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Youth Safety Planning in the Real World

Zero Suicide Institute

Buy-In, Family Engagement, and Implementation Challenges for GLS Grantees

Alex Karydi, Ph.D. & Julie Goldstein Grumet, Ph.D

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What Are We Solving For?

Comfort creating safety plans

When a youth is seen by a school clinician or crisis responder, staff know how to complete a collaborative, usable plan.

Connection with community providers

Schools understand, support, and communicate around safety plans created outside the school setting.

Family and caregiver engagement

Adults know what the plan is, what role they play, and how to support safety without making the youth feel punished.

Workflow clarity

Grantees help partners clarify who identifies risk, who safety plans, who follows up, and how information moves safely.

Quality and usability

Safety plans are specific, youth-centered, culturally responsive, accessible, and reviewed over time.

Systemwide approach

Grantees help partners implement systemwide approaches to suicide prevention where safety planning is an important tool within the overall workflow and best practices.

The answer is: **All of the above.**

This session is less about completing a form and more about building a system where safety planning can work.

Learning Objectives

- Describe how safety planning fits within a broader suicide care pathway for youth.
- Identify common implementation barriers in schools and community settings.
- Discuss practical strategies for engaging youth, caregivers, school staff, and community providers.
- Apply a workflow lens to improve plan quality, handoffs, follow-up, and use.
- Identify ways GLS grantees and evaluators can assess reach, consistency, and usefulness.

Safety Planning Fits Within a Care Pathway

Identify
Recognize risk through concern, disclosure, screening, or assessment

Engage
Collaborate with youth and supports to reduce risk and increase connection

Plan
Create a safety plan and address lethal means safety

Connect
Make warm handoffs to school/ community/clinical supports

Follow up
Review the plan, coordinate reentry, and close the loop

A safety plan is strongest when the surrounding workflow supports it.

Zero Suicide Helps Us Think Beyond the Form

Operational conditions
Lead • Train • Improve

Clinical pathway
Identify • Engage • Treat • Transition

School translation
Policies • Roles • Handoffs • Follow-up

- Schools may not deliver every element of suicide-specific care, but they are often essential to identification, safety planning, family communication, referral, and reentry.
- GLS grantees can help schools and community partners build the conditions that make safety planning more consistent and useful.
- Suicide prevention in schools should entail a comprehensive, systemwide approach.

Why Safety Plan?

For youth, the plan must be understandable, accessible, and connected to real people and real settings.

- 45% reduction in suicidal behaviors compared to treatment as usual
- More than double the odds of attending at least one outpatient session
- Safety planning provides an immediate intervention that school professionals can provide to keep students safe

Suicide Risk Curve

Who should receive a Safety Plan?

Any individual…

- …at risk for suicide
- …experiencing a suicidal crisis
- …with suicidal thoughts
- …who is in distress and has attempted suicide in the past

When should someone receive a Safety Plan?

- After suicide risk is identified through screening, disclosure, staff concern, peer/family concern, or assessment.
- Before the youth leaves the setting where risk was identified, when possible.
- When a youth is waiting for treatment or transitioning between levels of care.
- As part of school reentry and follow-up after crisis care, ED visit, or hospitalization.
- Whenever the existing plan is outdated, unused, inaccessible, or no longer fits the youth's life.

Safety Planning in Context

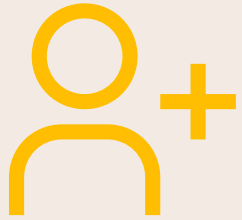
Does the current plan help the young person in the moment they actually need it?

Identify suicide risk through screening and comprehensive assessment

Complete safety plan and lethal means counseling for individuals with suicide risk

Communicate with family members and other supporters

Regularly review and revise plans as needed



Where should Safety Plans happen?

- Outpatient care
- Ped/PC offices
- Emergency departments
- Inpatient settings
- Respite care
- Crisis hotlines
- Mobile crisis
- Schools

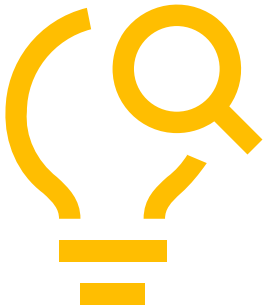
What is Safety Planning?

A safety plan is about what the youth will do to stay safe, not what they promise not to do.

