



RISK ASSESSMENT  
& SAFETY PLANNING

## CORE ELEMENT: RISK ASSESSMENT & SAFETY PLANNING

**Risk Assessment and Safety Planning** consist of anticipating and preventing risks to a youth's and family's well-being. Safety plans developed with families help them use their current capacities to resolve potential dangers. Safety plans also offer a range of external supports to intervene when preventive measures cannot avert a crisis. Input from all relevant partners results in a single, unified plan to address the assessed risks and to promote effective collaboration in urgent situations.

**CONTRIBUTION TO THE OUTCOME:** Youth and family safety is basic for any successful intervention. Effective safety planning takes account of both risk and protective factors, demonstrating a commitment to finding signs of safety in the family, home, and community. A risk and safety plan that uses the family's own resources and past successes shows commitment to building on strengths. In order to remain sustainable after treatment ends, safety planning relies on family members and natural supports as first safety responders. It backs up their efforts with progressively more intensive supports for emergent situations. Good safety plans are clear and understood by all participants in the plan.



**REMINDER:** Review all Elements. See especially: Engagement, Assessment and Clinical Understanding, Care Coordination and Collaboration, and Engaging Natural Supports and Community Resources. Each matrix describes the work of IHT as a practice shared between a clinician and a Therapeutic Training and Support (TT&S) staff member. Unless specifically noted as the province of the clinician only, the practices expect teamwork and refer to either or both staff members, as fits each family situation.

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	UNACCEPTABLE PRACTICE
<b>First meetings and initial assessment</b>		
<ul style="list-style-type: none"> <li>In first meetings, as part of initial assessment, observes family member interactions and invites each family member (as appropriate to situation) to describe any immediate safety concerns of identified youth, risk to other family members in the home (including homes of separated caregivers), or risk of property damage.</li> <li>Explores concerns regarding both self-harm and harm to others.</li> <li>Observes conditions in home and assesses for risk and safety (child-proofing, weapons, pets, fire hazards).</li> </ul>	<ul style="list-style-type: none"> <li>Addresses safety with some family members but not all.</li> <li>Asks about known safety issues without observing or probing for other potential risks.</li> <li>Minimizes level of risk.</li> <li>Considers safety only in primary household but not household(s) of other primary caregivers.</li> <li>Considers only risks related to youth self-harm without broader context of risks in family.</li> <li>Identifies risks without evaluating importance of each.</li> </ul>	<ul style="list-style-type: none"> <li>Makes plan without family input.</li> <li>Composes plan in clinical jargon.</li> <li>Uses generic template for plan.</li> <li>Fails to assess risk, discuss safety issues, or make plan.</li> </ul>
<ul style="list-style-type: none"> <li>Adjusts safety planning as appropriate to role as hub or working with ICC as the lead.</li> <li>Discusses with family members any previous written (or visual) plan for safety, including plans with other parenting adults when separated.</li> <li>Reviews existing plans (if any) with family members and discusses any adjustments needed.</li> <li>Elicits external input from other collaterals (school, community programs, providers).</li> <li>Obtains copies of any existing safety plans.</li> <li>Ensures that family has one consistent plan across providers and other supports.</li> </ul>	<ul style="list-style-type: none"> <li>For IHT as hub: Develops risk assessment and safety plan without leading process among stakeholders.</li> <li>For IHT working with ICC: Develops risk assessment and safety plan without consulting the Care Plan Team.</li> <li>Reviews plans without considering changes.</li> <li>Reviews other plans in isolation from team members.</li> <li>Communicates with formal supports only, not appropriate natural supports.</li> <li>Communicates with subset of team.</li> <li>Requests copies but no follow-through.</li> <li>Obtains copies but fails to integrate.</li> </ul>	<ul style="list-style-type: none"> <li>Assumes plan is in place without verifying.</li> <li>No awareness or inquiry about other plans.</li> <li>Assumes plan is someone else's responsibility.</li> <li>Neglects to share plan.</li> <li>Uses generic template for plan.</li> <li>Makes plan without external input.</li> </ul>
<b>Evaluating full range of risk and safety concerns</b>		
<ul style="list-style-type: none"> <li>Discusses with family members (individually as needed) any risk/safety issues of youth in school, other community situations, and on social media.</li> <li>Explores with youth individually (when</li> </ul>	<ul style="list-style-type: none"> <li>Focuses on some but not all elements of risk.</li> <li>Focuses only on primary community without considering youth splitting time between communities.</li> <li>Talks with youth only in group with caregivers.</li> </ul>	<ul style="list-style-type: none"> <li>Ignores community and social media risks.</li> <li>Avoids asking child about safety with caregivers.</li> <li>Considers only caregiver point of view.</li> <li>Assumes family has no strategies in place.</li> </ul>



