

**CAMS SUICIDE STATUS FORM-4 (SSF-4) INITIAL SESSION**

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)

<b>3</b>	1) RATE PSYCHOLOGICAL PAIN ( <i>hurt, anguish, or misery in your mind, <b>not</b> stress, <b>not</b> physical pain</i> ): Low pain: 1 2 3 <b>4</b> 5 :High pain What I find most painful is: <u>being stuck in my own skin</u>
<b>5</b>	2) RATE STRESS ( <i>your general feeling of being pressured or overwhelmed</i> ): Low stress: 1 2 3 4 <b>5</b> :High stress What I find most stressful is: <u>being here</u>
<b>4</b>	3) RATE AGITATION ( <i>emotional urgency; feeling that you need to take action; <b>not</b> irritation; <b>not</b> annoyance</i> ): Low agitation: 1 2 3 <b>4/5</b> :High agitation I most need to take action when: <u>Someone does something untrustworthy</u>
<b>1/1.5</b>	4) RATE HOPELESSNESS ( <i>your expectation that things will not get better no matter what you do</i> ): Low hopelessness: 1 2 3 4 5 <b>10</b> :High hopelessness I am most hopeless about: <u>anything changing</u>
<b>1</b>	5) RATE SELF-HATE ( <i>your general feeling of disliking yourself; having no self-esteem; having no self-respect</i> ): Low self-hate: 1 2 3 4 5 <b>10</b> :High self-hate What I hate most about myself is: <u>everything</u>
N/A	6) RATE OVERALL RISK OF SUICIDE: Extremely low risk: 1 2 3 4 <b>5</b> :Extremely high risk (will kill self) (will not kill self)

- 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.

Rank	REASONS FOR LIVING	Rank	REASONS FOR DYING
<b>3</b>	<u>my mom</u>	<b>1</b>	<u>people dont get it /they dont care</u>
<b>2</b>	<u>maybe something will get better</u>	<b>3</b>	<u>nothing is going to change</u>
<b>1</b>	<u>See how Breaking Bad ends</u>	<b>4</b>	<u>I dont contribute to society</u>
		<b>1</b>	<u>People would be better off if I was dead</u>

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

From *Managing Suicidal Risk: A Collaborative Approach, Second Edition*, by David A. Jobes. Copyright © 2016 The Guilford Press. Permission to photocopy this material is granted to purchasers of this book for personal use or use with individual clients (see copyright page for details).

**Section B (Clinician):**

Y  N Suicide ideation  
 • Frequency: ✓ per day    ✓ per week    ✓ per month  
 • Duration: ✓ seconds    ✓ minutes    ✓ hours    all the time

Y  N Suicide plan  
 When: At home before GF comes home  
 Where: At home  
 How: Knife    Access to means  Y  N  
 How: Belt    Access to means  Y  N

Y  N Suicide preparation    Describe: Think about death scene; tried out belt  
 Y  N Suicide rehearsal    Describe: Put belt around neck

Y  N History of suicidal behaviors  
 • ~~Single attempt~~    Describe: \_\_\_\_\_  
 • Multiple attempts    Describe: 6x hanging

Y  N Impulsivity    Describe: GF says yes

Y  N Substance abuse    Describe: \_\_\_\_\_

Y  N Significant loss    Describe: \_\_\_\_\_

Y  N Relationship problems    Describe: GF/ GF's mom/ mother

Y  N Burden to others    Describe: \_\_\_\_\_

Y  N Health/pain problems    Describe: \_\_\_\_\_

Y  N Sleep problems    Describe: only sleeps 3-4 hours per night

Y  N Legal/financial issues    Describe: \_\_\_\_\_

Y  N Shame    Describe: everything

**Section C (Clinician):**

**TREATMENT PLAN**

Problem #	Problem Description	Goals and Objectives	Interventions	Duration
1	Self-Harm Potential	Safety and Stability	Stabilization Plan Completed <input checked="" type="checkbox"/>	3 mos
2	Self hate	↓ Self-hate	Inright 4 tx CBT BA Voc Counseling	3 mos
3	People don't get it/ Betrayal	Find ways to help others get it increase ↑ trust	Psychodynamic 4 tx CBT BA    CT?	3 mos

YES  NO  Patient understands and concurs with treatment plan?

