

# ~~Mandatory Reporting~~ **RESOURCING**

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# Road Map

1. A Look at the Law in Montana
2. Reporting in Practice
3. Reframe – RESOURCING
4. Break Out



"Marcia, do we have anyone in legal who's fluent in both 'Mumbo' and 'Jumbo'?"



# Who Are Mandatory Reporters:

Professionals required to report include the following:

- Physicians, residents, interns, **members of hospital staffs**, nurses, osteopaths, chiropractors, podiatrists, medical examiners, coroners, dentists, optometrists, or **any other health professionals**
- Teachers, school officials, or **school employees** who work during regular school hours
- Operators or employees of any registered or licensed daycare or substitute care facility, or operators or employees of childcare facilities
- Mental health professionals or **social workers**
- Religious healers
- Foster care, residential, or institutional workers



# Mandatory Reporters Continued:



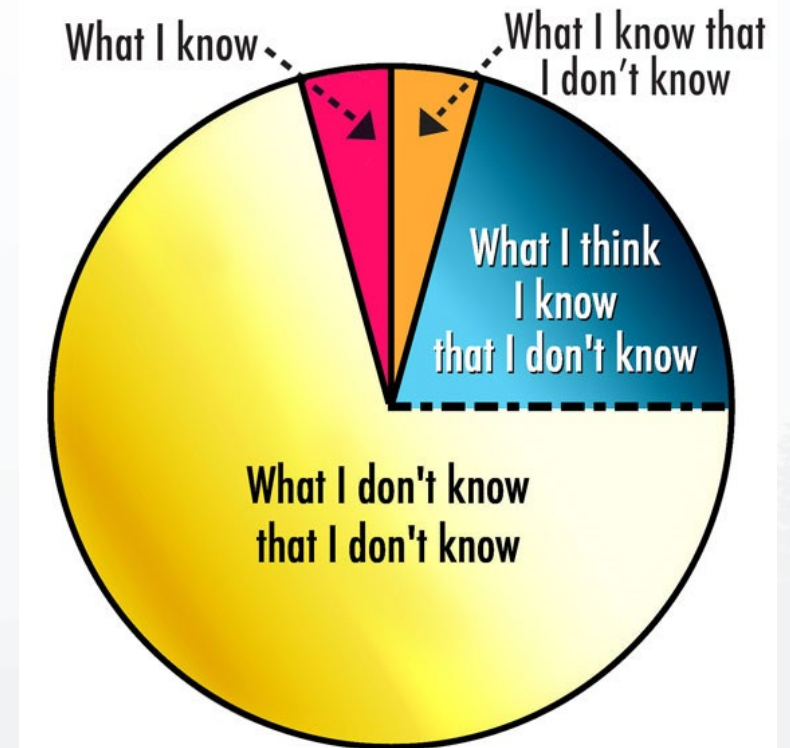
- Members of the clergy, as defined in § 15-6-201(2)(b)
- Guardians ad litem or court-appointed advocates authorized to investigate a report
- Peace officers or other law enforcement officials
- Child protection specialists
- **Employees of entities that contract with the Department of Public Health and Human Services to provide direct services to children**
- Employees of the department while conducting their duties



# When do you report?

A report is required when either of the following apply:

- A reporter **knows** or has **reasonable cause to suspect**, as a result of information received in their **professional or official capacity**, that a child is abused or neglected.
- A health-care professional involved in the delivery or care of an infant **knows that the infant is affected by a dangerous drug**.



# Physician/Patient Privilege



- A person listed as a mandated reporter **may not refuse** to make a report as required in this section on the grounds of a physician-patient or similar privilege.
- A member of the clergy or a priest **is not required** to make a report under this section if the communication is required to be confidential by canon law, church doctrine, or established church practice.

# Centralized Intake

To report child abuse or neglect, call 1 (866) 820-5437.

Be prepared to provide:

1. Your name, contact info, relationship to family, and how you know the concern.
2. Names, dates of birth, current location, address of the child(ren), parents, siblings, other persons in the home and the alleged perpetrator.
3. School or childcare of the child(ren).
4. Details of the concerns for determining the report categorization, response time and immediate safety concerns.
5. Whether substances or alcohol may be a contributing factor.
6. Protective traits of the parents/caretakers.
7. Child's specific vulnerabilities.
8. Law Enforcement Involvement.



