



CAMS-care Framework: CAMS-4Teens Video Training Course Supplemental Handout 3: Dr. Brausch's Clinical Tips for Applying CAMS for Adolescents

- Clinicians do not have to radically change the CAMS framework to be able to use it effectively with adolescents.
- When using the CAMS framework with adolescents, the pacing may need to be a bit slower. Young people are at different stages of development and have different cognitive levels. Clinicians may not be able to get through the full SSF assessment in the first session of CAMS (which is otherwise recommended for adults); progress should be made while considering **this specific** adolescent's attention span, cognitive ability, and emotional state. Young patients may need to take a break.
- Clinicians may need to take additional time to explain some of the constructs, such as psychological pain or agitation. It is recommended, if struggling with time constraints, to get through the first page of the assessment and make sure the stabilization plan is in place. The rest of the assessment can be completed the next time the clinician meets with the young person.
- If the SSF is taking longer than anticipated, **prioritize creating a stabilization plan**. A young person struggling with thoughts of suicide should not leave your office without collaborating a plan to help them cope with their drivers and suicidal thoughts, as well ensuring that lethal means will be secured. Ideally, you will share the stabilization plan with parents/caregivers before the family leaves your office.
- For some young people, it is challenging to stay focused for the time it takes to fill out the assessment. In this instance, you may consider a type of parallel assessment where the teen or child is coloring or playing with a toy while dictating to you and you are writing it down on the SSF (rather than the child writing it themselves). This is an adaptation from the standard CAMS Approach, and it may also be worth considering for adults with developmental delays and intellectual disabilities.
- An important aspect of the treatment or stabilization plan is to focus on how to help teens and kids become less isolated in their everyday lives. One such coping activity may be to make a list of friends, coaches or other supportive adults in their life, and make a plan to contact them and in what order when they get in trouble. Make sure these numbers are in their phone or otherwise accessible. This could also be a primary goal to address if the teen struggles to list supportive others.
- Another important coping activity for teens could be encouraging them to get involved in a cause that they care about (facilitating meaningful connection). Teens are at an age when they are learning about the world and can feel very passionate about issues; for example, a passion for animals could indicate that volunteering with the humane society could be helpful for the child. Focusing on a cause can affect hopelessness and instill a sense of purpose, and such caused can be considered a primary goal to address if the teen is willing to consider it.

- Family are unlikely to see suicide the same way you do or believe that suicide prevention should be a collaborative approach. Many will think it is their job as parents/guardians. The truth is, however, **even parents cannot guarantee a young person's safety. The only person who can is the young person themselves.** Explain to parents what CAMS is, why the youth has to be involved in all decisions made, the importance of open conversations about suicide, and that shaming, scaring, or isolating the young person will likely not help them stay alive. Helping the family “see” suicide the way that you and your client does can facilitate very positive relationships and gains.
- Parents and guardians can be amazing supports for treatment, but only if they are “on board” with this kind of thinking about suicide and the treatment you will provide. It is often important to validate parents’ emotions about their child and their suicidal thoughts when you are one-on-one. Having a suicidal child brings with it a number of emotions – fear, shock, shame, feeling like a failure/bad parent, anger, disbelief, sadness, etc. Parents often need their own support during this time – encourage them to seek individual therapy or support groups if available in your area.

For more information about the CAMS framework or additional opportunities in it, please contact Kevin Crowley at camscore.crowley@gmail.com.

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