

**Chadwick Center Tele-Mental Health (TMH) Protocol:
Assessing Safety and Risk during COVID-19**

Purpose

Due to the nature of the work that is conducted at the Chadwick Center, clients and caregivers who receive services are potentially at higher risk for safety concerns. These include but are not limited to fear of harm to self or others, risk of intimate partner violence, and heightened risk to child abuse and neglect. While the provision of Tele-Mental Health (TMH) creates an opportunity to provide services to families who may not be able to access services otherwise, it also presents with heightened safety risks. The purpose of the current policy and procedure¹ is to outline strategies to create safety before, during, and after a TMH session.

Things to Consider during the Implementation of TMH

As therapists are preparing to implement TMH with their clients and families, it is recommended that they review and become comfortable with the following:

- This current protocol focused on safety in TMH
- Accessibility for calling 9-1-1 or the Psychiatric Emergency Response Team (PERT team). See Appendix A for a list of PD numbers around San Diego County.
- Therapists should confirm with their Manager and/or Clinical Improvement Coordinator (CIC) and colleagues as appropriate who they can contact in case of a safety emergency during a session.

Preparing for the TMH Session with the Family

- Therapists and/or Advocates will have a discussion with the caregiver(s) prior to implementing TMH to set a “frame” for how TMH will occur with an emphasis on safety. They should gather the following information during this interaction:
 - Confirm the address in which the therapy will take place (do not rely on the medical record, as the client may be elsewhere during the session or the address in the medical record is not updated)
 - Ask for the phone numbers of TWO individuals in the house. One might be the client’s number (if they have their own number) and the second may be a caregiver.
 - In advance, discuss with caregivers the space in which the TMH session will be conducted and how to keep it “protected.” This may include the following:
 - Will the client have privacy? How will privacy be maintained from siblings, pets, others who may come into the room or may overhear the session? Keep in mind that in homes where there has been a history of abuse, there may particularly be concerns about appropriate boundaries and a historical lack of effectively maintaining privacy. Consider the unique issues regarding

¹ This document was informed by multiple other resources, including an RCHSD “Teletherapy Suicide Assessment” document and the “Telemedicine/Telehealth Safety Tips and Resources” developed by Joanne Timmons at the Boston Medical Center Domestic Violence Program.

- boundaries and privacy as you have this conversation and emphasize the importance of a protected space for the child to have the session.
- Where will caregivers be during the session? Will the client or therapist be able to contact them if needed?
 - Determine if the identified space is potentially triggering (i.e., is this where the abuse occurred?). If so, work with the caregiver to identify another space that may be more appropriate.
 - If privacy and safety cannot be maintained, is there another option (e.g., a car or other space external) in which the session can be conducted safely?
- If appropriate, and based on the age, developmental stage, and the child’s unique situation, the Therapist is encouraged to have a similar conversation with the child that includes the following elements:
 - Where will the child be during the session? Is it a “safe” space, free from potential triggers and distractions?
 - Is there a “safe” word that the client can use in session if they are not feeling safe?
 - For each client, think about the potential safety concerns that may arise, considering the following:
 - Has this client previously been at high-risk for abuse in the home, harm to self or others?
 - How stable is the caregiver? Are they able to support the client as needed?
 - If the therapist has an upcoming session with a client or caregiver who is potentially higher risk for self-harm, abuse, IPV, or another concern:
 - Therapists should let their Manager/CIC and co-workers know their concerns, the time of the session, and the client’s address. They can then be “on alert” as needed if something comes up.

During the Session:

- Practice “Universal Precautions” to reduce the chances of endangering a client if they are being monitored or have been otherwise threatened regarding what they might say during a session.
 - For high risk situations in which the alleged perpetrator is still in the home, assume clients are not alone even if they say they are, and assume there might be abuse even if they have never disclosed it.
 - It is recommended that all sessions begin with a safety screen. Therapists can let the clients know that they are doing this with everyone. For this screen, do not lead with specific questions about safety or abuse unless the client brings it up. Begin with general questions, such as:
 - How are you doing?
 - How are you and your family coping with all that is going on right now?
 - How has the last week been? Have any concerns arisen for safety since we last spoke?

