



How to Treat a Suicidal Patient: The 4 Cornerstones of Care

David A. Jobes Ph.D. ABPP

Educational Content | 24 JUNE 2019

Treatment for Suicidal Patients

I have devoted my professional life to suicide prevention. In the late 1980s, I developed a suicide-risk assessment tool for college students that became the foundation for what, today, is CAMS – “Collaborative Assessment and Management of Suicidality.”

Based on more than 30 years of clinical research, CAMS is a proven, suicide-specific intervention that has been used by thousands of mental health providers around the world.

CAMS uses a therapeutic framework for the assessment and treatment of a patient’s suicidal risk. A CAMS treatment for suicidal patients approach can help a wide range of patients, across different settings and modalities. CAMS offers a flexible, but “systematized,” plan that ensures consistency across all aspects of care including assessment, treatment, and documentation.

Suicidal Risk Assessment and Documentation

When treating suicidal patients, it is vital that you routinely and thoroughly assess for suicidal risk. This assessment has to become habit, something you never fail to do. And as you assess and treat, you need to document everything within the medical record.

Suicidality Focus Within the Treatment Plan

This might seem basic, but the care plan for suicidal patients has to include sufficient focus on suicidality. In the treatment plan, the focus on the risk of suicide should include not only a stabilization plan, but also ongoing discussions about lethal-means safety.

Continual Cycle of Assess, Treat and Document

Competent treatment for suicidal patients means that you cannot “drop the ball” on the topic of suicide in the course of care. With all patients at risk of suicide, you need to continually assess, treat, and document.

Consultation Support

In every case of potential suicide, you need to seek consultation from at least one other mental health provider and document the consultative input you receive. Even if the suicidal risk seems minimal, or you believe that your assessment and treatment plan are on target, promise yourself that you will always take this extra step.

Admittedly, not every suicidal patient can be saved, but by following the four cornerstones of care that are incorporated into CAMS and described above, you give yourself the best chance for the best possible outcomes.

FOR MORE INFORMATION

Treating suicidal patients carries inherent risks, including being sued for malpractice. Read “Malpractice Liability Related to Suicidal Risk: How to Decrease the Risk” by Dr. David Jobes.



About David A. Jobes Ph.D. ABPP

David Jobes, PhD, ABPP, is the founder of CAMS-care, LLC. He began his career in 1987 in the Counseling Center of the Catholic University of America, where he developed a suicide risk assessment tool for college students that evolved into CAMS. Dr. Jobes is now a Professor of Psychology and Associate Director of Clinical Training at Catholic; he has trained thousands of mental health professionals in the United States and abroad in evidence-based assessment and treatment of suicide risk and the use of CAMS.

About CAMS-care

At CAMS-care, we offer [suicide assessment and prevention training](#), [consulting](#), and [resources](#). For more information on CAMS, please [contact us](#).