- A brief, prioritized, written plan in the young person's own words.
- A collaborative intervention that identifies warning signs, coping strategies, distractions, social supports, professional supports, crisis options, and lethal means safety steps.
- A tool the youth can use before or during a suicidal crisis.
- A plan that should be reviewed and revised over time.

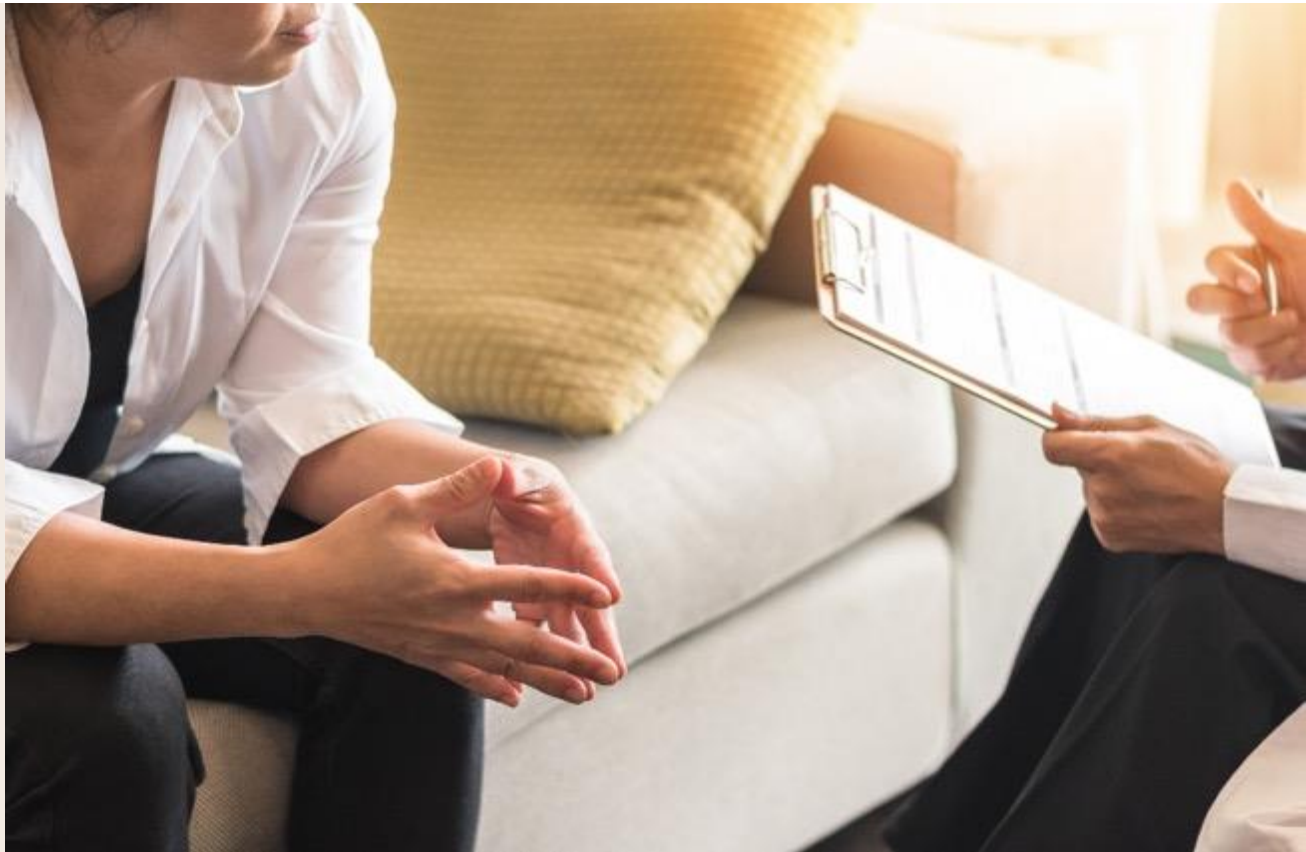
Safety Planning Includes Lethal Means Safety

- Lethal means safety should be addressed directly and practically with caregivers and appropriate supports.
- In schools, this may include thinking beyond the home: school environment, transportation, activities, community settings, and online/peer dynamics.
- Plans should be consistent with state laws and organizational policy.
- Staff should know who is responsible for the conversation and how it is documented.



Why should planning be collaborative?

- Creates a plan unique to the individual
- Recognizes the individual's autonomy and expertise
- Supports provides to practice in a way that is culturally responsive



What makes Safety Planning Collaborative?

