

Traditional Clinician As Expert Engagement

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CAMS for Assessment and Intervention

Mood

Suicidality

- Pain
- Stress
- Agitation
- Hopelessness
- Self-Hate
- Reasons for Living vs. Dying

Therapist & Patient

The Collaborative Assessment and Management of Suicidality (CAMS):
Identifies and targets Suicide as the primary focus of assessment and intervention...

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<p>The CAMS Approach: Building a Strong Alliance and Increasing Patient Motivation</p>	
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What is DRIVING this person's suicide risk?

Direct Drivers:
Internal experiences, behaviors, and external situations that are associated with **this person's own** acute suicidal crises (what is the "straw that breaks the camel's back?" leading to suicidal behavior).

Indirect Drivers:
Factors that make **this person** feel vulnerable to direct drivers being activated.

- Examples include: negative life events, psychosocial stressors, psychiatric illnesses, isolating, not sleeping enough
- These may be profoundly painful, they **do not necessarily trigger acute crises but increase vulnerability**

(Jobes et al., 2011; Tucker et al., 2015)

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Indirect Drivers

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graph LR
    A[Indirect Driver(s)*] -- ? --> B[Suicide as an Option]
            
```

*** Some examples of indirect drivers that inserted above include:**

Depression	Substance Abuse	Pending Deployment
Marital Conflict	Financial Difficulties	Chronic Medical Issues
Homelessness	Relationship Problems	Unemployment
PTSD Symptoms	Bad Grades	Incarceration

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Direct Drivers

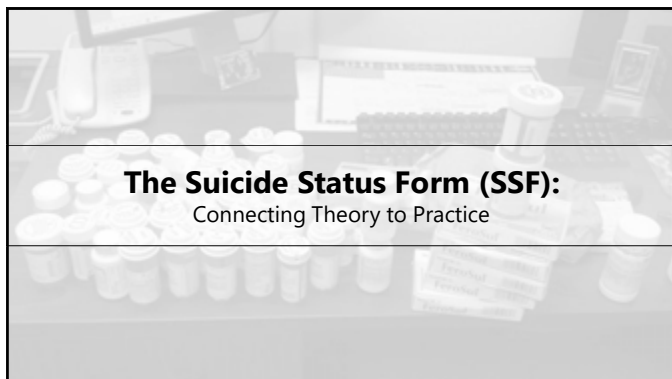
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graph LR
    A[Indirect Driver] --> B[Direct Driver(s)*]
    B --> C[Suicide as an Option]
            
```

*** Direct drivers bridge the gap. They explain how this person gets from indirect drivers to considering/choosing suicide as an option.**

"A lot of people struggle with X, but not everyone who does wants to kill themselves. How are you seeing X that makes you feel like suicide is an option or the only option for dealing with it?"

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CAMS SSF Initial Session

Section A:
Completed by Patient

- Risk Assessment
- Self or Others
- Reasons for Living/Dying
- Wish to Live/Die
- One Thing

Section A (Patient)

Rate and/or rank 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).

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

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

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

Rank	Reason for Living	Reason for Dying
1		
2		
3		
4		
5		

I wish to live to the following extent: **Not at all** 0 1 2 3 4 5 6 7 8 9 **very much**

I wish to die to the following extent: **Not at all** 0 1 2 3 4 5 6 7 8 9 **very much**

The one thing that would help me change that would be:

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CAMS SSF Initial Session

Section B:
Completed by Clinician and Patient

Section C:
Completed by Clinician and Patient

Stabilization Plan

Treatment Plan

Section C (Clinician)

Stabilization Plan

Number of	Medication Prescriptions	Tests and Diagnostic	Interventions	Assessment
1	Medication Prescribed	Tests and Diagnostic	Interventions	Assessment
2				
3				

How much do you understand and agree with treatment plan? **Not at all** 0 1 2 3 4 5 **completely**


How much do you understand and agree with treatment plan? **Not at all** 0 1 2 3 4 5 **completely**

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CAMS SSF Initial Session

Stabilization Plan:
Completed by Clinician and Patient

- Lethal means safety discussion
- Coping strategies
- Decrease isolation
- Barriers to attending treatment




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CAMS SSF Initial Session

After completing Stabilization Plan:
Return to Section C

- Finish Treatment Plan
- Complete Informed Consent
- Patient and Clinician Sign SSF



