tion A (Patient):	3
Rate and fill out each item according to how you feel <u>right now</u> . 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, <u>not</u> stress, <u>not</u> physical pain):	
Low pain: 1 2 3 0 5 :High pain What I find most painful is: being stuck in my own 8kin	
2) RATE STRESS (your general feeling of being pressured or overwhelmed):	
Low stress: 1 2 3 4 5 :High stress	
What I find most stressful is: being here	
3) RATE AGITATION (emotional urgency; feeling that you need to take action; not irritation; not annoyance	e):
Low agitation: 1 2 3 4 5 :High agitation	
I most need to take action when: Someone does something untrust we	orthy
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	
1.5 I am most hopeless about: anything changing	
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	
What I hate most about myself is: everything	
6) RATE OVERALL RISK OF SUICIDE: Extremely low risk: 1 2 3 4 5 :Extremely high risk (will not kill self) (will kill self)	
ow much is being suicidal related to thoughts and feelings about <u>yourself?</u> Not at all: 1 2 3 4 5 : compow much is being suicidal related to thoughts and feeling about <u>others?</u> Not at all: 1 2 3 4 5 : compose list your reasons for wanting to live and your reasons for wanting to die. Then rank in order of importance 1 to 5 to 1 compose list your reasons FOR LIVING REASONS FOR DYING	pletely
my mom I people don't get it /than	
2 maybe something will dantare	
get better 3 nothing is going tochar	140
See how Breaking Bod 4 I don't contribute to socie	1
ends I Revole would be better of	
sh to live to the following extent: Not at all: 0 1 2 3 4 5 6 7 8 : Very	
sh to live to the following extent: Not at all: 0 1 2 3 4 5 6 7 8 : Very sh to die to the following extent: Not at all: 0 1 2 3 4 5 6 7 8 : Very	much
sh to live to the following extent: Not at all: 0 1 2 3 4 5 6 7 8 : Very	

Sectio	n B (Clinician):						
⊘ N	Suici	de ideation	Describe: _	1 think		a lot -s	ince age	7
		equency gration	per		per week	per mo	all the	· time
Ø N		de plan				af comes	•	. , , , , ,
U N	Suici	de plati		+ home		- Corries	- 1077	
			How:	chife			Access to mea Access to mea	
Ø _N	Cuici	de preparation			bout dear	th scene "		
×		de rehearsal	Describe:	Put bolt	around	neck		
~		ory of suicidal beha		· VI VUII	ou ovvia	7,000		
		igle attempt	Describe: _					
_	• Mt	ultiple attempts		6x ho				
(V)	Impu	ulsivity	Describe: _	GF say	s yes			
_		stance abuse	Describe: _					
Y	Signi	ificant loss	Describe: _		-1 /			
Ø N	Relat	tionship problems	Describe: _	GF/6F	s mom	mother		
⊘ N	Burd	en to others	Describe: _					
⊘ N	Heal	th/pain problems	Describe: _	10. 4		A (. ,	,
O N	Sleep	p problems	Describe: _	only si	eeps 3-4	4 hours p	enigh	<u>t</u>
YO	Lega	l/financial issues	Describe: _		•	958		
Y N	Shan	ne	Describe: _	everytr	ung			
Sectio	n C (Clinician):		TREAT	MENT PLAN			
Proble	m #	Problem De	scription	Goals a	nd Objectives	Interv	ventions .	Duration
1		Self-Harm Po	tential	Safety	and Stability	Stabilization Pla	an Completed 🛮	wo2
2		Self-ha	te	1 Self	f-hate	Inright CBT BA		3 mos
				·		Voc Coun		
		People d	arit		ays to neas get it	Bychody	namic 4th	3
3		Betrava	L	increas	ch trust	CBT CT	?	Mos
	,							
					th treatment plan?	P 1\2		
YES	_ N	O Patient	at imminent		le (hospitalization i	ndicated)?	_ ,	100
Patient	Signa	ature		6/23 Date	Clinican Sign	nature	4	Date

CAMS STABILIZATION PLAN

2. Remove the	e belt
3	
Things I can do to cope differen	ntly when I am in a suicide crisis (consider crisis card):
Exercise	
2. Watch Brea	aking Bad"
. Write in i	aking Bad" ovnal sing to Live"
Read "Chan	sing to Live"
5. Walk to Lord	al Best Buy
Life or death emergency con	ntact number: 37 999 - 9999 1 - 800 - 213 · TALK
People I can call for help or to d	decrease my isolation:
9.5-40	
(0	
6 0	
Attending treatment as schedul	ıled:
(o	

mission to photocopy the right page for details).