- Do you feel safe where you are? Is there anything you can do to make it feel safer?
 - Are you worried about anything right now?
 - Follow the client's lead regarding what they may or may not feel comfortable talking about. If the client indicates there might be some safety concerns, explore with caution, ask if they could say a little more about what they are concerned about or need help with; be prepared to switch subjects at any time.
- Consider screening for Depression and Anxiety, as appropriate based on initial check-in at the beginning of the session. Some tools that can assist with this include:
 - **Generalized Anxiety Disorder 7-Item Scale (GAD-7)** – Screens generally for symptoms of Generalized Anxiety Disorder. *A copy of the screen is included at the end of this document.*
 - **Patient Health Questionnaire – 2 to 9 (PHQ-2 and PHQ-9; In EPIC)** – Screens generally for symptoms of Depression. *A copy of the PHQ-9 screen is included at the end of this document.*
- If the client discloses not feeling safe due to imminent risk/threat of abuse towards themselves or others in the home, conduct a more in depth safety screen. The following questions can serve as a guide:
 - If you are afraid for your safety, you can call 911 any time. Would you like me to call 911 for you right now?”
 - If they indicate they are not in immediate danger and can stay on the phone, offer other ways for patient to find help when it’s a good time for them
- If the client discloses suicidal/self-harm thoughts. Remote safety planning is similar to that which would be conducted in person.
 - Assess each session for suicide risk as well as changes in risk or protective factors and the emotional impact of pandemic on suicide risk.
 - Risk factors may including but not limited to:
 - Adult in current environment able to monitor suicidal thoughts/behaviors in person
 - Is identified adult emotionally distressed themselves or are they able to provide crisis support to the client?
 - Increased isolation or feelings of loneliness
 - Conflict due to increase sheltering together
 - Financial concerns
 - Worry about health or vulnerability of others
 - Social support
 - Disruption of routines
 - Access to means **including stockpiling of OTC such as Tylenol or prescription drugs** due to pandemic
 - b. Positive coping strategies can include but are not limited to:
 - Using mindfulness apps

- Doing activities that can change physical state, knitting, video games.
 - Increasing virtual contacts can be helpful coping skills such as:
 - Virtual tours, opera, concerts
 - Online trivia, hobby type classes, karaoke
 - Virtual hang outs with friends via Zoom/Facetime etc. where they can watch movies or play games together
 - Virtual organized meet ups such as AA Online, NA online, online houses of worship, support groups
 - If client/family is able to practice social distancing in a safe manner, getting outside is a positive and healthy option
 - Explore ways to decrease emotional vulnerability, build a mental reserve, and take steps towards stability:
 - Develop a daily plan and follow it
 - Keep a regular schedule including bed time and hours of sleep, eating, and exercise
 - Go outdoors, in a safe manner, at least once daily
 - Build mastery in an identified and pleasurable activity
2. Depending on the risk factors and acuity, it may be indicated to increase clinical contact with client and/or family, even if it is a safety check-in daily until symptoms stabilize.
 3. When identifying or reviewing early warning signs of safety plan, explore if there are any new warning signs associated with COVID-19 such as:
 - a. Extreme fear of illness, coping with illness in self or others, increase in conflictive family contact, social isolation, loneliness
 - o Some screening tools exist that can assist in this process:
 - UCLA Brief COVID-19 Screening Form – Screens specifically for COVID-related trauma responses, anxiety, and depression. *Copies of the English and Spanish versions of this tool are located in the shared drive.*
 - Stoddard-Kaufman Coronavirus Impact Scale – Has questions regarding how an individual’s life has changed as a result of COVID-19 across multiple domains (home, work, financial, etc.). *A copy of this tool is contained at the end of this document.*
- If safety risks emerge during a session that need to be addressed imminently:
 - o Text your Manager or CIC “SOS”. If appropriate, notify the client that this is happening.
 - o Contact your Manager or CIC via phone or e-mail after SOS message has been sent to provide more details, including providing the client’s address and phone number. You may or may not include the client in this interaction depending on the situation.
 - o The Supervisor and/or colleague can come to your office and listen in on the session (out of sight) to help determine the emergency.
 - o The Supervisor will then work with admin staff to call 9-1-1 or PERT, as needed to let them know about the concern. Be prepared to share the client’s location so that information can be shared with authorities.

- Contact 911 or local emergency numbers if needed

After the Session:

- Follow-up regarding the safety issues that emerged during the session per normal protocol
- Document that a Safety Plan for TMH was created with the client in the client's chart.
- Give yourself some time for "grounding" and closure in between sessions
- Review any issues that may emerge with the team for support as needed.
- Seek out a colleague for support, even if it's just a note that says, "That was a tough session."

Appendix A: San Diego County Law Enforcement Phone Numbers

You are encouraged to post this list on your desk for easy access during a session.

- Carlsbad Police: (760) 931-2100
- Chula Vista Police (619) 691-5151
- Coronado Police (619) 522-7350
- El Cajon Police (619) 579-3311
- Escondido Police (760) 839-4722
- La Mesa Police (619) 667-1400
- National City Police (619) 336-4411
- Oceanside Police (760) 435-4900
- San Diego Police (619) 531-2000
- San Diego County Sheriff Department (858) 565-5200

Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
<i>Add the score for each column</i>	+	+	+	
Total Score (<i>add your column scores</i>) =				

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____

Somewhat difficult _____

Very difficult _____

Extremely difficult _____

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. *Arch Intern Med.* 2006;166:1092-1097.

