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THE **TeleBehavioral Health Summit**
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Welcome!

Title: TeleBehavioral Health: Crisis
Management & Risk Assessment
Speaker: Jennifer M. Erickson, DO



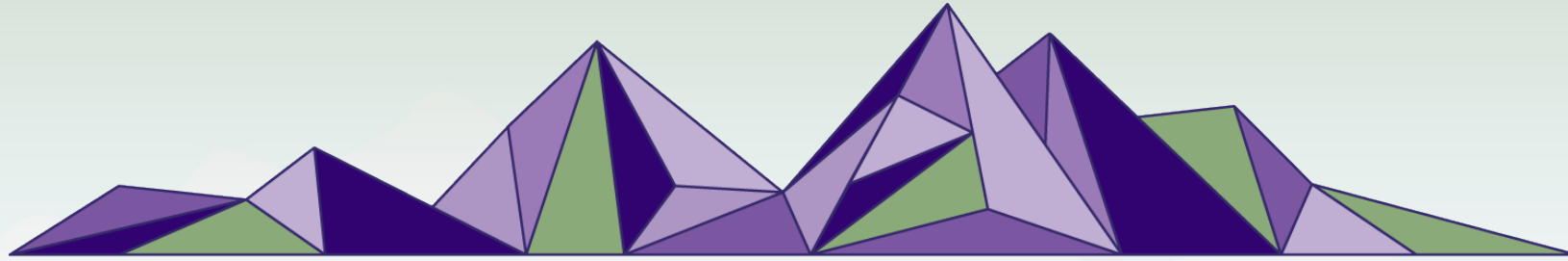
THE **TeleBehavioral
Health Summit**

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Crisis Management & Risk Assessment

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Learning Objectives

1. List the component you need to add to your workflow to prepare for crisis management
2. Discuss 3 crisis situations that can occur during an appointment
3. List 2 things you should have available during a crisis

A provider shall support access to care for all people

Principles of Medical Ethics 2013 Edition

Telepsychiatry

- Current Tele-BH
 - More diagnoses seem remotely
 - More complex symptoms presentations
 - More encounter locations
 - More potential encounter variables
 - More chances for crisis situations

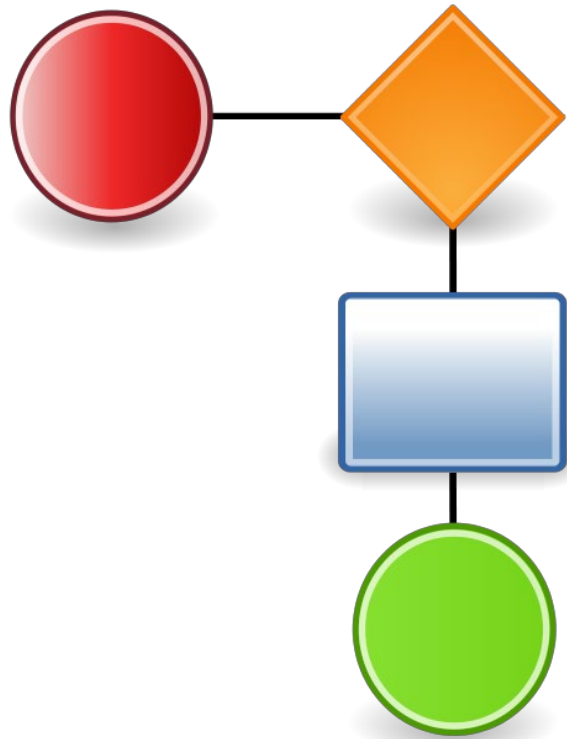


Crisis situations

- Medical emergencies
- Psychiatric Emergencies
 - Decompensation
 - Suicidal Ideation
 - Homicidal Ideation
- Domestic Violence



Clinic Workflow



- Emergencies happen
- ANY appointment can become an emergency/crisis
- Planning for them is allowed
- Plans should be adjusted:
 - BEFORE/AFTER
 - DURING
 - THE UNEXPECTED

Before/After appointments

- Anyone interacting with a patient should have access to the clinic's safety plans
 - Handoff protocols for calls
 - Emergency contact numbers for EMS
 - Protocols for all emergency situations
 - Providers should have access to stand appointment checklist

During appointments

- All appointments should start with basic safety planning:
 - Patient's physical location
 - Patient's best contact number
 - Patient's emergency contact
 - Is anyone else in the room/house/location
 - Permission to contact those people in case of an emergency
 - General emergency plan

During appointments

- This standard information matters
 - People panic in emergencies & may not be able to talk us through where they are at that moment
 - Knowing where they are is key to sending emergency services
 - Knowing who they are with/their emergency contact allows us to know their support structure and a person to contact to help someone through a crisis
 - All this information can be used to support a patient in crisis
 - APA, ATA, NRTRC, AMA all consider this information as a standard part of a telemedicine encounter

During appointments - model conversation

- As part of a tele-appointment, I need to confirm some information.
 - What is your name/ date of birth?
 - Where are you physically located right now?
 - Is anyone there with you?
 - Is there a good number to contact you if we get disconnected?
 - Do you have someone I can contact if there is an emergency?
 - If there is an emergency, the 1st thing I would have you do is call 911. If you cannot, I will contact 911 and send them to you at that location. If possible, I will try to stay connected on this call throughout the process.