Section D (Clinician Postsession Evaluation): MENTAL STATUS EXAM (Circle appropriate items): ALERTNESS: ALERT DROWSY LETHARGIC STUPOROUS OTHER: REASON FOR EVALUATION ORIENTED TO: **AGITATED** FUTHYMIC MOOD: ELEVATED DYSPHOR CONSTRICTED LABILE AFFECT: BLUNTED GOAL-DIRECTED TANGENTIAL CIRCUMSTANTIAL THOUGHT CONTINUITY: OTHER: WNL DELUSIONS IDEAS OF REFERENCE BIZARRENESS MORBIDITY THOUGHT CONTENT: OBSESSIONS OTHER: ABSTRACTION: WND NOTABLY CONCRETE OTHER: SPEECH: MNL SLURRED IMPOVERISHED INCOHERENT OTHER: GROSSLY IN MEMORY: OTHER: REALITY TESTING: WNL OTHER: NOTABLE BEHAVIORAL OBSERVATIONS: DIAGNOSTIC IMPRESSIONS/DIAGNOSIS (DSM/ICD DIAGNOSES) PATIENT'S OVERALL SUICIDE RISK LEVEL (Check one and explain): LOW (WTL/RFL) MODERATE (AMB) ☐ HIGH (WTD/RFD) is a 32 year old white male who

Kevin 1s a 32 year old white male who is unemployed and living with his girlfriend (GF) at her mom's how He is isolated, howeless 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 ovipatient basis.

Next Appointment Scheduled: There I reatment Modality: Individual insight. CBT

Clinican Signature Date

Section A	AMS SUIC (Patient):								•
ate and fill	out each iten	n according to how	you feel <u>right now</u> .						
1) RATE PS	YCHOLOGICA	AL PAIN (hurt, angu	uish, or misery in your mi	nd, <u>n</u>	ot st	ress, <u>n</u> e	ot phy	sical pain):	
			Low pain:	1	2	3	5	:High pain	
2) RATE ST	RESS (your ge	eneral feeling of be	eing pressured or overwh	elme	d):				
			Low stress:	1	2	3 (5	:High stress	
3) RATE AC	GITATION (em	notional urgency; fe	eeling that you need to ta	ike ad	ction	not in	ritatior	n; <u>not</u> annoyance)	:
			Low agitation:	1	2	3 (5	:High agitation	1
RATE HO	OPELESSNESS	(your expectation	that things will not get b	etter	no r	natter i	vhat y	ou do):	
			Low hopelessness:	1	2	3 4	3	:High hopeless	sness
) RATE SE	LF-HATE (you	ir general feeling of	f disliking yourself; having	g no s	self-e	steem;	having	g no self-respect):	
			Low self-hate:	1	2	3 ()(S)	:High self-hate	
OF SUIC	VERALL RISK		Extremely low risk: (will not kill self)	1	2	3 4	0	Extremely hig: (will kill se	
	week: ughts/Feeling (Clinician):		Managed Thoughts/Fe	risk o	f suid	ide < 3	; in pa		
ection B (ughts/Feeling (Clinician):	Resolution of suice and effectively metals **Complete SSF	cidality, if: current overall is an aged suicidal thoughts, Outcome Form at 3rd co	risk o /feelii onsec	f suid ngs autive	cide < 3 □ 1st : resolut	; in pa sessior tion se	st week: no suicid □ 2nd session ssion**	
ection B (stient Statu Discontin	Clinician): US:	Resolution of suice and effectively makes **Complete SSF	idality, if: current overall is an aged suicidal thoughts, Outcome Form at 3rd co TREATMENT PLAN I	risk o /feelii onsec UPD/ alizati	f suid ngs tutive ATE ion	cide < 3 □ 1st : resolut	; in pa session tion se erred/	st week: no suicid □ 2nd session ssion** Other:	al behavior
ection B (atient Statu	Clinician): US: Proble	Resolution of suice and effectively metals **Complete SSF	cidality, if: current overall is an aged suicidal thoughts, Outcome Form at 3rd co	risk o /feelii onsec UPD/ alizati	f suid ngs tutive ATE ion	ide < 3 1st: resolut	; in pa session tion se erred/	st week: no suicid □ 2nd session ssion**	Duration
ection B (stient Statu Discontin	Clinician): US: Proble	Resolution of suice and effectively makes **Complete SSF on the No show the Description **The Potential **The	idality, if: current overall is an aged suicidal thoughts, Outcome Form at 3rd co TREATMENT PLAN II Cancelled Hospital Goals and Object	risk o /feelii onsec UPD/ alizati tives	f suid ngs cutive ATE ion	cide < 3	in passession section	st week: no suicid 2nd session ssion** Other: nterventions	Duratio