# Will They Know I Reported?

- *Probably.*
- Records may be disclosed to the following persons:
- A parent, grandparent, sibling, parent's sibling, guardian, mandatory reporter, or person designated by the child's parent or guardian who is the subject of a report in the records or other person responsible for the child's welfare, without disclosure of the identity of any person who reported or provided information on the alleged child abuse or neglect.
- A person about whom a report has been made and that person's attorney with respect to the relevant records pertaining to that person only and **without disclosing the identity of the reporter or any other person whose safety may be endangered.**





CIRCLE OF TRUST



my dog



Everyone  
Else

© REDANDHOWLING 🐾

# Therapeutic Alliance



# Protecting the Alliance

- Remember your Spirit of Motivational Interviewing
  - Partnership
  - Acceptance
  - Compassion
  - Empowerment



# Transparency

- In your elevator speech or informed consent...
  - “Anything you tell me is protected by HIPAA and confidentiality, and in my position, I am a mandatory reporter. That means that what you tell me is private except if you tell me that you are going to hurt yourself or someone else, or that someone is hurting you. Then, I am required by law to report it.”
  - “My job is to support you and help you through any struggles that come up, so if we get to a point where I am concerned, we will talk about it and work through it together.”



AM900584

“You couldn’t ask for a more honest friend.”



# Ethics

- The law is black and white
- The gray area is where we practice...
- Would a reasonable person believe this should be reported?
- And how do you decide when/how to discuss with your patient/client?

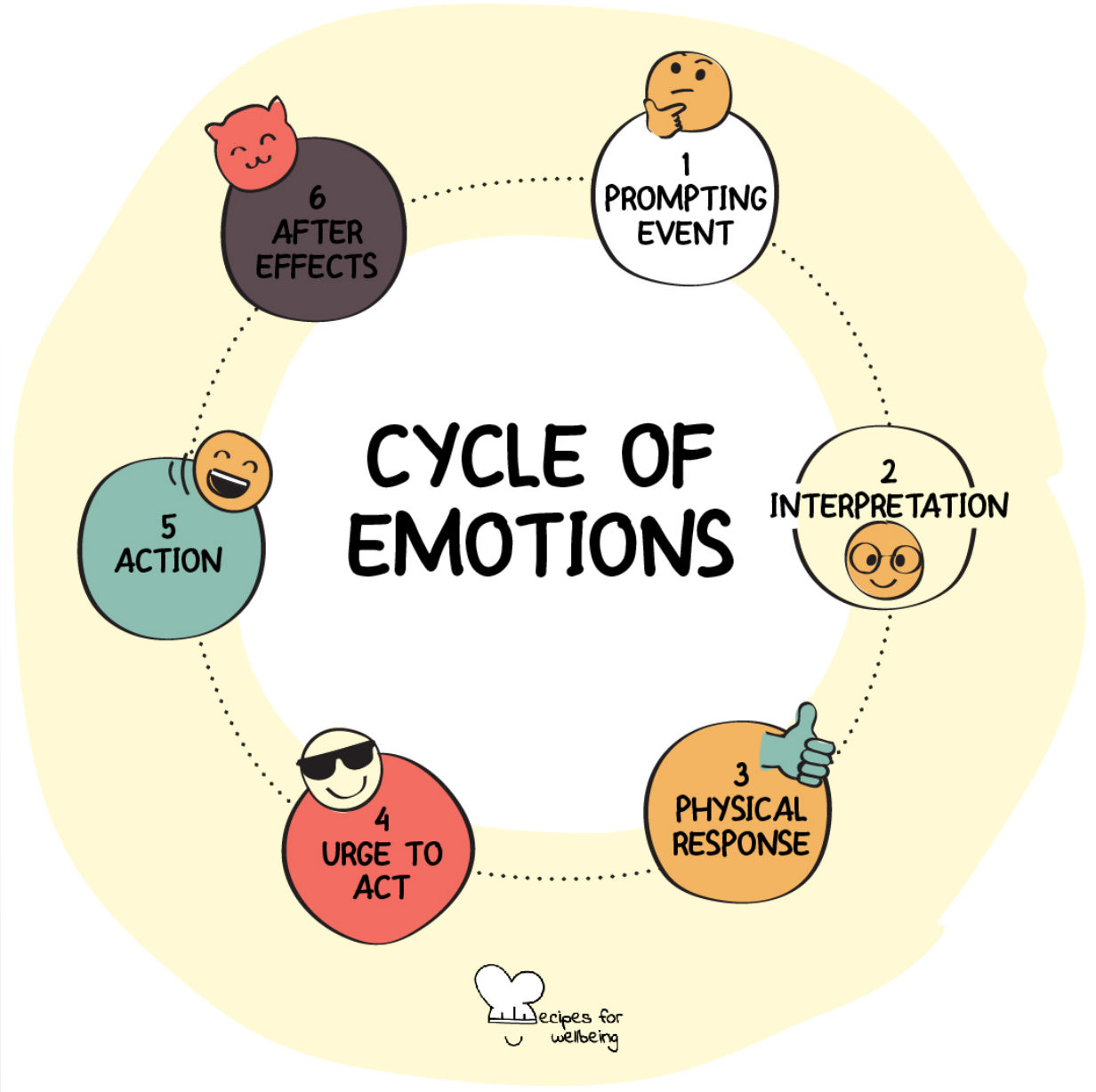


# Exceptions

- There would be more danger – or risk – if the individual knew you were going to report the incident.
  - For example – Risk of Fleeing
  - Physical Abuse towards the individual because of disclosure
- Historical evidence
  - For example – Lack of insight
- Lack of therapeutic alliance
- When in doubt – staff with a colleague or supervisor
- In cases of IMMEDIATE danger, call 911 first, then Centralized Intake.



