Field Checklist & Audit Sheet: PHQ-9 Screening Boundaries & Crisis Triage

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Executive Brief

This operational field tool establishes non-negotiable compliance guardrails for non-clinical and allied human services staff administering the Patient Health Questionnaire-9 (PHQ-9). Deploy this checklist during client intake sessions, supervisory file audits, and clinical handoff reviews to prevent unauthorized medical practice, eliminate unvetted diagnostic labels in charting, and ensure zero-delay escalation for acute crisis triggers.

Section 1: Pre-Screening & Client Orientation Protocol

Complete prior to questionnaire administration during client intake.

- ☐ **Voluntary Disclosure Confirmed:** Client informed that screening is optional and designed to identify supportive resource needs.
- ☐ **Non-Diagnostic Framing Delivered:** Tool verbally introduced as a routine "functional stress check-in" rather than a psychological evaluation or diagnostic test.
- ☐ **Standard Timeframe Established:** Client explicitly instructed to evaluate symptoms experienced exclusively over the **past 14 days**.
- ☐ **Language & Accessibility Verified:** Officially validated translation or verified accommodations utilized (no impromptu, non-standard translations).

Section 2: Question 9 Immediate Crisis Triage Pathway

Execute immediately if client marks 1, 2, or 3 on Question 9 (Self-harm / Suicidal ideation).

STEP 1: Ground & Validate -> STEP 2: Maintain Contact -> STEP 3: Initiate Warm Handoff

Neutral Validation Provided: Staff validated distress calmly without gasping, debating, or minimizing feelings.

- ☐ **Continuous Direct Contact Maintained:**
  - *In-Person:* Staff remained in the consult room with the client.
  - *Telehealth/Phone:* Line remained active; emergency dispatch address confirmed.
  - *Field/Home:* Staff remained on site in paired teams.
- ☐ **Zero Independent Lethality Probing:** Staff strictly refrained from conducting independent suicide risk assessments, determining intent, or negotiating safety contracts.

- ☐ **Clinical Supervisor Engaged:** Designated licensed clinical supervisor (LCSW, LPC, LMFT, PsyD, MD) paged immediately for emergency evaluation.
- ☐ **Backup Crisis Loop Activated (If Supervisor Unreachable):** Warm conference transfer initiated with the 988 Suicide & Crisis Lifeline or local Mobile Crisis Team.

Section 3: Banned Terms vs. Compliant Charting Audit

Review progress notes (DAP/SOAP) against this regulatory criteria matrix before file sign-off.

Documentation Area	BANNED Unlicensed Terminology (Audit Fail)	COMPLIANT Descriptive Standard (Audit Pass)	Checked
Problem Statement	"Client suffers from clinical depression / MDD."	"Client reports low energy, disrupted sleep, and reduced appetite."	[ ]
Assessment Score	"Diagnosed moderate depression via PHQ-9 (score 14)."	"Administered 9-item screener; score 14/27 indicates moderate symptom tier."	[ ]
Question 9 (Zero)	"Assessed client for suicide risk; cleared client."	"Client marked 0 on Q9; denied self-harm thoughts over past 14 days."	[ ]
Question 9 (> Zero)	"Counseled suicidal client through acute crisis."	"Client marked [1/2/3] on Q9. Engaged emergency clinical supervisor handoff."	[ ]
Action / Plan	"Treat depressive disorder through coping skills."	"Provided community food pantry referrals; scheduled LCSW diagnostic intake."	[ ]

Section 4: Longitudinal Tracking & File Closure Verification

Verify prior to closing supervisory quality assurance audits.

- ☐ **Math Calculation Verified:** Total score accurately matches item checks (0–27 scale) or was autotabulated digitally.
- ☐ **Appropriate Screening Interval Scheduled:** Follow-up rescreening set for 30 to 60 days (preventing assessment fatigue).

- ☐ **Closed Referral Loop Documented:** External or internal behavioral health consultation status actively tracked to confirmation.
- ☐ **Access Permissions Confirmed:** Non-clinical personnel restricted from viewing psychotherapy notes in accordance with HIPAA minimum-necessary standards.