

## Video Therapy Safety Protocol

The following protocol has been adapted from experience using video therapy in a variety of clinical contexts, including VA and community based outpatient clinics and private practice.

There are three circumstances under which you would need to follow this protocol:

1. Your client is at imminent risk of suicide (i.e., intent to kill self within the next 24 hours or at-risk for killing self) and cannot or will not participate in safety planning;
2. Your client is at imminent risk of harming others (e.g., either a specific person, you, or the public, in general) and cannot or will not participate in safety planning; or
3. Your client is gravely disabled (i.e., due to a mental illness your client cannot provide needed food, clothing, or shelter or accept these items when provided by others);

**About Confidentiality:** The below protocol requires you to provide confidential information about your client to a third party, which you are permitted to do in a clinical emergency. However, you should only share information that is necessary for the other party to determine whether hospitalization is warranted or to provide effective care.

**About Duty to Warn:** If your client has made a threat towards a specific person, you have a duty to notify both law enforcement and the intended victim in many states. Please check your state rules and regulations. The following list is not exhaustive; however, notification of both law enforcement and the intended victim is required in: Alabama, California, Colorado, Idaho, Indiana, Iowa, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Tennessee, Utah, Vermont, Virginia, Washington, Wisconsin, and Puerto Rico. In this situation, explain to your client that you want to help keep both of them safe and gather as much information you can about the person to whom the threat has been made. Follow the clinical protocols below and be sure to convey that information to law enforcement. Consult an

available colleague or your clinical supervisor before promptly contacting the intended victim.

**Preparation for Video Sessions:** If your client is physically located in a geographic area unfamiliar to you, you must gather some basic information about the location as part of your intake process so that it is available in the event of an emergency. You should know:

1. The address of the physical location the client usually calls from. If they participate in a session from a temporary location (e.g. on a business trip) it is sufficient to know the city they are in.
2. The phone number for a close friend or family member the client gives written permission to call in an emergency.
3. The phone number of the police department in the client's location. (You cannot contact them via 911 if you are not in that locality). In a rural location, you may need to obtain contact information for a county sheriff.
4. If the client receives psychiatric medication or other mental health services, obtain written consent to contact that healthcare provider in the case of an emergency.

**Protocol #1: When There is a Friend or Family Member Available to Client (i.e. in the same or a nearby location):**

1. Always have your telephone within reach during session with a client.
2. If you deem client to be a danger to self, danger to others, or gravely disabled, and you judge it is safe to do so, explain your concerns to the client, that you need to take steps to ensure that they remain safe, and that the client needs to go to the hospital. Ask if client would be willing to go to the hospital with the friend or family member. If NO, client unwilling to go to hospital with friend/family member, go to Protocol #2 below. If YES, client willing to go to hospital, proceed

with step 3.

3. If friend or family is in the same location, have client bring that person to the camera. If the person is elsewhere, get the phone number from the client. Call the person and place the call on speakerphone.
4. Explain concerns to friend or family member, engaging client as much as possible in conversation. Be very clear that you believe the hospital is the only option. Ask friend or family member, if they would take client to hospital. If NO, friend or family member unwilling to take client to hospital, go to protocol B. If YES, friend or family member agrees to take client to hospital, proceed with step 5.
5. Ask friend/family member if they are familiar with the nearest hospital. If not, locate that information for them. Get commitment from client and friend/family member that they will go to hospital ER immediately. Explain that you will call ahead to ER to ease their way. Ask that friend/family member call you after they have checked in at ER. Give friend/family member an appropriate phone number.
6. Call ER and provide demographic information, as well as information relevant to client's risk of suicide, homicide, or grave disability. Give hospital your phone number and request that hospital call you once client has checked in. Also request that attending psychiatrist call you so that you can provide additional information (including any information you have about other mental health providers involved in their care).
7. If you do not hear from client or friend/family member or ER within expected amount of time, call them and call ER. If client is in process of going to ER or checking in, be sure to stay in touch with ER staff.
8. If client has changed their mind and is refusing to go to ER, try to determine client's location and mode of transportation. Call the police department in that location and explain that you have a client in urgent need of psychiatric hospitalization. Share only information relevant to risk.

Ask if there is a mental health team or mental health officer who can

accompany police. Be sure to give officer your phone number and request a follow-up call.

- Name of person who takes your call, as well as case number, and best way to call this person back
- For name of officer who will be going out on the call and phone number or best way to reach this officer. Follow-up :
  - With law enforcement if you do not hear back from them within a reasonable amount of time.
- With attending psychiatrist if you do not hear from them within a reasonable amount of time.

9. Document incident:

- What led you to believe client was at imminent risk or gravely disabled.
- Agreement from client and friend/family member to go to ER
- Who you spoke with at ER and person's title and phone number.
- Steps you took to ensure that client had arrived at ER.
- Name of attending or whomever else you spoke with at ER and what was disclosed.
- If you had to involve law enforcement, whom you spoke with initially and officer who went out on the call and what transpired.

10. Contact an available colleague or your clinical supervisor to discuss the incident as soon as possible, to be sure nothing was missed, to promote learning, and for much-needed emotional support.

## **Protocol #2: When There is No Friend or Family Member to Transport Client to ER:**

1. Always have your telephone within reach during session with a client.
2. If you deem client to be a danger to self, danger to others, or gravely disabled, and you judge it is safe to do so, explain your concerns to the

client, that you need to take steps to ensure that they remain safe, and that the client needs to go to the hospital.

3. Tell the client that you need to call the police in order to transport client safely to hospital.
4. Explain that you will remain on the video call with client until client leaves for hospital.
5. Call police or county sheriff (for rural areas) in client's location.
  - Explain that you have a client in need of urgent psychiatric hospitalization. Share only information relevant to risk.
  - Request a mental health team accompany the officer on the call.
  - Give dispatch your name, office address, and cell phone number.
  - Obtain the name and contact information for the person who takes your call.
6. Stay on video call with client and obtain client's permission to contact their pre-designated emergency contact person and/or other mental health provider. If client gives permission, call that contact person and place the call on speakerphone. Explain your concerns and that client is going to emergency room. Let the client and the contact person discuss what, if any, support that contact can provide. Ideally, that contact can meet the client at the hospital. Do not encourage that person to come and pick up the client unless they are very close to client's location. If client does not give permission, do not argue with client. Continue to wait until police arrive.
7. Provide officer(s) with relevant information related to suicidality/homicidality or grave disability. Be clear that you believe client requires hospitalization. Obtain name and contact information for officer(s).
8. Ask what hospital client will be transported to. Call hospital ER to provide relevant information in advance of client's arrival. Request that ER psychiatric attending contact you to discuss reasons for hospitalization.

If you do not hear from attending within expected amount of time, call ER and request to speak with attending. Record name of whomever you speak with at ER (e.g., nurse, attending), as well as contact information and what was discussed.

9. Document incident:

- What led you to believe client was at imminent risk or gravely disabled.
- Contact with law enforcement.
- Who you spoke with at ER, person's title and phone number, what information was disclosed.
- Steps you took to ensure the client arrived at ER.
- Contact an available colleague or your clinical supervisor to discuss the incident as soon as possible, to be sure nothing was missed, to promote learning, and for much-needed emotional support.