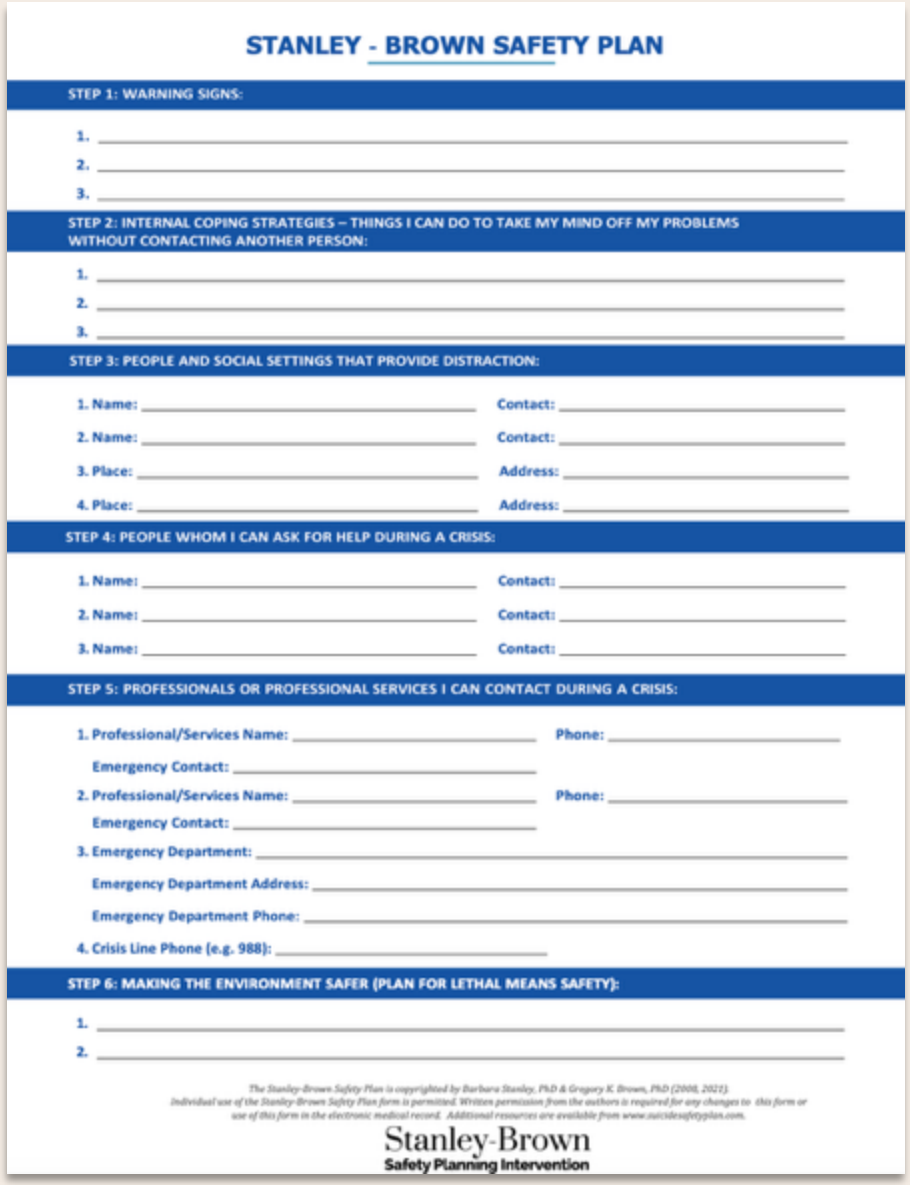
Collaboration is...

- Conversational
- Listening and asking questions
- Guiding and problem-solving
- Respecting youth autonomy
- Using the youth's own words

Collaboration is not...

- Scripted
- Handing over a checklist
- Giving a list of generic options
- Judging choices
- Completing the form without engagement

What gets in the way of collaboration in your setting?



