Procedures for response to risk during Telemental Health sessions

1. Safety planning:
   1. Continue to focus upon the least restrictive intervention, and work to identify both internal and external coping strategies. You may discuss what they plan to do to cope in the next hour, that evening, that weekend, however far out they can manage. You may reschedule, or check in with client, at shorter intervals (e.g., next day) as needed
   2. Provide and discuss DBT handouts as appropriate (see pandemic folder). Can show them on zoom and have client take pictures, or can refer to website.
   3. Options to complete safety plan collaboratively with the client:
      1. Electronic: While still on zoom with client, minimize the zoom window, and go to the counseling center pandemic folder (HIPAA onedrive, see link above)
         1. Click on the “clinician safety plans” folder, then click on your name
         2. Click on “UWCC Safety Plan” Document, then go to file (top left) and select “save as” to save another version in the same folder. This will prevent you from writing in the original template. Do not use client names.
         3. Then, go back to zoom and select “share screen,” to share your screen with the client. You can find this by hovering over the bottom of the screen, and a menu should pop up.
         4. Select the screen to share. Then, you can enter information into the plan real time.
         5. When complete, have the client take a picture or a screen shot of the plan. This may not all fit on one screen, so you may have to do it twice.
         6. If the client is on their phone and does not know how to take a screen shot, you can search for instructions on your device.
      2. Paper: Show the client the paper document on zoom, both initially and periodically as you are completing it. Have them take a picture or screen shot at the end.
      3. E-mailing the plan is an option as a last resort, if the client is not able to take a picture or screen shot. Please inform them this is not confidential, and document verbal informed consent.
2. Consultation:
   1. If you need to consult during the session, please see which clinicians may be available on Titanium. If a client endorses risk on their forms prior to their first appointment, you should check TI who your backup could be before the session. Let the client know that you need to consult. Options:
      1. If privacy is indicated, select mute, and then call the clinician to relay information about the assessment/safety planning. This will allow you to still view the client while you are consulting.
      2. If privacy is not indicated, you may call and consult the clinician with the client still in the room
      3. If you would like to invite another clinician into the zoom meeting, please let the client know you are going to do so, and then call the clinician first to explain the situation (you may be muted or not). Then you may send a zoom invite to the clinician.
      4. If the client becomes disconnected during this process, attempt to reconnect by zoom, and/or call them (as per the protocol for disconnection). Emergency contact may be notified if you cannot reach the client after several attempts, consult if possible before contacting EC.
      5. Document all consultations.
3. ADIs:
   1. If part of the least restrictive intervention is obtaining an ADI, you may send a blank copy of this to a client over e-mail. Please explain limits to confidentiality concerning e-mail, and document verbal informed consent. They may choose to take a picture and send this back to you by e-mail.
   2. We are working on developing a secure link via Titanium web component.
4. Hospital coordination
   1. If you have decided, in consultation with another clinician, that voluntary hospitalization is warranted, and client is amenable, discuss possible forms of transport with client:
      1. Trusted family member or friend
      2. Call 911 to ask for ambulance
      3. Lyft arranged by the counseling center
         1. Contact support staff for help with this option
   2. Make a plan with the client to confirm they have arrived and are undergoing evaluation for admission. Discuss what follow-up action will be taken if you do not receive confirmation.
   3. Obtain and document verbal consent, and if possible written ADI, from client to coordinate with hospital if possible.
   4. Contact ER to provide relevant clinical information to staff who will conduct the evaluation for hospitalization. Request confirmation of attendance when client arrives, and of the outcome of the ER visit. Coordinate with the hospital or client as indicated for follow-up.
   5. For involuntary hospitalization (after consultation with another clinician), contact the client’s local police
5. Document safety plan in client file
   1. Save the safety plan in your onedrive folder (HIPAA compliant)
   2. Create a new client note in the client file
   3. Select “safety plan” (near bottom of list) as the note type
   4. Select “attach” (top right), and attach the file (select “UW” on the left side to find the location in onedrive)
   5. Once attached and saved, please delete the version in onedrive