Patient is provided with copies


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CAMS SSF Initial Session

Section D:
Completed by Clinician after session is completed with patient

Patient's Overall Suicide Risk:

- Review Ratings for Wish to Live (WTL)/Wish to Die (WTD)
- Review Reasons for Living (RFL)/Reasons for Dying (RFD)



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CAMS SSF
Tracking/Update Interim Session(s)

Section A:
Completed by Patient within first few minutes of each session

- Complete Ratings
- Review Stabilization Plan
- Target & Treat Drivers
- Review Treatment Plan

Section B:
Completed by the clinician and patient at the end of each session

- Noting the completion of the stabilization plan
- Identifying two problem drivers that cause suicidality
- Note goals and objectives
- Note interventions and duration
- Both parties sign the form




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CAMS SSF
Tracking/Interim Update Interim Session(s)

Section C:
Completed by Clinician

- Mental Status Exam
- Diagnostic Impressions
- Overall Suicide Risk
- Case Notes
- Clinician Signature



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CAMS SSF-4
Outcome/Disposition Final Session

Criteria for Resolution of CAMS

Section A
Patient has had 3 sessions in a row with:


- Risk rating of suicide < 3
- No Suicidal Behaviors
- Effectively Managed Suicidal Thoughts/Feelings

Focus:

- Lessons Learned
- Coping Strategies

Section B


- Criterion are met
- Note outcome disposition
- Both parties sign the form




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CAMS SSF-4
Outcome/Disposition Final Session


Section C:
Completed by Clinician after session is completed




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First session of CAMS—SSF Assessment, Stabilization Planning, Driver-Specific Treatment Planning, and HIPAA Documentation




CAMS Interim Tracking Sessions



CAMS Outcome/Disposition Session

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CAMS Interim Tracking - Start With Section A and End With Section B



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**CAMS
Therapeutic
Worksheet**

Search for a way "to feel in touch with"
Lonely, alone, it's not my fault

Search for a way "to feel close to the way"
Lonely, alone, it's not my fault

Search for a way "to feel in touch with"
Lonely, alone, it's not my fault

Search for a way "to feel in touch with"
Lonely, alone, it's not my fault

Search for a way "to feel in touch with"
Lonely, alone, it's not my fault

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**CAMS
Therapeutic
Worksheet**

My health/longitudinal

Search for a way "to feel in touch with"
Lonely, alone, it's not my fault

Search for a way "to feel close to the way"
Lonely, alone, it's not my fault

Search for a way "to feel in touch with"
Lonely, alone, it's not my fault

Search for a way "to feel in touch with"
Lonely, alone, it's not my fault

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Plans, Goals, and Hope for the Future

INSTILL **hope**

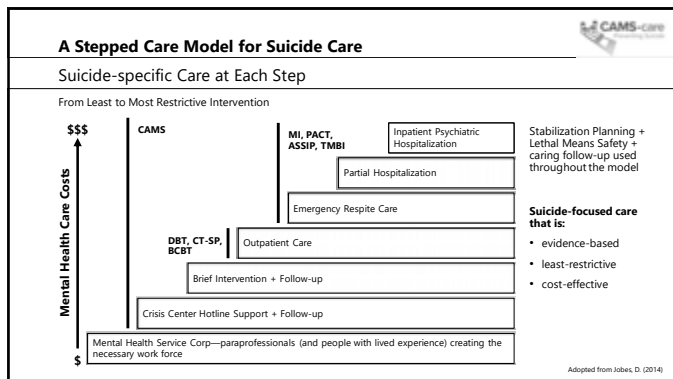
MOVE **beyond survival**

ENCOURAGE **a positive future self**

FIND **purpose and meaning**

IMAGINE **a "post-suicidal" life**

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CAMS Research Findings Summary

Across 8 published non-randomized clinical trials of CAMS, 1 meta-analysis, and 4 published randomized controlled trials (with 1 unpublished 5 on-going RCT's)

CAMS


- Reduces suicidal ideation
- Changes suicidal cognitions
- Increases hope
- Positive patient experience
- Reduces ED visits
- Positive impact on self-harm/attempts
- Relatively easy to learn

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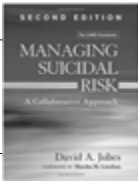

On-line training + live role-playing + coaching calls + book = CAMS adherence

www.cams-care.com

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Thank You!



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