Collaborative Assessment and Management of Suicidality (CAMS)

Date: 2017 (For resources, this is the publication date. For programs, this is the date posted.)

Information

Type: Program/Practice, Treatment/Services Program
Organization: CAMS-care, LLC
Costs:
Visit http://cams-care.com/ [1] for information about training and resources. Also see the archived NREPP listing [2].

Contact

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The Collaborative Assessment and Management of Suicidality (CAMS) is a flexible therapeutic framework in which patient and provider work together to assess the patient’s suicidal risk and use that information to plan and manage suicide-specific, “driver-oriented” treatment. It is a philosophy of clinical care that can be used for a wide range of suicidal patients across outpatient and inpatient treatment settings and in the context of various psychotherapies and treatment modalities.

The framework fundamentally involves a participant’s engagement and cooperation in assessing and managing suicidal thoughts and behaviors and the therapist’s understanding of the patient’s suicidal thoughts, feelings, and behaviors. A multi-purpose clinical tool, called the Suicide Status Form (SSF), guides the patient’s assessment and treatment and is developed collaboratively between the patient and the practitioner throughout the course of therapy. The duration of the CAMS treatment varies, depending on the patient’s condition.

Although licensed professionals usually implement the program, case managers and paraprofessionals may be trained as well, either as individuals or in groups, to engage in hybrid versions of the intervention. Dissemination occurs through the developer’s website (http://cams-care.com [3]), which includes program information, training options, research information, and background resources.

Designation as a “Program with Evidence of Effectiveness”

SPRC designated this intervention as a “program with evidence of effectiveness” based on its inclusion in SAMHSA’s National Registry of Evidence-Based Programs and Practices (NREPP).

Outcome(s) Reviewed (Evidence Rating)*

- Suicidal Thoughts and Behaviors (Promising)
- Self-concept (Promising)
- Depression and Depressive Symptoms (Promising)
- Receipt of Mental Health and/or Substance Use Treatment (Ineffective)
Receipt of Health Care (Ineffective)
General Functioning and Well-being (Ineffective)

Read more about the program's ratings [2].

* NREPP changed its review criteria in 2015. This program was reviewed under the post-2015 criteria To help practitioners find programs that fit their needs, NREPP reviews the evidence for specific outcomes, not overall programs. Each outcome was assigned an evidence rating of Effective, Promising, or Ineffective. A single program may have multiple outcomes with different ratings. When considering programs, we recommend (a) assessing whether the specific outcomes achieved by the program are a fit for your needs; and (b) examining the strength of evidence for each outcome.

2012 NSSP Objectives Addressed:
Objective 8.2: Develop and implement protocols for delivering services for individuals with suicide risk in the most collaborative, responsive, and least restrictive settings.
Objective 8.3: Promote timely access to assessment, intervention, and effective care for individuals with a heightened risk for suicide.

Populations: Adults, Young Adults Ages 18 to 25 Years, Adults Ages 26 to 55 Years, Older Adults
Settings: Behavioral Health Care, Outpatient Mental Health, Inpatient Mental Health
Strategies: Identify and Assist, Screening and Assessment, Effective Care/Treatment, Treatment, Safety Planning

Links within this resource