**Telepsychology: Procedures for Risk Assessment**

**Local Resources Available**

Locate resources available for emergency services should they be needed at Teams > OneDrive > Telepsychology On-Call Documents

**Explain Verbal Informed Consent**

Confidentiality still applies for telepsychology services, and no one will record the session without the permission from the client.

**Assess Environment**

Assess the remote environment in which services will be provided, to determine what impact, if any, there might be to the efficacy, privacy and/or safety of the proposed intervention offered via telepsychology. Such an assessment of the remote environment may include a discussion of the client's situation within the home or within an organizational context, the availability of emergency or technical personnel or supports, risk of distractions, potential for privacy breaches or any other impediments that may impact the effective delivery of telepsychology services. Along this line, clinicians are encouraged to discuss fully with the clients their role in ensuring that sessions are not interrupted and that the setting is comfortable and conducive to making progress to maximize the impact of the service provided since the clinician will not be able to control those factors remotely.

**Should a client be in need of a safety risk assessment:**

**Safety Planning** (continue as usual)

* **Focus on least restrictive intervention**
* **Identify internal and external coping strategies** (i.e., discuss what they plan to do to cope in the next hour, that evening, that weekend, however far out they can manage, schedule a check-in with client the next day or that week, etc.).
* **If a client completes a safety plan,** walk through answers over the phone with client and fill out a CAPS copy and send to Crystal via HushMail to scan into client’s file.

**Safety Planning Resources:**

* **Safety Plan Document:** Found on Teams > OneDrive > Telepsychology On-Call Documents. Send document via HushMail to client to fill out with you, or direct them to document online at <https://suicidepreventionlifeline.org/wp-content/uploads/2016/08/Brown_StanleySafetyPlanTemplate.pdf>
* **My3 App:** A phone safety planning app that client can download. Clinician can walk client through safety plan over telehealth session. <https://my3app.org/my-3-features/>

**Crisis Resources:**

* **Crisis Text Line:** 741-741
* **Suicide Prevention Lifeline:** 1-800-273-8255
* **CAPS 24/7 Crisis Line:** 479-575-5276
* **Springwoods Behavioral Health**: 479-973-6000

**Consultation:**

* If you need to consult during the session, please call on-call partner for that day to consult. If they are not available, look on Titanium to see if Danette Horne is available to consult. If Dr. Horne is not available, please see which clinicians may be available on Titanium. Ask client for number in case you get disconnected, then ask if client will hold and call available clinician via Teams or mobile number to consult.

**Hospital Coordination**

* If you have decided, in consultation with Danette Horne or another clinician, that voluntary hospitalization is warranted, and client is amenable,

**Step 1:** Ask client for their phone number in case of disconnect, ask client to hold, and Call Springwoods Behavioral Health at 479-973-6000 to inquire if a bed is available.

**Step 2:** Discuss possible forms of transport with client:

* + Trusted family member or friend
	+ Call 911 to ask for ambulance
	+ Uber

**Step 3:** 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.

**Step 4:** Obtain and document verbal consent (For involuntary hospitalization (after consultation with another clinician), contact the client’s local police