Members of the Mental Health and Substance Use Research Group recently attended a training workshop on CAMS (Collaborative Assessment and Management of Suicidality) presented by Prof David Jobes. This newsletter summarises some of the key elements of the CAMS approach to suicidality and its practical application.

The CAMS Workshop

Hosted by the Australian Institute for Suicide Research and Prevention, Griffith University, the aims of the workshop were to: promote an understanding of the overall philosophy and conceptual and skills-based elements of the CAMS framework; gain knowledge and skills for effective and competent application of the central CAMS clinical tool called the "Suicide Status Form" (SSF); and for each participant to demonstrate these skills during a live role-play training of the framework, as well as understand its usefulness in specific treatment, research and work settings relevant to each participant’s background/workplace.

Professor Jobes is Professor of Psychology and Associate Director of Clinical Training at The Catholic University of America in Washington, D.C., and Adjunct Professor of Psychiatry, School of Medicine, Uniformed Services University of the Health Sciences. As an internationally recognized suicidologist, Dr Jobes is also past President of the American Association of Suicidology.

CAMS is best understood as a therapeutic framework that emphasises a unique collaborative assessment and treatment planning process between a suicidal person and clinician. This process is designed to deepen the clinician’s understanding of suicidal states while simultaneously enhancing the therapeutic alliance and increasing treatment motivation and goal setting in the suicidal person. Central to the CAMS approach is the use of the Suicide Status Form (SSF), (see over) which is a multipurpose clinical assessment, treatment planning, tracking, and outcome tool.

Central to the CAMS philosophy is:

- Active empathy for suicidal states; a no shame and no blame approach to clinical care
- Collaboration with the suicidal person in all aspects of the intervention; design and evaluation
- Honesty and transparency throughout clinical care.

Original development of CAMS was largely rooted in SSF-based quantitative and qualitative assessment of suicidal states and accompanying risk. As research into the determinants of suicidal states progressed, CAMS evolved as a problem-focused, person centred clinical intervention designed to target and treat the “drivers” of suicidal states, and ultimately eliminate suicidal thought and behaviour. The therapeutic framework of CAMS is built around the following components:

Dr Monika Ferguson, UniSA Research Associate, Dr Conrad Newman, Senior Consultant Psychiatrist SA Health and UniSA PhD Candidate, Professor David Jobes, Catholic University of America, Ms Annette Jones, Senior Social Worker SA Health, Ms Lynne James, Principal Project Officer Suicide Prevention, Office of the Chief Psychiatrist, SA Health and Adjunct Lecturer, UniSA and Professor Nicholas Procter, Chair: Mental Health Nursing, UniSA.
A clear focus on suicide - from beginning, middle to end
- Outpatient orientated – goal is to keep a suicidal person in community care
- Comfort and support through flexible and nondenominational therapeutic encounters – working within a range of mental health techniques and across professional disciplines.

**The Suicide Status Form (SSF)**

To date, CAMS (and the clinical use of the SSF – see example right) has been supported by several published correlational studies including RCTs.

Completion of the SSF is done with the practice of working side-by-side with the person in suicide and self-harm distress. As explained in *Building a Therapeutic Alliance with the Suicidal Patient* (Konrad Michel and David Jobes Eds, 2011) the goal for the clinician is to reach, together with the person, a shared understanding of the person’s suicidality. This goal stands in contrast to the traditional biomedical approach where the clinician is in the role of the expert in identifying the causes of a pathological behaviour and to make a diagnostic case formulation (noting that a mental health diagnosis is an integral part of the assessment interview).

Working within this orientation means clinicians are working with the phenomenology of suicidal states. The clinician will ask the person what specific thoughts and behaviours they are aware of that lead to their developing suicidal states. These may include events and experiences they know about themselves that make them feel vulnerable; a situation that the person themselves recognises as subjectively difficult for them. Viewed this way suicidal states are determined and understood by situations in the present and in the context that they occur.

Within CAMS any problem that directly or indirectly leads to suicidal thoughts and behaviours can become the focus of intervention through use of the CAMS Stabilisation Plan. The objective of the Stabilisation Plan is to promote safety and stability. Clinicians work side-by-side with the person to identify and address suicidal problems, using problem focussed interventions to reduce access to lethal means, to cope differently when in a suicide crisis and collaboratively build a platform to reduce the intensity and distress associated with suicidal states or eliminate such experiences entirely.
2016 Publications by SLICP Group Members


**The Shared Learning in Clinical Practice Philosophy**

Shared Learning in Clinical Practice is a policy relevant and service delivery focussed collaboration to promote best practice in mental health and develop professional skills. The strategic purpose of the initiative is to demonstrate through research and practical example, how much consumers, clinicians, policy makers and academic faculty can achieve working together. Deep discussion, deep connectivity and diffusion of the insights are central to its philosophy. Multidisciplinary in composition, the aim of each publication and symposium is to capture and spread new ideas and know-how in mental health practice and challenge traditional ways of thinking.

Further information is available from:

Professor Nicholas Procter
Chair: Mental Health Nursing
University of South Australia
t 08 8302 2148
e nicholas.procter@unisa.edu.au