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:	WND RAPID SLOW SLURRED IMPOVERISHED INCOHERENT
	OTHER:
MEMORY:	GROSSLY INTACT
	OTHER:
REALITY TESTING:	WNI
	OTHER:
NOTABLE BEHAVIORAL OBSERVATI	ONS:
Major Dep	
TIENT'S OVERALL SUICIDE RISK	LEVEL (Check one and explain):
TIENT'S OVERALL SUICIDE RISK	LEVEL (Check one and explain): Explanation:
TIENT'S OVERALL SUICIDE RISK LOW (WTL/RFL) MODERATE (AMB)	LEVEL (Check one and explain): Explanation: Continues to have high SSF core
TIENT'S OVERALL SUICIDE RISK	LEVEL (Check one and explain): Explanation:

<u>CAMS Therapeutic Worksheet:</u> <u>Understanding Your Suicidality</u>

Date of Session:	Session #:
I. Personal Story of Sui	cidality
	do you understand your suicidality? How do you understand What is your personal story?
7 years old, at	oused by babysitter — 13 years old
II. Drivers of Suicidalit	y
Problem #2: _ S	elf hate
Problem #3: R	cople donit get me
"drivers." Please only complex experience of suicidality. You on the Suicide Status Form it	ors underlying your suicidality or what we refer to as lete those sections that have relevance toward your own our answers may overlap with the information you provided in the first therapy session. However, new information may be of treatment in order to most accurately reflect your dality.
What are the "direct drivers"	'that lead me to feeling suicidal?
Specific thoughts (e.g	g., "It would be easier on everyone if I were dead.)
Think I'm	filthy, something's wrong
with me.	
I should gi	ive vo

	fithy, angry. It's not my fault
_	
S	pecific behaviors (e.g., "When I waste time all day long.")
	nide, ruminate, I lash out
	ook at GF's phone/computer
100 <u></u>	
S	pecific themes (e.g., patterns in relationships or self-concept)
1	it's my fault
	ant rely on other people to have my back
•	aric reig vir virial paper in raise rig
_	
	the "indirect drivers" that lead me to feel suicidal? Indirect drivers: Underlying factors that contribute, but do not necessarily l
te	acute suicidal ideation, feelings, and behaviors (e.g., homelessness, depres
S	ubstance 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 an barriers to going to the next level

Indirect Drivers (transpose information here)

Isolation, getting in fights with GF Sleep deprivation

Section A (Pa	atient):								
ate and fill ou	ut each item	according to how	you feel <u>right now</u> .						
1) RATE PSYC	CHOLOGICA	L PAIN (hurt, angu	ish, or misery in your min	id, <u>no</u>	stress	, not	phys	ical pain):	
			Low pain:	1	2 (3	4	5	:High pain	
2) RATE STRE	ESS (your ge	eneral feeling of be	ing pressured or overwhe						
			Low stress:	1 (2) 3	4	5	:High stress	
3) RATE AGIT	TATION (em	otional urgency; fe	eling that you need to tal	ke act	on; no	<u>t</u> irrit	ation	; <u>not</u> annoyance):	
			Low agitation:	1	2 3	4	5	:High agitation	
4) RATE HOPE	ELESSNESS	(your expectation t	that things will not get be		-		hat yo	ou do):	
			Low hopelessness:	1	2 (3	4	5	:High hopelessn	ess
5) RATE SELF	-HATE (your	general feeling of	disliking yourself; having	no se	lf-estee	m; h	aving		
			Low self-hate:	1	2 3	4	5	:High self-hate	
6) RATE OVER	RALL RISK		Extremely low risk:	1	2 (3	4	5	:Extremely high (will kill self	
uicidal Thoug	reek: ghts/Feeling:	s Y V N	(will not kill self) Managed Thoughts/Fee dality, if: current overall ri	isk of	suicide	< 3;	in pas	Suicidal Behavior	Y N_
n the past we uicidal Though Section B (Clause) atient Status:	reek: ghts/Feeling: linician):	Resolution of suici and effectively ma **Complete SSF (Managed Thoughts/Fee dality, if: current overall ri anaged suicidal thoughts/ Dutcome Form at 3rd <u>co</u> TREATMENT PLAN U	isk of streeting	suicide gs tive res	< 3; 1st se olutio	in pas ssion on ses	Suicidal Behavior It week: no suicidal 2nd session ssion**	Y N_
the past would be uicidal Though Section B (Classia) atient Status: Discontinue	week: hts/Feeling: linician): determined	Resolution of suici and effectively ma **Complete SSF (Managed Thoughts/Feed dality, if: current overall ristanged suicidal thoughts/ Dutcome Form at 3rd co TREATMENT PLAN U Cancelled Hospita	isk of s feeling nsecu JPDAT lizatio	suicide gs tive res	< 3; 1st se olutio	in passion ession on ses	Suicidal Behavior t week: no suicidal	Y N _
the past would be uicidal Though Section B (Classia) atient Status: Discontinue	reek: phts/Feeling: linician): ed treatmen	Resolution of suici and effectively ma **Complete SSF (Managed Thoughts/Fee dality, if: current overall ri anaged suicidal thoughts/ Outcome Form at 3rd co TREATMENT PLAN U	isk of streeting	suicide gs	< 3; 1st se olution Refer	in passion session ses	Suicidal Behavior It week: no suicidal 2nd session ssion**	Y N behavior Duration
n the past we uicidal Though Section B (Chatient Status: Discontinue Problem #	reek: ghts/Feeling: linician): ed treatmen Probler Self-Hai	Resolution of suici and effectively material **Complete SSF (and the Description of suici and effectively material of suici and effectively ef	Managed Thoughts/Fee dality, if: current overall ri anaged suicidal thoughts/ Outcome Form at 3rd co TREATMENT PLAN U Cancelled Hospita Goals and Object	isk of selling insecu IPDAT Ilizatio tives	suicide gs tive res E n	< 3; Ist se olution	in passion passion session ses	Suicidal Behavior It week: no suicidal I 2nd session Ission** Other: Iterventions	P Duration Duration F Session