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

Kenn  
Patient Signature

6/23  
Date

Daniel  
Clinician Signature

6/23  
Date

From *Managing Suicidal Risk: A Collaborative Approach, Second Edition*, by David A. Jobes. Copyright © 2016 The Guilford Press. Permission to photocopy this material is granted to purchasers of this book for personal use or use with individual clients (see copyright page for details).

CAMS 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: 307 999-9999  
1-800-273-TALK

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

- TBD {
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_

Attending treatment as scheduled:

Potential barrier:

Solutions I will try:

1. N/A
2. \_\_\_\_\_

From *Managing Suicidal Risk: A Collaborative Approach, Second Edition*, by David A. Jobes. Copyright © 2016 The Guilford Press. Permission to photocopy this material is granted to purchasers of this book for personal use or use with individual clients (see copyright page for details).

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

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

ALERTNESS: ALERT DROWSY LETHARGIC STUPOROUS  
OTHER: \_\_\_\_\_

ORIENTED TO: PERSON PLACE TIME REASON FOR EVALUATION

MOOD: EUTHYMIC ELEVATED DYSPHORIC 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):**

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 ratings, 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

Dandrea  
Clinician Signature

6/23  
Date

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

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

**Section A (Patient):**

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

1) RATE PSYCHOLOGICAL PAIN ( <i>hurt, anguish, or misery in your mind, <b>not</b> stress, <b>not</b> physical pain</i> ):	Low pain: 1 2 3 <b>4</b> 5 :High pain
2) RATE STRESS ( <i>your general feeling of being pressured or overwhelmed</i> ):	Low stress: 1 2 3 <b>4</b> 5 :High stress
3) RATE AGITATION ( <i>emotional urgency; feeling that you need to take action; <b>not</b> irritation; <b>not</b> annoyance</i> ):	Low agitation: 1 2 3 <b>4</b> 5 :High agitation
4) RATE HOPELESSNESS ( <i>your expectation that things will not get better no matter what you do</i> ):	Low hopelessness: 1 2 3 4 <b>5</b> :High hopelessness
5) RATE SELF-HATE ( <i>your general feeling of disliking yourself; having no self-esteem; having no self-respect</i> ):	Low self-hate: 1 2 3 <b>4/5</b> :High self-hate
6) RATE OVERALL RISK OF SUICIDE:	Extremely low risk: 1 2 3 4 <b>5</b> :Extremely high risk (will kill self)

**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: \_\_\_\_\_

Problem #	Problem Description	Goals and Objectives	Interventions	Duration
1	Self-Harm Potential	Safety and Stability	Stabilization Plan Completed <input checked="" type="checkbox"/>	11 sessions
2	Self-hate	↓ self-hatred ↑ compassion	Choosing to Live Chap 1 Psychodynamic tx CBT	11 sessions
3	People don't get me	↑ trust ↑ support	ψ therapy Behavioral Activation	11 sessions

Kevin  
Patient Signature

7/1  
Date

David A  
Clinician Signature

7/1  
Date

From *Managing Suicidal Risk: A Collaborative Approach, Second Edition*, by David A. Jobes. Copyright © 2016 The Guilford Press. Permission to photocopy this material is granted to purchasers of this book for personal use or use with individual clients (see copyright page for details).

**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: EUTHYMIC ELEVATED DYSPHORIC 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):

- 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 note self-hate related to trauma history. Discussed Behavioral Activation for goal-setting

