Follow Up CAMS SUICIDE STATUS FORM–4 (SSF-4) TRACKING/UPDATE INTERIM SESSION

Client:_____ Clinician:_____ Date:_____ Time: _____

Section A (*Client*):

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

1) RATE PSYCHOLOGICAL PAIN (*hurt, anguish, or misery in your mind, **not** stress, **not** physical pain*):							
	Low pain:	**1**	**2**	**3**	**4**	**5**	**:High pain**
2) RATE STRESS (*your general feeling of being pressured or overwhelmed*):							
	Low stress:	**1**	**2**	**3**	**4**	**5**	**:High stress**
3) RATE AGITATION (*emotional urgency; feeling that you need to take action; **not** irritation; **not** annoyance*):							
	Low agitation:	**1**	**2**	**3**	**4**	**5**	**:High agitation**
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**
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**
6) RATE OVERALL RISK OF SUICIDE:	**Extremely low risk: (will *not* kill self)**	**1**	**2**	**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

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**

Client Status:

TREATMENT PLAN UPDATE

☐ Discontinued treatment ☐Hospitalization ☐Referred/Other: _____

☐ Treatment Plan Reviewed with client, no changes or updates at this time

Problem #	Problem Description	Goals and Objectives	Interventions	Duration
1	*Self-Harm Potential*	*Safety and Stability*	*Stabilization Plan Completed*	
2				
3				

Client Signature _____ Date_____ Clinician Signature_____ Date_____

☐ Client offered copy of this form and declined ☐Client was provided with copy of this form

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 copy- right page for details).

Rev 9/4/2018

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): **See *DSM-5* Diagnosis Tab**

CLIENT'S OVERALL SUICIDE RISK LEVEL (Check one and explain):

Explanation:

☐ **LOW (WTL/RFL)** _____

☐ **MODERATE (AMB)** _____

☐ **HIGH (WTD/RFD)** _____

_____

CASE NOTES: **See Progress Note**

Next Appointment Scheduled:_____Treatment Modality: _____

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 copy- right page for details).