The unexpected - medical emergencies

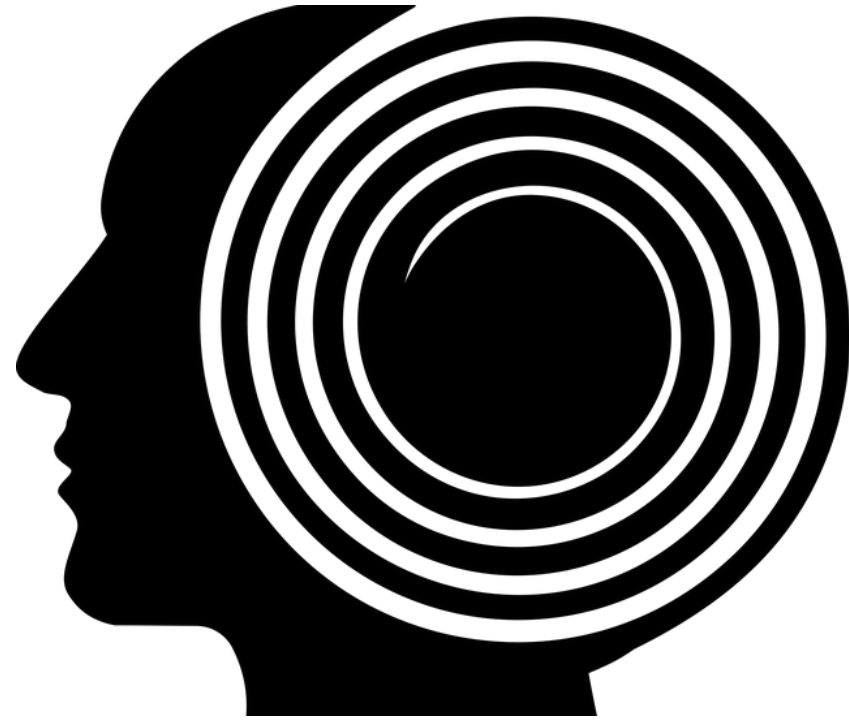
- Medical emergencies
 - Where is the patient?
 - What are their symptoms?
 - Are they with someone who can take them to urgent care or the emergency department?
 - Can they call 911?

The unexpected - medical emergencies - model conversations

- I have noticed _____ during the appointment. I want to take a few minutes to check in about this to make sure we can continue this appointment safely
- Are you ok?
- What are you experiencing right now?
- Can we call _____ into the room?
- Let's create a next-step plan

The unexpected - psychiatric emergencies

- Decompensation, Suicidal Ideation, Homicidal Ideation
 - Standard patient location/support structure questions at the beginning
 - Follow clinic guidelines and state guidelines about reporting
 - Additional safety planning



The unexpected - psychiatric emergencies - additional safety planning

- Additional safety planning questions:
 - Whom could you call if you were distressed?
 - Do you have access to your regional crisis number?
 - Do you have access to firearms or pills?
 - Is there someone or someplace those can be moved so there is less immediate access?



The unexpected - psychiatric emergencies - additional safety planning

- What do you do to relax?
- Can we try something right now?
 - Distraction
 - Replacement
 - Self-soothing techniques
- How frequently should we check in?



The unexpected - domestic violence

- In addition to patient location, number & who is with them inquire:
 - Is it safe for you/are you able to talk right now?
 - What information can I safely leave on a phone call to you?
 - Are there times or places I should not call you?
 - Are you able to clear your call/browser history?



Before/after appointments -Revisited!

- Anyone interacting with a patient should have access to the clinic's UPDATED safety plans
 - Handoff protocols for calls
 - Emergency contact numbers for EMS
 - Protocols for all emergencies
 - Providers should have access to stand appointment checklist

References

1. The American Psychiatric Association and The American Telehealth Association: Best Practices in Videoconferencing-Based Telemental Health (April 2018), accessed on May 9, 2020, available from [APA-and-ata-release-new-telemental-health-guide](#)
2. Tools for Behavioral Health Professionals During a Public Health Crisis.pdf <https://mhttcnetwork.org/sites/default/files/2020-03/Tools%20for%20Behavioral%20Health%20Professionals%20During%20a%20Public%20Health%20Crisis.pdf>
3. American Psychiatric Association: The Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry <https://www.psychiatry.org/psychiatrists/practice/ethics>
4. Best Practices in Videoconferencing-Based Telemental Health (April 2018) <https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/blog/apa-and-ata-release-new-telemental-health-guide>
5. Bree collaborative: Telehealth. <https://www.qualityhealth.org/bree/topic-areas/telehealth/>
6. APA Telepsychiatry tool kit. <https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/toolkit>
7. Recupero, P., & Fisher, J. C. E. (2014). Resource Document on Telemental health and Related Technologies in Clinical Psychiatry.
8. Turvey C, Yellowlees P, Shore JH, Shore P. Delivering Online Video Based Mental Health Services. American Telemedicine Association Learning Center, 2014. (<http://learn.americantelemed.org/diweb/catalog/item/id/241193;jsessionid=811FB256406248FFC1A45D3835DF3A99.worker1>)