STANLEY - BROWN SAFETY PLAN

STEP 1: WARNING SIGNS:

1. _____
2. _____
3. _____

STEP 2: INTERNAL COPING STRATEGIES – THINGS I CAN DO TO TAKE MY MIND OFF MY PROBLEMS WITHOUT CONTACTING ANOTHER PERSON:

1. _____
2. _____
3. _____

STEP 3: PEOPLE AND SOCIAL SETTINGS THAT PROVIDE DISTRACTION:

1. Name: _____ Contact: _____
2. Name: _____ Contact: _____
3. Place: _____ Address: _____
4. Place: _____ Address: _____

STEP 4: PEOPLE WHOM I CAN ASK FOR HELP DURING A CRISIS:

1. Name: _____ Contact: _____
2. Name: _____ Contact: _____
3. Name: _____ Contact: _____

STEP 5: PROFESSIONALS OR PROFESSIONAL SERVICES I CAN CONTACT DURING A CRISIS:

1. Professional/Services Name: _____ Phone: _____
   Emergency Contact: _____
2. Professional/Services Name: _____ Phone: _____
   Emergency Contact: _____
3. Emergency Department: _____
   Emergency Department Address: _____
   Emergency Department Phone: _____
4. Crisis Line Phone (e.g. 988): _____

STEP 6: MAKING THE ENVIRONMENT SAFER (PLAN FOR LETHAL MEANS SAFETY):

1. _____
2. _____

Stanley-Brown
Safety Planning Intervention

Crisis Response Plan

Purpose: To help me remember what to do when I feel emotionally overwhelmed

Warning signs

Things I will do on my own

Reasons for living

Social support

Crisis/professional assistance

Military/Veterans Crisis Line:
Dial 800-273-TALK (8255), press 1 for military, or text 838255 or live chat at militarycrisisline.net for 24/7 crisis support.

National Suicide Prevention Lifeline:
Dial 800-273-TALK (8255) or live chat at suicidepreventionlifeline.org for 24/7 crisis support.

Crisis Response Plan (CRP) Instructions:

The CRP involves a collaborative plan between the patient and clinician, including (at minimum):

- Semi-structured interview of recent suicidal ideation and chronic history of suicide attempts
- Unstructured conversation about recent stressors and current complaints using supportive listening techniques
- Collaborative identification of clear signs of crisis (behavioral, cognitive, affective or physical)
- Self-management skill identification, including things that can be done on the patient's own to distract or feel less stressed
- Collaborative identification of social support, including friends, caregivers and family members who have helped in the past and who they would feel comfortable contacting in a crisis
- Review of crisis resources, including medical providers, other professionals and the suicide lifeline
- Referral to treatment, including follow-up appointments and other referrals as needed
- Additional steps for management of military service members
  - Interface with command when appropriate
  - Address barriers to care (including stigma)
  - Ensure follow-up during transition
  - Enroll in risk management tracking

Department of Veterans Affairs and Department of Defense employees who use this information are responsible for considering all applicable regulations and policies throughout the course of care and patient education.

Reference: Bryan, C. J., & Rudd, M. D. (2018). Managing suicide risk in primary care. New York, NY: Springer Publishing Company.

Updated March 2020 by the Psychological Health Center of Excellence.

Developmental Considerations

- Use modified language and/or images
- Focus on collaboration and understanding
- Balance fostering autonomy with guidance and support
- Consider all environments where youth spend their time

Safety Planning with Elementary Youth

A growing area of research and practice

- Currented recommendations from limited research include:
- Be sure to include parents/guardians
- Use clear language with real-world examples
- Ask children to identify adults in different settings instead of identifying settings to go to for distraction
- Use images and icons
- Allow breaks within the safety planning process
- Ensure safety plan aligns with developmental ability of youth

Itzhaky, L., & Stanley, B. (2024); Abbott-Smith, S., Ring, N., Dougall, N., & Davey, J. (2023).

Example of Visual Safety Plan

Warning Signs:

Sad

Yelling

Warning Signs At School:

Having to Write

Math Class

Things I Can Do to Cope:

Play Basketball

Listen to Music

Things I can Do to Cope At School:

Paint

Take Deep Breaths

People or Things to Distract Me:

Playground

Play Soccer with Joe

Things to Distract Me At School:

Count to 10

Read a Book

People I can Ask for Help From:

Dad and Maria

Adult at School I can Ask for Help:

Mr. Jack

Mrs. Smith

Who I Can Call for Help:

Mom XXX-XXX-XXXX
Dr. Alex XXX-XXX-XXXX
911
County Crisis Line: XXX-XXX-XXXX
Text: 741-741

Two Things That Are Very Important to Me and Worth Living For:

