

# High-Risk Escalation Decision Tree Template

“Stop-the-Line,” Consultation, and Documentation Prompts (APA, 2018)

**Document Type:** Supervision Risk Escalation Tool (Supervision/QA Record)

**Use:** For supervisees and supervisors to standardize **urgent consultation thresholds, immediate actions, and documentation** in high-risk clinical situations (APA, 2018).

**Scope:** Multi-state; adapt to setting policies, on-call coverage, and jurisdictional requirements.

## A. “Stop-the-Line” Trigger Screen (Immediate Pause + Consult)

If **any** item below is present, **STOP** routine care actions and initiate the escalation pathway:

### Imminent safety risk

- Suicidal ideation with **plan/intent**, attempt, preparatory behavior, or escalating risk
- Homicidal ideation, threats, access to weapons, credible violence risk
- Acute psychosis/mania with impaired judgment; command hallucinations
- Severe intoxication/withdrawal; medical compromise impacting safety

### Mandated protection concerns

- Suspected abuse/neglect (child/elder/vulnerable adult)
- Sexual exploitation/trafficking indicators or imminent danger

### High legal/ethical exposure

- Subpoena/court order/attorney contact/request for records
- Complaint to board/employer; threats of litigation; media inquiry
- Boundary violation allegation; suspected fraud or record alteration request

### Scope/competence red flags

- Clinical issue exceeds supervisee competence/scope; high acuity beyond training
- Supervisor directives not followed and risk is escalating

### Provider impairment

- Signs of supervisee impairment impacting care (substance use, acute mental health, extreme burnout)

**If none checked:** continue with routine supervision thresholds.

**If any checked:** proceed to the decision tree below.

## B. Decision Tree (Fillable)

Use this as a **step-by-step algorithm**. Check boxes and complete blanks.

### STEP 1 — Stabilize and Assess (Immediate Clinical Actions)

1.  Ensure immediate safety: client location verified (if telehealth), emergency contacts available, means/access assessed.
2.  Conduct brief structured risk assessment (document):
  - **Risk factors:** [ ]
  - **Protective factors:** [ ]
  - **Intent/plan/means/timeframe:** [ ]
  - **Level of care indicated:**  routine  urgent same-day  emergency



3.  Do not leave client alone if imminent risk is suspected (in-person) / maintain connection and arrange real-time support (telehealth).

**Documentation prompts (client record):**

- Presenting risk indicators, assessment elements, clinical judgment of risk level, actions taken, and rationale.

**STEP 2 — Immediate Consultation (“Stop-the-Line”)**

**Primary Supervisor Contact Attempted:**

- Call/text supervisor at: [number] at [time]
- Outcome:  reached  voicemail  no response

**If supervisor not reached within \_\_\_\_ minutes for imminent risk:**

- Contact back-up supervisor/clinical lead: [name/number]
- Activate setting on-call pathway: [on-call line]
- If still unable and risk is imminent: proceed to STEP 3.

**Documentation prompts (supervision record):**

- Time of escalation, who was contacted, guidance received, directives given, and follow-up requirements (APA, 2018).

**STEP 3 — Determine Level of Response (Choose One Path)**

**PATH A: Emergency Response (Imminent Risk)**

Criteria (any): intent + plan + means, inability to contract for safety, severe impairment, credible imminent harm.

- Activate emergency services (911 / mobile crisis / ED) consistent with setting protocol
- Notify supervisor/clinical lead (if not already)
- Engage collateral supports as permitted/needed (e.g., emergency contact)
- Arrange continuity plan and warm handoff where possible

**Client record documentation prompts:**

- Who was contacted, times, disposition (ED/hold/crisis team), client consent status, and rationale.

**PATH B: Urgent Same-Day / 24-Hour Safety Plan**

Criteria: elevated risk without imminent intent; safety can be maintained with supports.

- Create/update safety plan (means restriction, coping steps, supports, crisis resources)
- Increase contact frequency / schedule urgent follow-up
- Consult supervisor on case plan and documentation
- Consider higher level of care referral (IOP/PHP/ED evaluation)

**Client record documentation prompts:**

- Safety plan elements, referrals offered, client agreement, follow-up date/time.

**PATH C: Enhanced Monitoring + Supervisor-Directed Plan**

Criteria: risk present but stable; no imminent danger.

- Implement supervisor-directed risk monitoring plan
- Adjust treatment plan and document clinical rationale
- Schedule supervision follow-up checkpoint within: \_\_\_\_ days



- Consider consultation/referral for specialty needs (e.g., SUD, psych eval)

### **Client record documentation prompts:**

- Monitoring plan, warning signs, next steps, and scheduled follow-up.

## **C. Special Situation Branches (Attach if Relevant)**

### **1) Suspected Abuse/Neglect / Mandated Protection**

- Immediate consult supervisor/clinical lead
- Follow mandated reporting workflow per jurisdiction/setting policy
- Document: allegations/observations (objective), consultation, report made (agency/time), and safety planning

**Supervision record:** include decision rationale and directives (APA, 2018).

### **2) Subpoena / Court / Attorney Contact / Complaint**

- Stop record release/communication beyond confirming receipt
- Notify supervisor + compliance/records custodian same day
- Follow organizational legal process; do not alter records
- Document: who contacted you, what was requested, and escalation steps

### **3) Scope/Competence Concern (Clinical Complexity)**

- Consult supervisor before implementing new high-risk interventions
- Consider referral/transfer, co-management, or increased supervision intensity
- Document scope decision and rationale

### **4) Supervisee Impairment Concern**

- Supervisor initiates fitness-to-practice review per policy
- Immediate client protection steps as indicated (coverage, case reassignment)
- Documentation: objective observations, actions taken, and follow-up plan

## **D. Documentation Checklist (Dual-Record Prompts)**

### **Client Record (Clinical Chart)**

Include (as applicable):

- Risk assessment findings and level-of-risk judgment
- Interventions taken and rationale
- Referrals and resources provided
- Safety plan and follow-up schedule
- Contacts made (crisis services, ED, emergency contact) with times/outcomes
- Continuity plan / handoff notes

### **Supervision / QA Record**

Include:

- Trigger(s) that initiated stop-the-line
- Timeline of consultation attempts and contacts
- Supervisor directives and supervisee actions
- Plan for increased supervision/monitoring and next review date



- Any gatekeeping/remediation considerations (if performance concerns contributed)

**E. Quick Reference Contact Panel (Fill In)**

- **Primary Supervisor:** \_\_\_\_\_ Phone: \_\_\_\_\_
- **Back-up Supervisor/Clinical Lead:** \_\_\_\_\_ Phone: \_\_\_\_\_
- **On-call pathway:** \_\_\_\_\_ Phone: \_\_\_\_\_
- **Local mobile crisis / crisis line:** \_\_\_\_\_
- **Emergency services:** 911 / local equivalent
- **Nearest ED(s):** \_\_\_\_\_

**F. Attestation**

**Completed by:**  Supervisee  Supervisor  Both

**Name(s):** \_\_\_\_\_ **Date: //** \_\_\_\_\_

**Supervisor review (if completed by supervisee):**

**Supervisor Signature:** \_\_\_\_\_ **Date: //** \_\_\_\_\_

