CETA

Common Elements Treatment Approach: Safety

Setting Up an Organizational Safety Protocol

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Note: This manual is to supplement the Common Elements Treatment Approach for Safety by providers. A safety protocol **must be** set-up prior to having providers utilize the CETA Safety element.

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What is a Safety Protocol?

When working with vulnerable populations the safety of individuals is a top priority. Safety issues that providers may encounter include the following:

- Suicidal Ideation (i.e., someone who wants to hurt or kill themselves)
- Homicidal Ideation (i.e., someone who wants to hurt or kill someone else)
- Interpersonal Violence (i.e., physical or sexual assault)
- Child Abuse (i.e. neglect, physical or sexual assault)
- High Risk Behaviors (i.e., putting self in dangerous situations that could result in harm to the individual and/or others)

A safety protocol outlines the process that a provider should follow when handling a safety situation in order to increase the individual's safety. The protocol may include **who** the provider should contact (e.g. supervisors, team leaders, police, etc.) as well as **when** the provider is required to contact these individuals or services. This response should also clearly outline the specific steps to be followed when an individual has an immediate safety issue that requires further response or referral beyond what is provided at the organization.

Why do you need a Safety Protocol?

Safety concerns can range from low risk (e.g. suicidal thoughts only) to very high risk (e.g. suicidal thoughts, a plan and access to a plan). Understanding the risk level and following appropriate safety steps is of the utmost importance in ensuring the individual's safety. Many organizations are required by law to follow specific guidelines on reporting safety issues. By setting up a safety protocol, an organization is able to support the provider to ensure the individual has the most appropriate safety plan and all regulation and legal guidelines are followed.

Who should create the Safety Protocol?

The safety protocol should be created as a joint effort between the providers, direct supervisors and project team leaders within your organization along with experts or professionals that have training and experience in handling these types of safety issues. This will ensure the safety protocol is timely, acceptable, appropriate, feasible, and follows all organizational and legal guidelines.

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What should be included in your Safety Protocol?

When creating a safety protocol, the following should be included:

1. When the provider learns about a safety situation:
    a. Who should the provider contact (e.g. supervisor, team leader, other resources)
    b. When should the provider contact them (e.g. during the session, after the session)
    c. How should the provider contact them (e.g. via phone, via email)
    d. What information should the provider share (e.g. all information, partial)

2. After the identified supports are contacted (e.g. supervisor, team leader, other resources):
    a. Who, if anyone, does the identified supports need to contact (e.g. team leader, other resources)
    b. When should the identified supports contact them (e.g. right away, within 24 hours)
    c. How should the identified supports contact them (e.g. via phone, via email)
    d. What information should the identified supports share (e.g. all information, partial)

3. Where will this information be documented (e.g. an excel spreadsheet, paper form, etc.)

4. Country/area/state/organization specific requirements for referral to emergency medical services, as appropriate

5. Country/area/state/organization specific information on legal requirements for reporting to authorities and procedures for doing so, as appropriate

6. Options for referrals that include specific information for each high-risk situation (suicidal ideation, homicidal ideation, child abuse, etc.)

7. Contact details for all individuals involved in the safety protocol, including providers, supervisors, project supervisors, and any other resources.

Other Key Points

- Ensure that all individuals involved in the safety protocol agree to be included and agree to their assigned role.
- All relevant personnel should receive an updated copy of and be trained in the protocol.
- At a minimum, organizations should review and update the safety protocols annually and as needed.

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Example Safety Protocols

Example 1: Organizational Safety Protocol from Thailand

1. Provider identifies that a client is in need of help using the 4 Safety Steps outlined in training and follows the action points for the 4 Safety Steps.

2. Provider calls his/her Clinical Supervisors if needed according to the 4 Safety Steps. Together, they follow the 4 Safety Step action points.

3. When needed the Clinical Supervisor calls the MHAP Response Team. *The MHAP Response Team consists of the following people. The following list is in order of how each person should be called. If the provider cannot reach the Clinical Supervisor, he/she should call the Project Physician. If the provider cannot contact the Project Physician, he/she should call the Local Project Coordinator.*
   a. Provider
   b. Clinical Supervisor
   c. Project Physician
   d. Local Project Coordinator
   e. Organization Supervisor

   The MHAP Response Team should follow the Action Options listed below.

Local Project Coordinator calls Project Site Director. Project Site Director will make sure that the event and response are documented for the project using an incident report form.

Project Site Director will inform the research team by email and will update the team in the field.

