Four Points Counseling Center

Crisis Response Protocol

A client in a state of active suicidality, homicidality, or grave disability creates the clinical and legal imperative for therapists to act on their behalf in an effort to protect the client's wellbeing or the wellbeing of others. For acutely unwell clients, the immediate goal is de-escalation and stabilization.

Ideally, sufficient grounding takes place within the therapy session or other setting such that action taken against the client's will is unnecessary. Ultimately, however, involuntary hospitalization is necessary for some clients to receive critical support.

Whether admitted willingly or otherwise, clients with this level of distress or disability must be transitioned to a higher level of care for further assessment and ongoing stabilization.

The following represents the official crisis response protocol of Four Points Counseling Center (FPCC). This protocol is for use with clients presenting **imminent risk** to themselves or others. Please choose which is most appropriate depending on the situation.

Voluntary Admission

An M1 hold is unnecessary if a client is willing to go to an ER or crisis center and there is an appropriate individual to transport the client.

- You may contact a family member or friend of the client to take them to the hospital or crisis center. You can also call their emergency contact if one is listed for them in the EHR or intake paperwork.
- It is highly preferable that confirmation is obtained that they arrived at the facility, however it's not always possible.
- If you know which facility will be admitting the client, call ahead of their arrival to provide collateral information. While an ROI is unnecessary in this situation, it is strongly recommended to attempt to obtain verbal consent from the client which can assist in maintaining the therapeutic alliance.

  Request that staff call back with confirmation the client arrived and include this in your documentation.
- FPCC clinicians are not permitted to transport clients.

Involuntary Admission

Call crisis response to request that a mobile team respond to the client at the client's location (not always available) or call 911.

- Use clinical skills to ground the client and increase motivation. Answer questions, address fears, and share information. If the client agrees to go, see *Voluntary Admission* below and follow protocol.
- If the client refuses and/or will not go with crisis responders when they arrive, an M1 Hold can be written. **This is the option of last resort.**
- Complete the form with special attention to the *probable cause* section. It should clearly and articulately demonstrate the need for the hold. The "M-2 Rights of Patients" document must be given to the client.
- Call the non-emergency number first and explain you have placed a client on an M1 hold and they need transportation. If no responder is available, call 911. Or you may simply call 911 directly.
  - ➢ Some representatives are unfamiliar with holds or may reroute you to other departments. If this occurs, hang up and call 911. Do not lose time being rerouted or explaining holds.
- Give paperwork to the emergency responder when they arrive.
- Only a licensed clinician physically present with a client is authorized to write a hold. Candidates must have a licensed therapist write a hold and should call 911 if no one is available. (Licensed therapists often prefer to call 911 and defer the matter of an M1 hold anyway.)
- When/if emergency responders are present, decision-making and next steps are deferred to them.
- When a telehealth client is in crisis, call 911. (See *Teletherapy*.)

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Minors In Crisis

- **Willing caregiver:** If a parent or guardian is willing and able to transport a client, nothing more is needed. They are responsible for ensuring the client receives treatment.
  - If a caregiver with decision-making authority is not available or the caregiver feels unsafe to transport the client, follow the protocol for Involuntary Admission as noted above as the client will, at minimum, need an emergency or crisis responder for transportation.
- **Reluctant caregiver:** Use therapeutic interpersonal skills to increase motivation. Answer questions about the admission process, share information about treatment, and normalize the situation.
- **Caregiver refusal:** If caregivers ultimately will not take action on behalf of the minor, consult with management immediately (reach out by phone, text, etc. to contact leadership or a clinical supervisor).
  - Do not delay by waiting for a call back. Call multiple staff if you do not get an answer.
  - If you are unable to reach anyone within 15 minutes, call 911. However, if your judgment is that any delay at all endangers the client, do not attempt to contact anyone for consultation. Take action by calling 911.
  - Follow up with leadership afterward and discuss whether DHS involvement is warranted.

Teletherapy

Holds cannot be written without being in the physical presence of a client. If a client is unwilling to be admitted voluntarily and/or no one can transport the client, you will need to initiate a welfare check or call 911.

- The non-emergency number for the city or county where the client is located can be used to initiate a welfare check. If responders are not available or the situation seems extremely urgent, call 911. (See below for examples of emergency vs non-emergency.)
- If possible, explore with the client who they would like to be there while waiting for responders, such as a friend, family member or the therapist.
- If it is not possible for someone to be with the client, the therapist should stay on the phone or in the video session until responders arrive. Help can be enlisted from leadership if needed.

Teletherapy Tips

Confirm client's location at the start of each session. For regular clients, this can be visual if the therapist is familiar with the background. Ensure an emergency contact is on file.

Duty To Warn

This refers to a therapist's obligation to alert third parties (ex: a client's partner) of threats to their safety, such as a client voicing serious intent to harm the third party. This requires breaking confidentiality and notifying the person being threatened, as well as alerting local law enforcement.

- If you do not have the name of the individual being threatened, contact law enforcement and share the information you do have, such as the *client's* name, date of birth, phone number, address, and physical description. Also share the relationship the client has to the person they intend to harm.
- Duty to warn includes threats to public safety, such as threatening an act of violence in the workplace.
- Assess whether the client may be expressing strong feelings, "venting" anger or if they pose a danger to others such that they intend to commit violence. In situations where you feel unsure, err on the side of caution, and if possible without creating undue delay, seek consultation from leadership first.

Consultation and Support

Consultation can be helpful in any of the situations mentioned here, and if no one is unavailable for consultation, you cannot wait. This applies to candidates as well, who can follow all steps independently and call 911 when a licensed therapist is unavailable.

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Crisis events take a toll on everyone and therapists are encouraged to reach out to debrief, consult about next steps, or simply to have space for the more taxing moments we experience as therapists.

Documentation

Unlike routine progress notes, crisis events represent the times when more information is better.

Incident Reports

This must be completed when a therapist calls crisis response, 911, requests a welfare check, and/or writes a hold. This form requests the most detailed information. The progress note (if applicable) will contain a summary of the event and can simply reference the incident report. In addition to completing the fields in the form, use the following as a guide:

- All **concrete** information immediately surrounding the event should be documented including dates, times, names and places/locations.
- Emphasize therapist actions to increase client safety.
- Omit statements of judgment and opinion.
- Language should be clear and concise, especially for content directly related to the client's words or actions. *"Client reported.. endorsed.. denied.. declined.. agreed.. stated.."*
- Insert direct quotes from the client if possible.
- Report should be completed in 24-48 hours of the event.

Progress Notes

For crisis events that arise during the course of a therapy session, include a brief summary in the note and state that comprehensive information can be found in the incident report contained in the client's chart. Crisis CPT code 90839 can be used for the session, which covers 30-74 minutes. The add-on 90840 can be used if the time period is 75+ minutes.