



Risk Management for Community Mental Health

Mental Health

Risk Retention Group

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The Most Frequent Claims

- Sexual misconduct*
- Suicide malpractice*
- Violent acts.
 - Patient against patient
- Medication errors*
- Wrongful termination



Sexual Misconduct Prevention

- Periodic mandatory training
 - Sexual misconduct policy
 - Boundaries
 - Consequences of violations
 - To patient
 - To therapist
 - Supervisor responsibilities
 - Warning signs
 - Due diligence in hiring and supervision



Boundary

- Limits that protect the space between the professional's power & the client's vulnerability



Boundary Issues

- A “boundary” is the “edge of appropriate behavior.”
- External boundaries are established so that psychological boundaries can be crossed through a variety of mechanisms common to psychotherapy.



Boundary Guidelines

- A therapist should:
 - not obtain personal gratification at the expense of the patient,
 - not interfere in the personal lives of patients,
 - act in the patient's best interest.



Boundary Violations are Frequent

- We blind ourselves to our misbehavior and vulnerability to violating boundaries
 - Being late for doctor emergencies
 - Dr. scheduling a birth
 - Not concentrating during marriage counseling
 - A violation is often unconscious
- We pretend we are not human & full of mistakes
- Violations can appear harmless
- Violations change the relationship



Is There a Boundary Violation?

The 4 Questions

- 1. Reversal of roles
 - Professional looks to client for gratification
 - “I told him how good he was.”
- 2. A secret
- 3. The double bind
- 4. Indulgence of personal privilege



Role Reversal

- The client becomes the caretaker
- The professional does not give up control
- Some clients feel special. Others become afraid.
- Client takes care of the professional to get help.



The Secret

- The professional hides information
 - Doctor scheduling
 - Sexual attraction
- Secrets separate the professional & client
 - The professional knows the secret
 - The client doesn't
- The real secret: the professional's motivation or intent



The Double Bind

- Conflict between
 - What we need from the professional
 - Fear of being without the relationship
- If we give up the relationship we lose the professional's expertise.
- If we stay, we lose a part of ourselves and join in putting our needs second.



Indulgence of Personal Privilege

- The professional acts from self interest rather than obligation to the client
 - We tell client secrets without revealing their name and without permission
- We rationalize that the behavior is for the client hiding our true motives.
 - “I know what is best.”



Let's Talk About Examples

- Comment about attractive client
- Interaction in a parking lot
- Talking on the phone
- Last appointment times
- Sitting on the couch together
- Flirting
- Do you want a hug?
- Talking about sex. Were you dressed in a revealing way?



Let's Talk About Examples

- He told me about his sexual abuse as a child.
- He told me about his marriage troubles.
- We went for a walk on the beach.
- He was doing it for me.



An Oath I Commit To:

- Care for my clients with the greatest respect. They come to me when they are most vulnerable and in their greatest need. They put all their trust in me and I am responsible for their safety and dignity in our relationship.



An Oath I Commit To:

- To keep all our time with each other about caring for my client. Our relationship is only about caring for my client.



An Oath I Commit To:

- Diligently monitor my self interest and my humanity. I will be responsible for and be honest with myself and others about my own needs. I will seek help from others as I need it to protect my clients and to take care of myself. The trust my clients share with me is sacred and I will always honor it.



Medication Errors

- A pattern of mistakes from one claim to the next



Summary of Allegations

- The physicians fell below the standard of care because of inadequate:
 - Informed consent procedure,
 - Insufficient warnings of risk,



Summary of Allegations

- The physicians fell below the standard of care because of inadequate:
 - Monitoring
 - Inadequate or no baseline,
 - Insufficient history,
 - Insufficient testing,
 - Failure to connect documented symptoms with associated risks.



Summary of Medication Risk Management Techniques

- Obtain adequate informed consent.
- Monitor the patient according to guidelines.
 - Obtain adequate baseline data
 - Consensus guidelines for SGA's
 - Your guidelines
- Document clinical decision making.
 - Why is this specific drug appropriate for treatment of this condition?



SGA's: A Developing Story

- Patient experience
- New studies & new risk associations
- 2004 Consensus guidelines
 - 27 Diabetes Care
- 2005 Belgian guidelines
 - 9 Int J Psychiatry Clin Pract
- 2006 guideline review
 - 21 Int Clin Psychopharmacol



Staying Current

- A foundation for:
 - quality care
 - good risk management
 - compliance with ethical obligations



SGA's: A Developing Story

- Major associated risks
 - Diabetes
 - Dyslipidemia
 - Cardiovascular risk



Baseline Data – Medical History

- Sxs, labs & exams related to diabetes
- FBS, oral glucose tolerance test
- Family history diabetes & obesity
- Eating habits, nutritional status, weight hx
- Exercise hx
- Other meds affecting glucose levels



Baseline Data – Medical History

- Risk factors for atherosclerosis:
smoking, htn, obesity, dyslipidemia,
family hx
- Prior nutrition education, attitudes &
health beliefs
- Tobacco & substance use



Baseline Data – Physical Exam

- Height, weight, BMI
- Waist circumference
- BP
- In depth physical exam



Baseline Data - Labs

- Fasting plasma glucose
- Fasting lipid profile



Clinical Decision Making Documentation Checklist

What is Due Diligence?