Sam PhD

7/1

Clinician Signature

Date

**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*

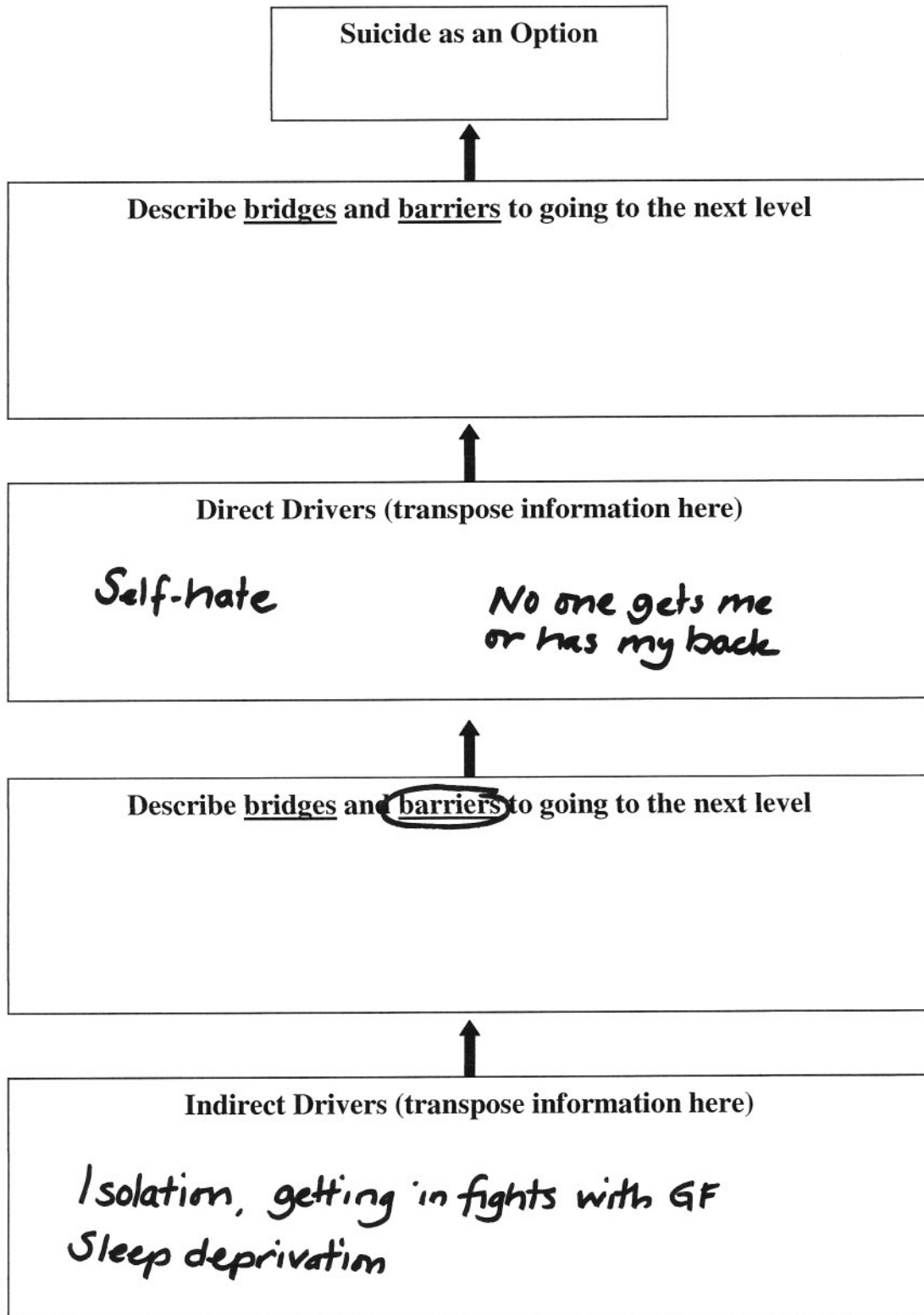
What are the "indirect drivers" that lead me to feel suicidal?

\* 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



**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 ( <i>hurt, anguish, or misery in your mind, <b>not</b> stress, <b>not</b> physical pain</i> ):	Low pain: 1 2 <b>3</b> 4 5 :High pain
2) RATE STRESS ( <i>your general feeling of being pressured or overwhelmed</i> ):	Low stress: 1 <b>2</b> 3 4 5 :High stress
3) RATE AGITATION ( <i>emotional urgency; feeling that you need to take action; <b>not</b> irritation; <b>not</b> annoyance</i> ):	Low agitation: 1 2 <b>3</b> 4 5 :High agitation
4) RATE HOPELESSNESS ( <i>your expectation that things will not get better no matter what you do</i> ):	Low hopelessness: 1 2 <b>3</b> 4 5 :High hopelessness
5) RATE SELF-HATE ( <i>your general feeling of disliking yourself; having no self-esteem; having no self-respect</i> ):	Low self-hate: 1 2 <b>3</b> 4 5 :High self-hate
6) RATE OVERALL RISK OF SUICIDE:	Extremely low risk: 1 2 <b>3</b> 4 5 :Extremely high risk (will kill self)

**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: \_\_\_\_\_

Problem #	Problem Description	Goals and Objectives	Interventions	Duration
1	Self-Harm Potential	Safety and Stability	Stabilization Plan Completed <input checked="" type="checkbox"/>	7 Sessions
2	Self-hate	↓ self-hate	Continue Insight Y + CBT	7 Sessions
3	People don't get it	↑ increase trust	Psychodynamic Y CBT	7 Sessions