# Mental Filter



# REMINDER: What is MI?

- A particular way of talking with people about *change and growth* to strengthen their own motivation and commitment.
- MI flows like a normal conversation – It's not something being done **to** a patient.
- Directional and Purposeful
- Compassionate attention to the person while watching/listening for change and growth
- MI is a way of doing what you already do.
- It is person-centered.
- It is **not** primarily seeing deficits, diagnoses or problems to be solved.
- It sees a person with strengths, hopes, and relationships who wants to be heard, valued, and viewed as competent.



# Spirit of MI and Disclosures

- **Partnership –**

- Reflection and Affirmation
  - “You love your kids so much. It sounds like you are really worried about how \_\_\_\_ is affecting them.”
- Open Ended Question
  - “What do you think we can do about \_\_\_\_\_?”

- **Acceptance –**

- “Parenting is so hard. I wonder what you learned about parenting in those situations from your own parents?”
  - Active Listening
- “Is there anything you would want to do differently than your parents in this?”





# Spirit of MI and Disclosures

- **Compassion** –
  - Affirm Resilience, Validate Emotions
    - “You have been through so much and somehow you are still here and fighting to make life better for you and your kids. How have you done that?”
    - “Anyone would feel \_\_\_\_\_ in this situation.”
- **Empower** –
  - “You said that you want to \_\_\_\_\_. (Or, I know \_\_\_\_\_ is important to you.)”
  - “What do you think we can do about \_\_\_\_\_ that is in line with the parent you want to be?”
  - “Can I tell you what I know about \_\_\_\_\_?”
    - Ask, Offer, Ask
    - “You know that I am a mandatory reporter, and I know that there are situations where CPS can offer supportive services when families are willing to work cooperatively with them. Would you be willing to make the call to CPS with me? I believe this would show them that you are working to improve at \_\_\_\_\_.”



# Skeptical?



- If someone has disclosed abuse...you have to report.
- Odds are very good the individual will know YOU reported this.
- So what does it hurt to try?
- This may be the first time a professional was direct with this person.



# Resourcing



- When introducing services and setting goals, assess gaps and possible barriers.
  - How can you address them proactively?
- In your context/role, what are you equipped to help with?
- Role model early that you are an advocate.
- Evoke answers from the individual.



# CFSD Reports

## 1. Information Only

1. Doesn't meet requirements in statute for an investigation.

## 2. Request for Service

1. A parent/caregiver is not the alleged perpetrator and would benefit from support/services.

## 3. Investigation

1. Based on information, allegations should be investigated.
2. Prioritize from information given by reporter.



# Welfare Checks

- Calling law enforcement to check on an individual when you have cause for concern for their safety.
- Suicidal ideation and not willing to set an appointment to discuss.
- Inability to reach them that is outside their norm.
  - Follow up later with a caring contact or phone call
  - [Now Matters Now](#)
  - Make sure your clients know about 988.



# Duty to Warn

- A therapist's obligation to breach confidentiality to warn individuals at risk of harm.



# Trust

- We all have a role in working with individuals.
- Know your role.
- And stay in your lane.
- Trust that other professionals are doing the best they can with what they have.
- And within the limits of their policies, procedures...
- The LAW
- And ETHICS.



# Direct Communication

- With professionals AND patients/clients.
- Let other professionals know the context of your role.
- And limitations of your role.
- Keep those boundaries!
- When we go outside our lane, messes happen!





# System Break Downs



“Be the  
**change**  
you wish  
**to see**  
in the  
**world.**”

-Mahatma Gandhi



# Break Out!

- Without disclosing PHI – Have you had a situation where you had to call Centralized Intake?
- What approach did you take?
- Did it impact your rapport with the patient?
- Is there anything you would do differently today?



# Up Next

Wednesday, December 4th 9:00-10:00

Session 7: Tools Therapists Want You to Have!

There are several basic behavioral interventions that anyone can do. In this session, we will build a toolbox of skills and psychoeducation that can support the health of your patients and build your confidence when working with complex health needs.

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