- Nature of psychiatric condition
 - Diagnosis
 - Symptom severity
 - Overall functioning level



Clinical Decision Making Documentation Checklist

- History & current response to medication and effectiveness at different doses
 - Symptom severity
 - Zyprexa side effects
 - Weight gain
 - Pre-diabetes and diabetes
 - Acute metabolic decompensation
 - Lipid profile
 - Increase in LDL & triglycerides
 - Decrease in HDL
 - Overall level of functioning



Clinical Decision Making Documentation Checklist

- Risk of obesity, diabetes, dyslipidemia
- Alternative medication or treatment
 - Why is this medication appropriate rather than another atypical or some other medication?
- Reasons for prescribing off label
 - Major depression
 - Borderline personality
 - Agitation & aggression



Forms Available

- MHCA.com
 - Model medication consent form
 - Clinical decision checklist
 - Competence to consent assessment checklist
 - Competence interview



Whole Staff Involvement & Interdisciplinary Roles

- One person (the psychiatrist) can't do it all.



Whole Staff Involvement & Interdisciplinary Roles

- Psych techs, case managers, nurses, ARNPs, psychologists, counselors, residential supervisors, psychiatrists should be trained & able to:
 - Educate
 - Risks, benefits, alternatives, adverse reactions
 - Monitor
 - Chart documentation of baseline data & testing
 - Patient competence & condition



Whole Staff Monitoring & Patient Education

- Train staff & maintain a checklist:
 - Most common adverse effects
 - Most worrisome adverse effects



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Suicide Malpractice

- Do adequate assessments at all appropriate times
- Gather adequate information
 - Make your own records available
 - Separate computer screen for suicidality & violence
 - With releases talk to all persons with relevant information & obtain other records



Harvard Protocol Harvard Medical School Guide

- 1. identify predisposing factors
- 2. elucidate potentiating factors
- 3. conduct specific suicide inquiry
- 4. determine level of intervention
- 5. document assessments



Harvard Protocol – 1. Predisposing Factors

- 90% - 93% of all suicides satisfy criteria for Axis I disorders.
 - major affective disorders
 - bipolar
 - major depressive
 - alcoholism
 - schizophrenia



Harvard Protocol – 2. Sufficient Conditions

You can't remember them all

- family & social milieu
- personality
- physical illness
- life stress
- previous suicidal behavior
- presence of firearms



Harvard Protocol – 2. Sufficient Conditions

- family history
 - suicide
 - mental illness
 - substance abuse
- family dysfunction
 - parent separation & divorce
 - widowhood
 - family conflict, stress, violence or abuse



Harvard Protocol – 2. Sufficient Conditions

- personality disorders
 - borderline
 - antisocial
 - narcissistic



Harvard Protocol – 2. Sufficient Conditions

- life stressors
 - loss or conflict
 - financial & legal problems
 - moving
 - humiliating events
 - arrest
 - being fired from a job



Harvard Protocol – 2. Sufficient Conditions

- Physical illness
 - AIDS
 - pain
 - disfigurement
 - restricted functioning
 - fear of dependence



Harvard Protocol – 2. Sufficient Conditions

- access to lethal means of suicide
 - firearms
 - poisons



Harvard Protocol – 3. Suicide Inquiry

- consider seriousness of:
 - suicidal thoughts
 - plans
 - suicidal behavior



Harvard Protocol – 3. Suicide Inquiry

- Consider the severity of suicidal ideation.
 - Are there plans for the future?
 - Is the patient hopeless or ambivalent?
 - Is the patient in psychological pain?
 - Is suicidal intent clear?
 - Is a suicidal plan detailed?
 - What was the lethality level of past suicidal behavior?



Harvard Protocol – 4. Determine Intervention

- Is suicidality based in an Axis I disorder or world view?
 - Take more control if Axis I.
- Is there a strong therapeutic alliance?
- Is the patient competent?
 - Are judgment & self control impaired?
 - Can the patient comply with treatment?



Harvard Protocol – 4. Determine Intervention

- Plan frequency of reassessments on:
 - admission,
 - discharge,
 - new suicidal behavior or ideation &
 - noteworthy clinical changes.



Harvard Protocol

5. Documentation

- Documentation should be:
 - timely,
 - thorough &
 - clear.
 - legible
 - understandable



Risk Management Services

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- Hot line
- Risk management videos, audios, self evaluation surveys
- On site evaluation & training