Kevin  
Patient Signature

7/21  
Date

David Jobes  
Clinician Signature

7/21  
Date

**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: EUTHYMIC ELEVATED DYSPHORIC 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)

Explanation:

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: Thurs Treatment Modality: CBT, insight

Dan PL 7/21  
Clinician Signature Date

**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 ( <i>hurt, anguish, or misery in your mind, <b>not</b> stress, <b>not</b> physical pain</i> ):	Low pain: 1 2 3 4 5 :High pain	<u>10</u>
2) RATE STRESS ( <i>your general feeling of being pressured or overwhelmed</i> ):	Low stress: 1 2 3 4 5 :High stress	<u>10</u>
3) RATE AGITATION ( <i>emotional urgency; feeling that you need to take action; <b>not</b> irritation; <b>not</b> annoyance</i> ):	Low agitation: 1 2 3 4 5 :High agitation	<u>10</u>
4) RATE HOPELESSNESS ( <i>your expectation that things will not get better no matter what you do</i> ):	Low hopelessness: 1 2 3 4 5 :High hopelessness	<u>10</u>
5) RATE SELF-HATE ( <i>your general feeling of disliking yourself; having no self-esteem; having no self-respect</i> ):	Low self-hate: 1 2 3 4 5 :High self-hate	<u>10</u>
6) RATE OVERALL RISK OF SUICIDE:	Extremely low risk: 1 2 3 4 <u>?</u> :Extremely high risk (will kill self)	

**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: \_\_\_\_\_

Problem #	Problem Description	Goals and Objectives	Interventions	Duration
1	Self-Harm Potential	Safety and Stability	Stabilization Plan Completed <input checked="" type="checkbox"/>	<u>3</u> sessions
2	Self-hate	↓ Self-hate	Insight & CBT	<u>3</u> sessions
3	People don't get it - Betrayal	↑ trust	Psychodynamic & CBT	<u>3</u> sessions

Ken Patient Signature      8/18 Date      David Jobes Clinician Signature      8/18 Date

From *Managing Suicidal Risk: A Collaborative Approach, Second Edition*, by David A. Jobes. Copyright © 2016 The Guilford Press. Permission to photocopy this material is granted to purchasers of this book for personal use or use with individual clients (see copyright page for details).

**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: EUTHYMIC ELEVATED DYSPHORIC 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: Initially very agitated

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)

Explanation:

Core 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

[Signature]  
Clinician Signature

8/18  
Date

**CAMS SUICIDE STATUS FORM-4 (SSF-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 ( <i>hurt, anguish, or misery in your mind, <b>not</b> stress, <b>not</b> physical pain</i> ):	Low pain: 1 2 <b>3</b> 4 5 :High pain
2) RATE STRESS ( <i>your general feeling of being pressured or overwhelmed</i> ):	Low stress: 1 <b>2</b> 3 4 5 :High stress
3) RATE AGITATION ( <i>emotional urgency; feeling that you need to take action; <b>not</b> irritation; <b>not</b> annoyance</i> ):	Low agitation: 1 <b>2</b> 3 4 5 :High agitation
4) RATE HOPELESSNESS ( <i>your expectation that things will not get better no matter what you do</i> ):	Low hopelessness: 1 2 <b>3</b> 4 5 :High hopelessness
5) RATE SELF-HATE ( <i>your general feeling of disliking yourself; having no self-esteem; having no self-respect</i> ):	Low self-hate: 1 <b>2</b> 3 4 5 :High self-hate
6) RATE OVERALL RISK OF SUICIDE:	Extremely low risk: 1 <b>2</b> 3 4 5 :Extremely high risk (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:  Yes \_\_\_ 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)  
 \_\_\_ Referral to: \_\_\_\_\_

Other. Describe: ongoing w/GF

Next Appointment Scheduled (if applicable): STNW

Kevin 9/8 David Jobes 9/8  
 Patient Signature Date Clinician Signature Date

From *Managing Suicidal Risk: A Collaborative Approach, Second Edition*, by David A. Jobes. Copyright © 2016 The Guilford Press. Permission to photocopy this material is granted to purchasers of this book for personal use or use with individual clients (see copyright page for details).

**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: EUTHYMIC ELEVATED DYSPHORIC 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)

Explanation:

Core SSF scores 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 behaviors. Continuing to look for employment. Relationship w/ GF has also improved. Is using Stabilization Plan as needed.

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

[Signature] 9/8  
Clinician Signature Date