date: **8/18**  
Time: **11 am**

**Section A (Patient):**

Rate and fill out each item according to how you feel right now.

1) RATE PSYCHOLOGICAL PAIN (hurt, anguish, or misery in your mind, not stress, not physical pain):

<table>
<thead>
<tr>
<th>Low pain: 1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>High pain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

2) RATE STRESS (your general feeling of being pressured or overwhelmed):

<table>
<thead>
<tr>
<th>Low stress: 1</th>
<th>2</th>
<th>3</th>
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<td></td>
<td></td>
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<td></td>
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<td><strong>10</strong></td>
</tr>
</tbody>
</table>

3) RATE AGITATION (emotional urgency; feeling that you need to take action; not irritation; not annoyance):

<table>
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<tr>
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4) RATE HOPELESSNESS (your expectation that things will not get better no matter what you do):

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<th>3</th>
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<th>5</th>
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<td></td>
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<td><strong>10</strong></td>
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</tbody>
</table>

5) RATE SELF-HATE (your general feeling of disliking yourself; having no self-esteem; having no self-respect):

<table>
<thead>
<tr>
<th>Low self-hate: 1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>High self-hate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

6) RATE OVERALL RISK OF SUICIDE:

<table>
<thead>
<tr>
<th>Extremely low risk (will not kill self): 1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Extremely high risk (will kill self):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

**In the past week:**

Suicidal Thoughts/Feelings: **Y**  
Managed Thoughts/Feelings: **N**  
Suicidal Behavior: **Y**  

**Section B (Clinician):**

Resolution of suicidality, if: current overall risk of suicide < 3; in past week: no suicidal behavior and effectively managed suicidal thoughts/feelings:  
☐ 1st session  
☐ 2nd session  

**Complete SSF Outcome Form at 3rd consecutive resolution session**

**Patient Status:**

☐ Discontinued treatment  
☐ No show  
☐ Cancelled  
☐ Hospitalization  
☐ Referred/Other: ____________

<table>
<thead>
<tr>
<th>Problem #</th>
<th>Problem Description</th>
<th>Goals and Objectives</th>
<th>Interventions</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Self-Harm Potential</td>
<td>Safety and Stability</td>
<td>Stabilization Plan Completed</td>
<td><strong>3 Sessions</strong></td>
</tr>
<tr>
<td>2</td>
<td>Self-Hate</td>
<td>↑ Self-Hate</td>
<td>Insight ↑ CBT</td>
<td><strong>3 Sessions</strong></td>
</tr>
<tr>
<td>3</td>
<td>People don't get it - Betrayal</td>
<td>↑ trust</td>
<td>Psychodynamic ↑ CBT</td>
<td><strong>3 Sessions</strong></td>
</tr>
</tbody>
</table>

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Section C (Clinician Postsession Evaluation):

Mental Status Exam (Circle appropriate items):

- Alert
- Drowsy
- Lethargic
- Stuporous

Other:

- Oriented to:
  - Person
  - Place
  - Time
  - Reason for evaluation

Other:

- Mood:
  - Euthymic
  - Elevated
  - Dysphoric
  - Agitated
  - Angry

Other:

- Affect:
  - Flat
  - Blunted
  - Constricted
  - Appropriate
  - Labile

Other:

- Thought Continuity:
  - Clear & coherent
  - Goal-directed
  - Tangential
  - Circumstantial

Other:

- Thought Content:
  - WNL
  - Obsessions
  - Delusions
  - Ideas of reference
  - Bizarreness
  - Morbidity

Other:

- Abstraction:
  - WNL
  - Notably concrete

Other:

- Speech:
  - WNL
  - Rapid
  - Slow
  - Slurred
  - Impoverished
  - Incoherent

Other:

- Memory:
  - Grossly intact

Other:

- Reality Testing:
  - WNL

Other:

Notable Behavioral Observations: Initially very agitated

Diagnostic Impressions/Diagnosis (DSM/ICD Diagnoses):

Major Depression

Patient's Overall Suicide Risk Level (Check one and explain):

- Mild (WTI/RFL)
- Moderate (AMB)
- High (WTD/RFD)

Explanation:

Care SSF ratings very high due to setback this week. However, was able to get back on track and commit to treatment.

Case Notes:

Kevin, 32 year old white male. Very angry at start of the session due to disappointment about not getting job he had hoped for. Was suicidal and did not use his stabilization plan. Angry at therapist and treatment - felt like it was a failure. Able to work through the conflict and recognize patterns of behavior that lead to being stuck and hopeless. Re-engaged in treatment.