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____

DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns + +

(Healthcare professional: For interpretation of TOTAL, TOTAL:
please refer to accompanying scoring card).

<p>10. If you checked off <i>any problems</i>, how <i>difficult</i> have these problems made it for you to do your work, take care of things at home, or get along with other people?</p>	<p>Not difficult at all _____</p> <p>Somewhat difficult _____</p> <p>Very difficult _____</p> <p>Extremely difficult _____</p>
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PHQ-9 Patient Depression Questionnaire

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder

- if there are at least 5 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Consider Other Depressive Disorder

- if there are 2-4 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying **PHQ-9 Scoring Box** to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Scoring: add up all checked boxes on PHQ-9

For every ✓ Not at all = 0; Several days = 1;
More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

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Coronavirus Impact Scale

Rate how much the Coronavirus pandemic has changed your life in each of the following ways.

1. Routines:
 0. No change.
 1. Mild. Change in only one area (e.g. work, education, social life, hobbies, religious activities).
 2. Moderate. Change in two areas (e.g. work, education, social life, hobbies, religious activities).
 3. Severe. Change in three or more areas (e.g. work, education, social life, hobbies, religious activities).
2. Family Income/Employment:
 0. No change.
 1. Mild. Small change; able to meet all needs and pay bills.
 2. Moderate. Having to make cuts but able to meet basic needs and pay bills.
 3. Severe. Unable to meet basic needs and/or pay bills.
3. Food Access:
 0. No change.
 1. Mild. Enough food but difficulty getting to stores and/or finding needed items.
 2. Moderate. Occasionally without enough food and/or good quality (e.g., healthy) foods.
 3. Severe. Frequently without enough food and/or good quality (e.g., healthy) foods.
4. Medical health care access:
 0. No change.
 1. Mild. Appointments moved to telehealth.
 2. Moderate. Delays or cancellations in appointments and/or delays in getting prescriptions; changes have minimal impact on health.
 3. Severe. Unable to access needed care resulting in moderate to severe impact on health.
5. Mental health treatment access:
 0. No change.
 1. Mild. Appointments moved to telehealth.
 2. Moderate. Delays or cancellations in appointments and/or delays in getting prescriptions; changes have minimal impact.
 3. Severe. Unable to access needed care resulting in severe risk and/or significant impact.
6. Access to extended family and non-family social supports:
 0. No change.
 1. Mild. Continued visits with social distancing and/or regular phone calls and/or televideo or social media contacts.
 2. Moderate. Loss of in person and remote contact with a few people, but not all supports.
 3. Severe. Loss of in person and remote contact with all supports.

7. Experiences of stress related to coronavirus pandemic:
 0. None.
 1. Mild. Occasional worries and/or minor stress-related symptoms (e.g., feel a little anxious, sad, and/or angry; mild/rare trouble sleeping).
 2. Moderate. Frequent worries and/or moderate stress-related symptoms (e.g., feel moderately anxious, sad, and/or angry; moderate/occasional trouble sleeping).
 3. Severe. Persistent worries and/or severe stress-related symptoms (e.g., feel extremely anxious, sad, and/or angry; severe/frequent trouble sleeping).
8. Stress and discord in the family:
 0. None.
 1. Mild. Family members occasionally short-tempered with one another; no physical violence.
 2. Moderate. Family members frequently short-tempered with one another; and/or children in the home getting in physical fights with one another.
 3. Severe. Family members frequently short-tempered with one another and adults in the home throwing things at one another, and/or knocking over furniture, and/or hitting and/or harming one another.
9. Personal diagnosis of coronavirus.
 0. None.
 1. Mild. Symptoms effectively managed at home.
 2. Moderate. Symptoms severe and required brief hospitalization.
 3. Severe. Symptoms severe and required ventilation.
10. Number of immediate family members diagnosed with coronavirus: ____
 Rate the symptoms of the person who was most sick:
 1. Mild. Symptoms effectively managed at home.
 2. Moderate. Symptoms severe and required brief hospitalization.
 3. Severe. Symptoms severe and required ventilation.
 4. Immediate family member died from coronavirus.
11. Number of extended family member(s) and/or close friends diagnosed with coronavirus: ____
 Rate the symptoms of the person who was most sick:
 1. Mild. Symptoms effectively managed at home.
 2. Moderate. Symptoms severe and required brief hospitalization.
 3. Severe. Symptoms severe and required ventilation.
 4. Extended family member and/or close friend died of coronavirus.
12. Other. Please tell us about any other ways the coronavirus pandemic has impacted your life:
