

ASSESSING RISK, SAFETY PLANNING, AND SUPPORTING FAMILIES THROUGH CRISIS



The Core Team engages in ongoing identification and anticipation of risks to a youth's and family's safety, permanency, and wellbeing and develops evolving, shared understanding of what precipitates, drives, and helps to mitigate risk and crisis for youth and family. It involves engaging the family to help them establish a family-driven individualized plan for how they can use their current skills and strengths to increase protective factors, build safety networks, and resolve potential dangers.

Safety networks include a youth's and family's protective relationships that are critical to the success of a safety plan, both in a crisis and on an ongoing basis. Input from all relevant supportive persons results in a coordinated comprehensive plan that is realistic for the youth/family to implement and addresses the assessed risks. Safety planning promotes effective collaboration and continuity in urgent situations across settings (e.g., school, home, group home). Safety plans offer

a range of crisis supports to intervene when preventative measures cannot avert a crisis. Crisis support is provided and involves an urgent response that helps youth/family use their strengths and skills and network of relationships to diminish and/or manage acute risk.

Please see the following matrices for additional information related to risk/safety planning and support:

- Engaging Youth and Family
- Conducting a Comprehensive Collaborative Assessment
- Continuity with Higher Levels of Care
- Incorporating Psychiatry and Occupational Therapy Consultation
- Practicing Cultural Relevance
- Collaborative Treatment Planning and Care Coordination
- Supporting Life Transitions
- Strengthening Wellbeing through Respite

IDEAL PRACTICE**DEVELOPMENTAL PRACTICE****UNSATISFACTORY PRACTICE****COMPLETING INITIAL RISK ASSESSMENT AND SAFETY PLANNING**

- » At time of intake but no later than eight (8) hours after consent for services, conducts a risk assessment and develops an initial safety plan with the youth and family to address any safety concerns that are identified at that time.
- » Guided by available referral, intake, assessment, collateral information, and observation, invites each family member (as appropriate to situation) to describe any immediate safety concerns.
- » Explores youth's risk of harm to self and others as well as their risk of harm by others. Explores family and youth medical concerns, fire safety, problematic sexual behavior, sexual exploitation, substance use, domestic violence, and elopement.
- » Explores how the youth/family typically responds to crisis and who they reach out to, particularly natural supports and protective relationships, in moments of crisis, risk, and high stress.
- » Gathers history of experience using formal and informal crisis plans and supports, including natural supports and emergency psychiatric services. Inquires about history of psychiatric hospitalization.
- » Begins to develop a shared understanding with youth/family as to what they experience as moments of crisis, risk, and high stress.
- » Explores and/or observes conditions in home and community and assesses for risk and safety (child-proofing, weapons, pets).

- » Doesn't include all parties/family members in development of the safety plan or completion of risk assessment.
- » Risk assessment and initial safety plan is developed with family but not documented in the record in timely manner for access by all staff.
- » Jumps into safety planning without exploring examples of what youth and family experience as crises.
- » Jumps into safety planning without exploring youth's/family's experience using formal and informal crisis plans and supports.
- » Inquires about what youth/family experience as moments of crisis, risk, and high stress but doesn't reflect back understanding of this to be sure it is accurately heard and understood.
- » Is only future-oriented, omits inquiry regarding past experiences of support from informal and formal supports during times of crisis and overwhelming stress.
- » Observes risky conditions, such as drugs being used in the park across from youth/family home, but doesn't explore how youth/family deal with or try to avoid those risks.

- » Excludes youth from the assessment and safety planning process.
- » Expresses rigid belief about what a crisis is. Identifies for family what their safety concerns are. Invalidates or dismisses youth/family perspective of a crisis situation.
- » Bases understanding of family's experience of crisis solely on information from referral, intake, assessment, collateral conversations, and observation without asking the youth/family about their experience.
- » Is judgmental and uses a disingenuous tone when inviting each family member to describe their safety concerns.

IDEAL PRACTICE**DEVELOPMENTAL PRACTICE****UNSATISFACTORY PRACTICE****COMPLETING INITIAL RISK ASSESSMENT AND SAFETY PLANNING**

Provides contact information for Continuum on call/after-hours number and Mobile Crisis Intervention Team (provides hospital emergency department contact for youth with private Insurance, where indicated). Discusses when to contact each entity, especially youth's/family's natural supports and protective relationships, and typical crisis response(s) by each entity during imminent and non-imminent risk.

Plans to use only professional supports during crisis. Omits the use of informal/natural supports.

- » Gives phone numbers to call when in crisis without assessing for level of risk and/or engaging in individualized safety planning that is feasible for the youth/family.
- » Engages in safety planning but excludes consideration of who, when, and what phone numbers youth/family can call for support when in crisis.
- » Tells family to call MCI when in crisis rather than opening discussion of options family can use and exploring whom they would be most comfortable contacting for various types of crises and support.

IDEAL PRACTICE**DEVELOPMENTAL PRACTICE****UNSATISFACTORY PRACTICE****CONDUCTING ONGOING EVALUATION OF THE FULL RANGE OF RISK AND SAFETY CONCERNS**

- » Engages in ongoing individual exploration with the youth, parent/caregiver, household members, and collaterals regarding youth safety concerns.
- » Asks youth who they feel most safe with and when they feel most safe; uses youth/family engagement tools as appropriate to gather this information.
- » Explores safety in environments youth/family frequent such as home, school, neighborhood, social media, etc., as well as any risk and safety precautions in place in these settings. Explores risks to psychological safety related to loss, disconnection from or removal of attachment, and protective adult relationships.
- » Explores with each household member what they experience as cues/triggers to a crisis at home and in community locations and what they already do to safeguard youth and others in times of crisis (if any). Explores coping function of current safeguarding strategies and any unintended worsening of crisis it may cause as well as alternative options.
- » Explores cultural and community mores parents/caregivers ascribe to in order to keep their children safe (e.g., meet-and-greet with youth and local police so they can get to know one another).
- » Considers carefully the distinctions between self-harm and suicidality and provides family with psychoeducation on distinctions between these when needed. Explores intention, means, access to objects that may be used to cause harm to self/others.

- » Explores risk and safety concerns with parent/caregiver only. Excludes youth, other household members, and/or collaterals.
- » Explores one area of risk or one setting youth frequents.
- » Jumps to providing a solution without fully exploring risk.
- » Engages in minimal exploration, making assumptions of when youth/family feel at risk.

- » Omits exploration with each household member regarding their and the youth's experience of crisis cues/triggers in the home and neighborhood.
- » Misses or ignores the safety plan and/or strategies that the youth/family already has in place.
- » Ignores cues that suggest the need to have a separate conversation about risk with youth and each family member.
- » Expresses bias toward family's way of handling risky behavior that is within their cultural norms.
- » Rigidly insists that self-harm is or is not an indication of suicidal behavior/thoughts rather than exploring further and assessing for suicidal ideation, plan, means, and access.

IDEAL PRACTICE**DEVELOPMENTAL PRACTICE****UNSATISFACTORY PRACTICE****ORIENTING YOUTH AND FAMILY TO THE SAFETY PLAN DEVELOPMENT PROCESS**

- » Discusses with youth/family how written (or visual) plan(s) can prevent or deescalate a crisis as well as support their approach and manage provider, school, other collaterals, and support persons' participation in crisis situations.
- » Discusses the benefit of involving others (Family Team members, referring agency, OT/psychiatry consults, school, MCI, out-of-home provider, natural supports, police, family, etc.) in planning how they might help youth/family prevent risk and/or provide support in the moment of crisis.
- » Explores youth/family concerns when they are ambivalent about or decline to make a safety plan and/or decline to involve people who may be a support in the planning process. Revisits discussion as clinically indicated. Uses tools such as a scaling question to identify what would help them move one or two steps forward in involving safe and supportive adults.

Provides ongoing, needed education on Continuum's safety protocols, mandatory reporting, and Continuum crisis-response process (including role in supporting/collaborating with collateral's crisis response process) as well as the spectrum of emergency services, including different levels and types of response. Discusses with youth/family when to use different levels of support and the possible results of using each.

- » Misses opportunity to explore/explain specific ways that a safety plan can help this given youth/family.
- » Engages in safety planning in isolation. Takes sole responsible for risk and safety planning conversations without including Family Team members and other formal and informal supports.
- » Discusses the option of involving others in the safe planning process with youth/family on one occasion but doesn't revisit.
- » Validates ambivalence about safety planning and revisits discussion but does not explore what is driving the ambivalence or reluctance.

Executes Continuum's safety protocols, mandatory reporting, and/or Continuum crisis response process without discussing with family, inviting them to be part of the process, and helping them understand the need to do so.

- » Approaches safety planning as a task and form to complete and file away rather than an ongoing process.
- » Tells family that the safety plan is required rather than explaining how it can help.
- » Uses generic safety planning template without individualizing it to this youth/family.
- » Invites relevant parties to safety planning meeting without parent/caregiver/LAR consent.
- » Does not include potentially valuable informal and formal supports in youth/families life in the safety planning process.
- » Does not build the therapeutic alliance and relationship needed to assist the family in developing a plan that will be usable for them.

Provides misinformation about safety protocols, Continuum response, etc. or indicates the need to follow up with youth/family with more information but does not do so.

IDEAL PRACTICE**DEVELOPMENTAL PRACTICE****UNSATISFACTORY PRACTICE****DEVELOPING A USABLE SAFETY PLAN FOR PREVENTION AND INTERVENTION**

- » Develops/updates the written (and/or visual) safety plan in proportion to safety concerns present, in collaboration with youth/family, Family Team, and others (consent permitting).
- » Tailors the safety plan to include youth/family's safe and protective relationships and specific viable action steps for each involved person. Includes strategies that have been successful in the past that youth/family can take to prevent crisis as well as those to use in the moment of crisis.
- » Always includes emergency contact and other relevant support's information.
- » Gathers feedback from youth/family and explores whether they can actually take all identified steps in the safety plan. Explores alternative feasible options when needed.
- » Assists youth/family in having their safety plan in the modality/location (paper on fridge/in wallet, entered in cell phone, etc.) that works for them.

- » Develops a generic plan that isn't tailored to youth/family. Uses some language unfamiliar to youth/family.
- » Provides phone numbers of formal supports but doesn't talk with family about whether they have numbers of natural supports in a place they can access in a crisis.
- » Ignores, doesn't inquire about, or doesn't consider steps that have been successful in the past.
- » Ask youth/family about feasibility of plan and explores alternatives but doesn't fully incorporate feedback into the plan.
- » Obtains some but not all youth and family input. Prioritizes some family input over others.
- » Omits the process of exploring what will help youth/family use the safety plan in the moment of crisis. Lacks exploration of options for where youth/family will locate the plan, such as on paper in wallet, in cell phone, keeping numbers in speed dial, etc.).

- » Writes a safety plan using language that the family doesn't use/is unfamiliar with.
- » Develops plan in isolation, without youth/family input. Tells youth/family what the plan will be or hands them an already-developed plan to sign.
- » Doesn't explore with family if they can actually take the steps in the safety plan. Dismisses youth and family feedback/perspective on feasibility of action steps in the plan. Doesn't amend safety plan with youth/family when it's been determined that steps aren't feasible.
- » Tells youth/family where to keep their safety plan (e.g., "hang it on the fridge").

IDEAL PRACTICE**DEVELOPMENTAL PRACTICE****UNSATISFACTORY PRACTICE****DEVELOPING A USABLE SAFETY PLAN FOR PREVENTION AND INTERVENTION**

- » Includes strategies that may work across settings (home, school, community, etc.) and those that need to be different for each location. Encourages continuity across settings. Includes all relevant parties (consent permitting) in safety planning discussions with the youth/family. Reviews their expectations and existing safety plans (if any).
- » Engages in ongoing consideration of the need for different safety strategies for different types of risk (suicide, arrest, parental medical/psychiatric emergency, bullying, youth parenting, etc.) in different settings (home, school, neighborhood, etc.).

- » Explores and includes strengths that can be used to prevent crises.
- » Engages in ongoing exploration of specific youth and family strengths with all family members and develops a shared understanding of how these strengths can be used in the moment.

- » Develops a basic plan with strategies to be used in all settings regardless of suitability for each of those settings.
- » Focuses safety plan actions only on youth and parent/caregiver, to the exclusion of what other household members and supports could plan to do during a crisis.

- » Omits the youth's strengths and enjoyable activities from inclusion in safety planning strategies/ actions the youth can use in the moment.
- » Discusses strengths but doesn't adequately develop a shared understanding with youth/family and team around how strengths can be used to prevent/manage crisis.

- » Develops a plan for all settings without considering the need for specific/unique strategies that are needed in some settings.
- » Avoids addressing uncomfortable risk areas with family, such as parental medical/mental illness.
- » Develops a plan with youth/family without paying attention to other safety plans and strategies they have in place already. Creates a new plan that negates existing strategies that are working for youth/family.

- » Explores strengths that can be used to prevent crisis one time but not on an ongoing basis.
- » Omits any consideration of strengths during the safety planning process.

IDEAL PRACTICE**DEVELOPMENTAL PRACTICE****UNSATISFACTORY PRACTICE****DEVELOPING A USABLE SAFETY PLAN FOR PREVENTION AND INTERVENTION**

» Explores and includes formal and informal supports in the plan, that, if needed, may be available to help prevent or deescalate a critical incident; develops specific actions that can be taken by each to help the youth be safe over time.

» Once completed and consent permitting, promptly shares safety plan document with other providers, supports, and Family Team members who share responsibility for supporting youth/family safety. Shares plan (as appropriate) with local MCI team and Continuum on-call staff.

» Revises plan with youth/family when needed and promptly communicates any proposed amendments or new concerns to all.

» Only explores formal or informal supports but not both. Tells youth/family when to use different levels of formal/informal supports without first exploring who they have used/ currently use and would like to use.

» Explores creative options for how family can use natural supports but doesn't assist family with the next step of making arrangements to use that specific action with the natural support.

» Only shares part of the safety plan with Family Team members.

» Waits to share safety plan.

» Shares the initial plan when completed but not again in anticipation of a crisis.

» Only explores formal or informal supports but not both. Tells youth/family when to use different levels of formal/informal supports without first exploring who they have used/ currently use and would like to use.

» Explores creative options for how family can use natural supports but doesn't assist family with the next step of making arrangements to use that specific action with the natural support.

» Doesn't share plan with youth, family, and relevant collaterals.

» Doesn't amend plan when new concerns arise.

IDEAL PRACTICE**DEVELOPMENTAL PRACTICE****UNSATISFACTORY PRACTICE****PROVIDING ONGOING CRISIS SUPPORT AND REVISION OF SAFETY PLAN**

- » Regularly discusses effectiveness of safety plan with youth/family and among Core Team, referring agency, Family Team, and other relevant natural and formal supports (consent permitting).
- » Checks in with youth/family and collaterals around identified crisis cues/triggers youth/family are experiencing at home, school, or in community locations. Explores what aspects of the plan are working/not working (and why) as well as any new crisis cues/triggers they are experiencing.
- » Role plays or practices actions on the safety plan with youth/family and relevant formal and informal support persons.

- » Only focuses on new crisis/cues/triggers and not on what's working. Doesn't explore why plan is/isn't working.
- » Only checks in/discusses effectiveness with some Family Team members.
- » Doesn't identify patterns of behavior occurring in multiple areas of the youth's life that may affect safety planning.
- » Does not role play or practice actions on the safety plan with youth/family and relevant formal and informal support persons.
- » Offers own opinion about effectiveness of plan without first asking youth/family if they feel its working.

- » Completes initial check-in about plan but not on an ongoing basis.
- » Excludes family members in the process of reviewing the effectiveness of the plan.
- » Relies solely on one's own assessment of why a behavior is occurring or why the plan isn't working. Omits exploring this with the youth/family.
- » Doesn't check in with all the collaterals from multiple settings where behavior/incident(s) keeps occurring.
- » Doesn't explore with youth/family and Family Team members what might be driving crisis.
- » Doesn't debrief with youth and family following a crisis to learn what worked and didn't work and why.

IDEAL PRACTICE**DEVELOPMENTAL PRACTICE****UNSATISFACTORY PRACTICE****PROVIDING ONGOING CRISIS SUPPORT AND REVISION OF SAFETY PLAN**

- » Identifies the central need for continuous safe and supportive adult/family relationships and the importance of the maximum level of youth's contact with and access to them—in preventing crisis, supporting them through crisis, and following a crisis.
- » Identifies the need for and increases Continuum service time with youth/family in order to prevent crisis, support them through a crisis, and support them following a crisis.
- » Explores the ongoing need for new supports (e.g., alerting MCI, referring to outpatient therapy) as well as the need to increase the time spent with other current formal and informal supports before, during, and after a crisis.

- » Always reviews and revises safety plan when new crisis cues/triggers are identified, if there are changes youth's/family's clinical status, following a clinical/crisis/risk incident, when the plan isn't working, and during preparation for a transition (change in living environment, school, or out-of-home treatment intervention, etc.).
- » Verifies that supports listed in safety plan are still able and willing to carry out identified steps.
- » Promptly communicates any proposed amendments or new concerns to Family Team and other relevant persons.

- » Decides independently on increasing time with youth/family in order to prevent crisis.
- » Recognizes the need for additional support but prioritizes maintaining current schedule instead of reprioritizing, rescheduling, and/or coordinating with other Continuum staff to provide support to youth/family.
- » Excludes Family Team members or doesn't conduct outreach to them to provide additional support.

- » Misses the need to update safety plan for settings outside the home.
- » Expects supports listed on plan as to carry out tasks without verifying if supports are still available.
- » Updates plan but doesn't share it with full Family Team and/or other relevant supports.
- » Waits too long to update the Family Team about proposed changes to plan (e.g., waits until next Family Team meeting).

- » Ignores the youth/family need for increased time with current support or new supports.
- » Ignores youth/family need for assistance in asking Family Team members for additional support.

- » Ignores the need to review and amend the plan with youth/family and others when circumstances change.
- » Makes changes to the plan without disseminating the updated safety plan document.
- » Makes changes to the plan without youth and family involvement.

IDEAL PRACTICE**DEVELOPMENTAL PRACTICE****UNSATISFACTORY PRACTICE****PROVIDING ON-CALL CRISIS SUPPORT**

- » Responds promptly to youth/family in-the-moment need for crisis support.
- » Partners with youth/family to address imminent and non-imminent crisis in an empathic manner that validates the youth's/family's experience of the crisis situation.
- » Provides phone-based coaching and support around implementation of the safety plan. Assesses the need for, offers, and provides youth/family with 24/7 face-to-face crisis response when and where the support is needed (family's home, school, community, MCI/ED location, or group home setting as agreed upon).
- » Explores with the youth/family the steps they can take to manage during the crisis. Provides support in implementing the safety plan.
- » Identifies the need for and collaborates with family to alert the youth's/family's support persons to implement their steps in the safety plan.

- » Does not access appropriate support persons during a crisis because of uncertainty about their roles.
- » Acts with uncertainty during a crisis because of lack of clarity about own role.
- » Doesn't encourage implementation of action steps in the safety plan or consider options and next steps with youth/family.
- » Jumps to using MCI without assessing if safety plan can be tried first.
- » Suggests the use of safety plan as a reminder of what can be done in the moment but doesn't explore with youth/family which actions steps they've tried already and/or which they want to try next.
- » Operates independently and doesn't involve/reach out to other individuals on the safety plan for support.

- » Waits to respond to family.
- » Validates and addresses imminent crisis and dismisses non-imminent crisis.
- » Defers to MCI without first exploring whether/how Continuum can support youth/family through the crisis.
- » Doesn't follow Continuum safety protocols.
- » Rigidly adheres only to action steps listed in the safety plan even though youth/family indicate they are not helping. Doesn't recognize the opportunity for in-the-moment exploration of additional potential strategies with youth/family.
- » Doesn't offer youth/family 24/7 response on weekends and or evenings as a rule.
- » Refuses to go to youth's home during crisis even when youth/family has requested and it is safe to do so. Tries to convince youth/family they don't need a face-to-face intervention in order to avoid going out.

IDEAL PRACTICE**DEVELOPMENTAL PRACTICE****UNSATISFACTORY PRACTICE****PROVIDING ON-CALL CRISIS SUPPORT**

- » Collaborates and coordinates with relevant formal and informal support persons/collaterals (such as MCI/ED, police, group home, Family Team members, natural supports, etc.) prior to, during, and following a crisis. Continues with regularly-planned Family Team meetings in times of crisis and calls additional Family Team meetings as necessary when crisis planning and decision making is needed.
- » Uses de-escalation skills and intensive short-term interventions to stabilize behavior during a crisis response. Teaches and encourages youth/family in development, use, and practice of self-calming and de-escalation skills. Considers the need for youth and family to have a break by taking the youth out of home (e.g., to go for a walk or engage in an activity) for a brief "cool down" period.

- » Doesn't contact/coordinate with Core Team members and collaterals in a timely manner.
- » Doesn't utilize a face-to-face intervention when necessary and appropriate.
- » Coordinates initially with MCI and/or other collaterals but doesn't remain available or doesn't hand off collateral to person(s) on next on-call shift.
- » Engages in face-to-face crisis response but doesn't always use best approach to deescalate a situation.