MENTAL STATUS EXAM (Circle appr	opriate 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:	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 OBSERVATION	VS:
DIAGNOSTIC IMPRESSIONS/DIAGNO	
Major Depi	ression
PATIENT'S OVERALL SUICIDE RISK L	<u>EVEL</u> (Check one and explain):
☐ MILD (WTL/RFL)	Explanation:
MODERATE (AMB)	Core SSF ratings moderate, managing thoughts and feelings
☐ HIGH (WTD/RFD)	thoughts and feelings
CASE NOTES:	
Kenn 32 year old	white male. Continues to experience
Suicidal Totation.	Feels like book on hauma was heloful.
Reported his ov	erall risk of suicide had decreased.
	nsight into elements that trigger fighting
with GF. Ange	en more able to connect the data about
what leads to b	ecoming suicidal
Next Appointment Scheduled: 1	
Dan-Ru	7/21
Clinican Signature	Date

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section A (P	atient):								
ate and fill o	ut each item according to ho	w you feel <u>right now</u> .							
1) RATE PSY	CHOLOGICAL PAIN (hurt, and	guish, or misery in your mi	nd, <u>n</u>	ot s	tress,	not	phys	ical pain):	
		Low pain:	1	2	3	4	5	:High pain	(10)
2) RATE STRI	ESS (your general feeling of b	peing pressured or overwh	elmed	d):					(B)
		Low stress:	1	2	3	4	5	:High stress	(10)
B) RATE AGI	TATION (emotional urgency;	feeling that you need to ta	ke ac	tion	; not	irrit	ation,	not annoyance): (3
		Low agitation:	1	2	3	4	5	:High agitatio	n (10)
RATE HOP	PELESSNESS (your expectation	n that things will not get b	etter	no r	natte	er wl	nat yo	ou do):	10
		Low hopelessness:	1	2	3	4	5	:High hopeles	sness
S) RATE SELF	-HATE (your general feeling o	of disliking yourself; having	no s	self-e	steei	m; h	aving	no self-respect):	
		Low self-hate:	1	2	3	4	5	:High self-hate	
S) RATE OVE OF SUICID		Extremely low risk: (will not kill self)	1	2	3	4	Z	:Extremely hig (will kill s	
tient Status	**Complete SSI	nanaged suicidal thoughts, Outcome Form at 3rd cc TREATMENT PLAN		1					
	ed treatment			ATE					
l Discontinu	ed treatment	☐ Cancelled ☐ Hospita	alizati	ATE ion			red/C	Other:	Duratio
] Discontinu	Problem Description Self-Harm Potential		alizati tives	ATE ion		Refer	red/C		Duratio
Discontinue Problem #	Problem Description	Goals and Object	alizati tives ility	ATE ion	Si	Refer	red/C	other: terventions on Plan Complete	3

