

An Overview of the Collaborative Assessment and Management of Suicidality (CAMS): Research and Practice

Invited lecture · David A. Jobes

Prof. David A. Jobes has in the field of suicide prevention since graduate school with broad interests in suicide prevention for 35+ years. His particular research focus has been in clinical suicidology – the clinical assessment and treatment of suicide risk. He is the developer of the Collaborative Assessment and Management of Suicidality (CAMS) which is an evidence-based, suicide-focused, clinical framework supported by multiple clinical trials in the US and abroad. He also has an interest in clinical training and policy work related to mental health and suicide prevention.

Abstract. The Collaborative Assessment and Management of Suicidality (CAMS) is a suicide-focused therapeutic framework that is supported by 30 years of clinical trial research. CAMS is guided by a multi-purpose assessment, treatment planning, tracking, to clinical outcome tool called the Suicide Status Form (SSF). The first session SSF is completed collaboratively with a patient who is suicidal. Within 'standard' CAMS this is done by the clinician seeking with permission a side-by-side seating arrangement next to the patient so the clinical dyad can work through various assessment and treatment planning aspect that define CAMS-guided care. When using telehealth, the CAMS clinician shares their screen and completes a fillable PDF version of the SSF completing the tool as per the patient's responses using a secure online platform. A signature feature of CAMS is the goal of keeping a patient who is suicidal out of the hospital (if this is possible). But to achieve this requires the satisfactory completion of the CAMS Treatment Plan that includes the CAMS Stabilization Plan for decreasing self-harm potential and the further identification of two suicidal 'drivers' identified by the patient which are the problems that compel them to consider suicide (e.g., trauma, relational conflict, or self-hate). There is extensive medical record keeping and patients receive copies of their SSF for their own reference between sessions. CAMS 'interim' care occurs after the first session as the CAMS Stabilization Plan is further crafted and suicidal drivers are treated by different clinical interventions (CBT, insight work, couples therapy, etc) and an interim version of the

SSF is used repeatedly. There are criteria for resolving CAMS – and noting other clinical outcomes – that uses a final outcome-disposition version of the SSF, which marks the end of using CAMS. CAMS is supported by many clinical trials including five published randomized controlled trials and two meta-analyses. This presentation will review the CAMS model, its clinical research, training, and its clinical use across a range of treatment settings with different populations of patients who are suicidal.