Next Appointment Scheduled: Thurs Treatment Modality: CBT, Insight

Clinician Signature: Date: 8/18

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CAMS SUICIDE STATUS FORM-4 (SSE-4) OUTCOME/DISPOSITION FINAL SESSION

Patient: Kevin    Clinician: David Jobes    Date: 9/8    Time: 2 pm

Section A (Patient):

Rate and fill out each item according to how you feel right now.

1) RATE PSYCHOLOGICAL PAIN (hurt, anguish, or misery in your mind, not stress, not physical pain):
   Low pain: 1 2 3 4 5 : High pain

2) RATE STRESS (your general feeling of being pressured or overwhelmed):
   Low stress: 1 2 3 4 5 : High stress

3) RATE AGITATION (emotional urgency; feeling that you need to take action; not irritation; not annoyance):
   Low agitation: 1 2 3 4 5 : High agitation

4) RATE HOPELESSNESS (your expectation that things will not get better no matter what you do):
   Low hopelessness: 1 2 3 4 5 : High hopelessness

5) RATE SELF-HATE (your general feeling of disliking yourself; having no self-esteem; having no self-respect):
   Low self-hate: 1 2 3 4 5 : High self-hate

6) RATE OVERALL RISK OF SUICIDE:
   Extremely low risk: 1 2 3 4 5 : Extremely high risk
   (will not kill self) (will kill self)

In the past week:
Suicidal Thoughts/Feelings  Y  N  Managed Thoughts/Feelings  Y  N  Suicidal Behavior  Y  N  

Where there any aspects of your treatment that were particularly helpful to you? If so, please describe these. Be as specific as possible.

Session 9: awareness of pattern, insight, connecting the dots

What have you learned from your clinical care that could help you if you became suicidal in the future?

Call in a crisis: I get the puzzle

Section B (Clinician):

Third consecutive session of resolved suicidality:  Y  N
No (if no, continue CAMS tracking)

Resolution of suicidality, if for third consecutive week: current overall risk of suicide < 3; in past week: no suicidal behavior and effectively managed suicidal thoughts/feelings

OUTCOME/DISPOSITION (Check all that apply):

✓  Continuing outpatient psychotherapy

✓  Inpatient hospitalization

✓  Mutual termination

✓  Patient chooses to discontinue treatment (unilaterally)

✓  Other. Describe: ongoing W/GF

Referral to:

Next Appointment Scheduled (if applicable): STNW

Patient Signature: 9/8    Clinician Signature: 9/8

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Section C (Clinician Postsession Evaluation):

MENTAL STATUS EXAM (Circle appropriate items):

ALERTNESS: ALERT  DROWSY  LETHARGIC  STUPOROUS
OTHER:  

ORIENTED TO: PERSON  PLACE  TIME  REASON FOR EVALUATION
OTHER:  

MOOD: EUTHYMIC  ELEVATED  DYSPHORIC  AGITATED  ANGRY
OTHER:  

AFFECT: FLAT  BLUNTED  CONSTRICTED  APPROPRIATE  LABILE
OTHER:  

THOUGHT CONTINUITY: CLEAR & COHERENT  GOAL-DIRECTED  TANGENTIAL  CIRCUMSTANTIAL
OTHER:  

THOUGHT CONTENT: OBSESSIONS  DELUSIONS  IDEAS OF REFERENCE  BIZARRENESS  MORBIDITY
OTHER:  

ABSTRACTION: NOTABLY CONCRETE
OTHER:  

SPEECH: RAPID  SLOW  SLURRED  IMPOVERISHED  INCOHERENT
OTHER:  

MEMORY: GROSSLY INTACT
OTHER:  

REALITY TESTING:  
OTHER:  

NOTABLE BEHAVIORAL OBSERVATIONS:  

DIAGNOSTIC IMPRESSIONS/DIAGNOSIS (DSM/ICD DIAGNOSES):

Major Depression

PATIENT'S OVERALL SUICIDE RISK LEVEL (Check one and explain):

☐ MILD (WTL/RFL)  ☐ MODERATE (AMB)  ☐ HIGH (WTD/RFD)

Explanations:
Core SRF score lower, managed thoughts and feelings. Overall risk rating less than 3 for third week in a row.

CASE NOTES:
Kevin, 32 year old white male, final CAMS session but will continue in individual therapy. Has insight into his drivers of suicide, has learned to identify patterns and cope with negative feelings that set off chain that leads to suicidal behavior. Continuing to look for employment. Relationship w/ GF has also improved. Is using Stabilization Plan as needed.

Next Appointment Scheduled:  
Treatment Modality: CBT, Insight

Clinician Signature:  
Date: 9/18

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