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<p>appropriate) any safety concerns in youth's environments (at home, in the community, on social media).</p> <ul style="list-style-type: none"> <li>• Considers carefully the distinctions between self-harm and suicidality.</li> <li>• With family members, identifies things they experience as cues/triggers to a crisis at home or in community locations and what they already do to safeguard youth and others in times of emergent crisis.</li> <li>• Gathers information about safety precautions/ actions in school and other community locations.</li> </ul>	<ul style="list-style-type: none"> <li>• Discusses only superficially what the family experiences as crisis.</li> <li>• Minimally assesses current practices; does not consider effectiveness of current practices.</li> <li>• Does not crosswalk existing strategies to all types of risk and different environments.</li> <li>• Considers only the risks that family knows how to deal with.</li> <li>• Responds to all risks of self-harm with same urgency without distinguishing possible different causes.</li> <li>• Minimizes risk identified by family or doesn't challenge when family minimizes risk.</li> </ul>	<ul style="list-style-type: none"> <li>• Dictates strategies to family.</li> </ul>
<b>Developing a usable plan for prevention and intervention</b>		
<ul style="list-style-type: none"> <li>• Discusses with family how a written or visual plan can enhance prevention of crisis, support their currently available responses, and manage provider participation in crisis situations.</li> <li>• Considers the need for different types of plans for different types of risk (suicide, youth arrest, parental medical emergency).</li> <li>• Revisits discussion of making a written (or visual) plan if family declines at first.</li> </ul>	<ul style="list-style-type: none"> <li>• Discusses superficially or passively accepts family's reluctance without persisting in discussion.</li> <li>• Does not document discussion in which family declined safety plan.</li> <li>• Accepts initial decision to decline without revisiting.</li> <li>• Considers planning only for youth behavioral health risk.</li> </ul>	<ul style="list-style-type: none"> <li>• Dictates that family is required to write a plan.</li> <li>• No discussion of benefits of a plan.</li> </ul>
<ul style="list-style-type: none"> <li>• Explores with family members what specific youth and family strengths can be used to prevent crisis and how those strengths will be used in the moment.</li> <li>• Explores informal supports that may be available to help prevent or de-escalate a critical incident, if needed, and develops specific actions that can be taken by each.</li> </ul>	<ul style="list-style-type: none"> <li>• Explores with only some family members or only with youth.</li> <li>• Skims over strengths and prevention methods without clarifying specific actions to take.</li> <li>• Discusses superficially or with only some family members.</li> <li>• Uses "informal supports" terminology without explaining to family what that means.</li> <li>• Identifies supports but not action steps.</li> </ul>	<ul style="list-style-type: none"> <li>• Fails to address strengths that can help in a potential crisis.</li> <li>• Dictates what to do.</li> <li>• Includes only emergency numbers (Mobile Crisis Intervention [MCI], 911) without any strategies for de-escalating.</li> <li>• No consideration of informal supports.</li> <li>• Assumes knowledge of supports (or assumes lack of knowledge).</li> <li>• Ignores family member concerns about a specific "natural support."</li> </ul>
<ul style="list-style-type: none"> <li>• Provides system education on the spectrum of emergency services, including different levels and types of response.</li> <li>• Provides contacts for IHT provider, after-hours number, and mobile crisis team.</li> </ul>	<ul style="list-style-type: none"> <li>• Describes only benefits of each level of support without discussing possible negative impact.</li> <li>• Defines crisis levels without fully considering the family's own definitions.</li> <li>• Assigns rigid thresholds for each response type.</li> </ul>	<ul style="list-style-type: none"> <li>• Provides only MCI or 911 contacts.</li> </ul>



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<ul style="list-style-type: none"> <li>• Discusses with family when to use different levels of support and possible outcomes of each choice.</li> <li>• Helps caregivers develop language to use for different levels of response.</li> </ul>		
<ul style="list-style-type: none"> <li>• Within 7 days of initial meeting, collaborates with family on developing or revising a written or visual safety plan.</li> <li>• Always includes initial steps that have been successful in the past that family can take to prevent crisis before calling for help.</li> <li>• Verifies with family that they can actually take all identified steps.</li> <li>• Always includes emergency contact information.</li> <li>• Provides copies to family members.</li> <li>• Revisits safety plan regularly.</li> </ul>	<ul style="list-style-type: none"> <li>• Writes plan that is too complex to follow.</li> <li>• Writes plan that is understandable only to some family members.</li> <li>• Considers only crisis situations without attending to prevention.</li> <li>• Uses template rather than individual plan.</li> <li>• Writes plan that lacks specificity about what to do, by whom, when.</li> </ul>	<ul style="list-style-type: none"> <li>• Lists contacts but without phone numbers.</li> <li>• No written plan.</li> <li>• Includes behaviors or coping mechanisms that are unsafe or present increased risk; does not discuss or explore alternatives with family.</li> </ul>
<b>Sharing and reviewing the plan</b>		
<ul style="list-style-type: none"> <li>• Promptly shares safety plan documents with other providers and supports who share responsibility for safety of family.</li> <li>• Shares plan (as appropriate) with local MCI team.</li> <li>• Verifies that supports listed in plan are able and willing to carry out identified steps.</li> <li>• Promptly communicates any proposed amendments or new concerns to all other stakeholders.</li> <li>• Regularly reviews and discusses plan among IHT team, family, natural and formal supports.</li> <li>• Always revisits safety plan after a critical incident.</li> </ul>	<ul style="list-style-type: none"> <li>• Shares only with subset of involved stakeholders.</li> <li>• Shares only initial plan and not revisions.</li> <li>• Dictates to family how to share plan.</li> <li>• Shares plan without reviewing for understanding and for ability to perform tasks.</li> <li>• Amends plan but communicates only with subset of the collaterals who need to know.</li> <li>• Informs others of changes but not in timely manner.</li> </ul>	<ul style="list-style-type: none"> <li>• No sharing, or not prompt in sharing.</li> <li>• Shares more information about risk than family agreed to.</li> <li>• No communication about critical incidents.</li> </ul>