4. Options
   a. Project Physician can manage the case
   b. Local clinic can manage the case. Either client already at local clinic or client is referred to local clinic. If referred to local clinic, Counselor 32 should be called to assist the MHAP Response Team.
   c. Severe cases can be referred to Mae Sot Hospital directly
   d. X can be contacted to see if a female client can stay at the shelter

   Provider calls his/her Clinical Supervisors if needed according to the 4 Safety Steps. Together, they follow the 4 Safety Step action points.

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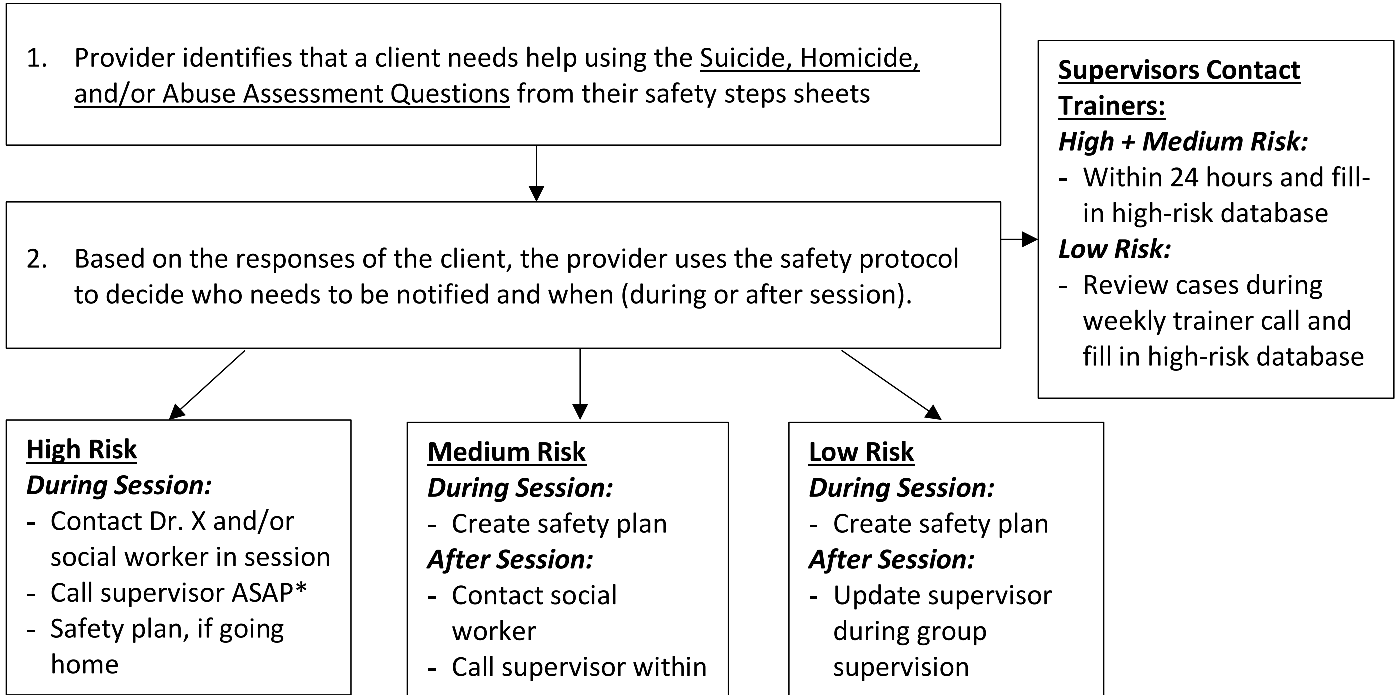
Example 2: Organizational Safety Protocol from Lebanon



High Risk:
Suicidal/Homicidal Ideation: Answer "yes" to three (out of four) of the safety questions.
Domestic Violence: Current abuse by someone that lives in the home; abuse could be lethal (kill the client)
Sexual Violence: Current abuse by someone that lives in the home; abuse is violent
Medium Risk:
Suicidal/Homicidal Ideation: Answer "yes" to two (out of four) of the safety questions.
Domestic Violence: Current abuse by someone that lives in the home; not lethal, but does significant harm
Sexual Violence: Current abuse by someone that lives in the home or outside the home or previous abuse by someone that lives in the home
Low Risk:
Suicidal/Homicidal Ideation: Answer "yes" to one (out of four) of the safety questions.
Domestic Violence: Current abuse by someone that lives outside the home or previous abuse (not recent and rarely occurs) by someone in the home; not lethal
Sexual Violence: Previous abuse by someone that lives outside the home

Emergency Contact Details

Clients (high risk) can contact the:	
(XXX) XXX-XXXX	hotline X
(XXX) XXX-XXXX	hotline Y