MENTAL STATUS EXAM (Circle app	ropriat <u>e it</u> ems):
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
DIAGNOSTIC IMPRESSIONS/DIAGN	NOSIS (DSM/ICD DIAGNOSES):
PATIENT'S OVERALL SUICIDE RISK	LEVEL (Check one and explain):
☐ MILD (WTL/RFL)	Explanation:
MODERATE (AMB)	Core SSF ratings very high due to setback this week. However, was able to get back an track and commit to treat ment.
☐ HIGH (WTD/RFD)	this week. However, this able to get back
	antrack and commit to treatment.
CASE NOTES:	All dita and Wan and at start of the
Kevin, 249car o	Id white male. Very angry at start of the disappointment about not getting job he had vicidal and did not use his Stabilization Plan it and treatment - felt like it was a failure. Abk the conflict and reagnize patterns of behavior
session are to a	isappointment about not getting to he had
noped for was s	VICIDAL AND GIA NOT USE MIS STABILITATION PLAN
mary as thereps	The conflict and remaine nothing of belowing
To Work Through	of the and brookers Re-consider in the treat
That read in section	Thus Treatment Modality: CBT Insight
Next Appointment Scheduled:	,
Harry	2/12
Clinican Signature	Date

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Patient: Kevin Clinician: David Jok	(E)		_ Da	te: _	91	8	Time: _2 A	ч
Section A (Patient):								
Rate and fill out each item according to how you feel <u>right now</u> .								
1) RATE PSYCHOLOGICAL PAIN (hurt, anguish, or misery in your i	mind,	not st	ress,	not	phys	ical pa	nin):	
Low pain:	1	2	3	4	5	:High	n pain	
2) RATE STRESS (your general feeling of being pressured or overv	vhelme	ed):						
Low stress:	1	0	3	4	5	:High	n stress	
3) RATE AGITATION (emotional urgency; feeling that you need to	take a	ection	not	irrit	ation	not a	nnoyance):	
Low agitation:	. 1	2	3	4	5	:High	n agitation	
4) RATE HOPELESSNESS (your expectation that things will not get	bette	r no r	natte	r wl	nat yo	ou do):		
Low hopelessness:	1	2	3	4	5	:High	n hopelessness	
5) RATE SELF-HATE (your general feeling of disliking yourself; have	ing no	self-e	steer	n; h	aving	no sel	f-respect):	
Low self-hate:	: 1	2	3	4	5	:High	n self-hate	
6) RATE OVERALL RISK OF SUICIDE: Extremely low risk: (will not kill self)	1	3	3	4	5		emely high ris (will kill self)	k
Suicidal Thoughts/Feelings Y \(\sum \) N \(\sum \) Managed Thoughts/ Where there any aspects of your treatment that were particularly h possible. Session 9 - owneress of possible the dots	elpful aHe	to you	1? If	so, p	siease 3	descri	Conned	specific
Where there any aspects of your treatment that were particularly hossible. Session 9 - awareness of possible. The dots What have you learned from your clinical care that could help you in	elpful aHe	to you	1? If	so, p	siease 3	descri	ibe these. Be as	specific
Where there any aspects of your treatment that were particularly hossible. Session 9 - awaress of particularly hossible. Session 9 - awaress of particularly hossible. What have you learned from your clinical care that could help you in Cell in a Crisis; I get the publication.	elpful aHe	to you	1? If	so, p	siease 3	descri	ibe these. Be as	specific
Where there any aspects of your treatment that were particularly hopossible. Session 9 - awareness of particularly hopossible. Session 9 - awarene	elpful aHa f you l	to you	u? If	so, p	S g	descri	the these. Be as Conned	specific
Where there any aspects of your treatment that were particularly hopossible. Sessim 9 - awareness of particularly hopossible. Sessim 9 - awareness of particularly hopossible. What have you learned from your clinical care that could help you in Call in a Crisis; I get the push Section B (Clinician): Third consecutive session of resolved suicidality:	elpful AH f you b K No (If	no, co	ne sui	cida	Signature of the state of the s	e descri	re?	specific
Where there any aspects of your treatment that were particularly hossible. Sessim 9 - awaress of particularly hossible. What have you learned from your clinical care that could help you in the consecution of the particularly. Section B (Clinician): Third consecutive session of resolved suicidality: **Resolution of suicidality, if for third consecutive week: current ow and effectively managed suicidal thoughts/feelings	elpful AH f you b K No (If	no, co	ne sui	cida	Signature of the state of the s	e descri	re?	specific
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Memory: REALITY TESTING:	GROSSLY INTACT
	OTHER:
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	OTHER:
ATIENT'S OVERALL SUICIDE RISK LE	EVEL (Check one and explain):
MILD (WTL/RFL)	Explanation:
☐ MODERATE (AMB)	Core SSF scores lower managed thought
☐ HIGH (WTD/RFD)	and feelings. Overall risk rating kes
	than 3 for third week in a row