PerformCARE®
8040 Carlson Road
Harrisburg, PA 17112

To:	**All Providers**
From:	**PerformCare**
Date:	**October 30, 2026**
Subject:	**Suicide Prevention #32: CAMS and DBT—Complementary Approaches to Treating Suicidality**

Building on the provider network's existing knowledge of Collaborative Assessment and Management of Suicidality (CAMS) and Dialectical Behavior Therapy (DBT), this memo highlights how these evidence-based models differ in structure, intensity, and clinical application and how they may be used as complementary approaches for treating suicidality. Both models are supported by randomized controlled trials, independent replications, and meta-analyses (Jobes & Rizvi, 2024).

CAMS and DBT can be viewed as complementary, rather than competing, approaches. CAMS is a collaborative, suicide-focused framework that helps clinicians identify and treat the specific "drivers" contributing to a patient's suicidality. DBT is a comprehensive treatment model that may be especially relevant for individuals with chronic suicidality, repeated self-harm, emotion dysregulation, and more complex treatment needs (Jobes & Rizvi, 2024).
Both approaches reinforce the importance of directly treating suicidality rather than relying only on treatment of underlying diagnoses or general symptoms. When considering treatment planning, referral pathways, and the appropriate level and type of intervention, CAMS may be useful when a focused, collaborative approach is needed to better understand and target a patient's suicidal drivers. DBT may be useful when a patient needs a more intensive, structured, skills-based intervention.

Effective implementation also depends on appropriate provider training, supervision, adherence, and fidelity to the selected model. Organizations and clinicians can consider these factors when strengthening suicide-specific care, developing programs, supporting clinical decision-making, and discussing treatment options within their organizations.
Overall, CAMS and DBT offer two well-supported options for helping providers more intentionally and effectively address suicidal risk. Understanding the purpose, structure, and clinical fit of each approach can inform assessment, treatment planning, referrals, workforce development, and ongoing efforts to improve care for patients experiencing suicidal ideation or behaviors.

Reference

Jobes, D. A., & Rizvi, S. L. (2024). The use of CAMS and DBT to effectively treat patients who are suicidal. *Frontiers in Psychiatry, 15*, 1354430. https://doi.org/10.3389/fpsyt.2024.1354430