Max

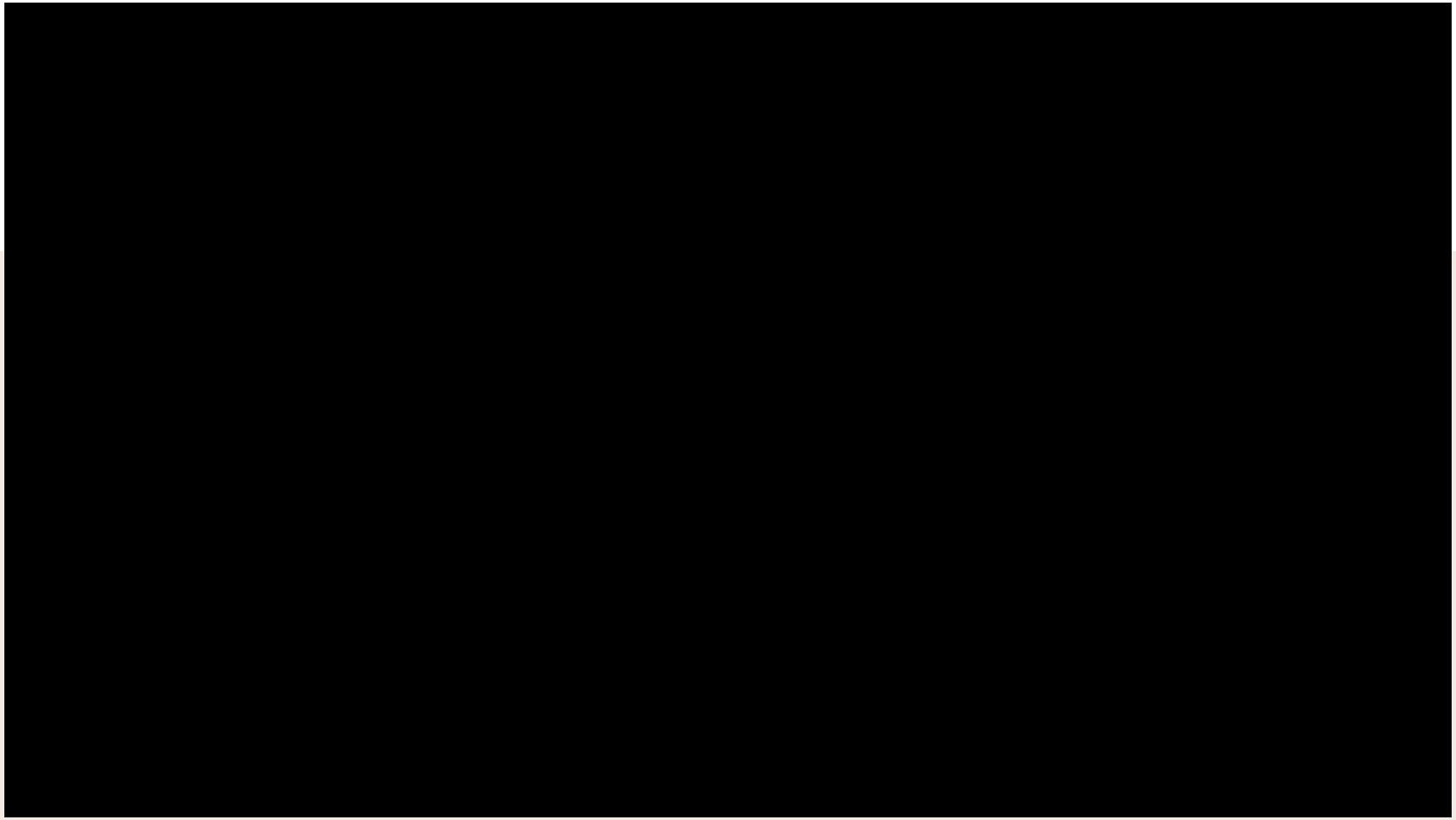
Game

Engaging Caregivers

- Explain the purpose of the safety plan in plain language: it is a tool to support safety and reduce risk, not a punishment.
- Clarify what caregivers need to know, what they should do, and when they should escalate concerns.
- Discuss lethal means safety in concrete, practical terms.
- Help caregivers understand confidentiality boundaries and the school's duty to protect safety.
- Include trusted adults when appropriate, while recognizing that family relationships vary.

How do caregivers learn their role before the next crisis?

After Your Child's Suicide Attempt Trailer



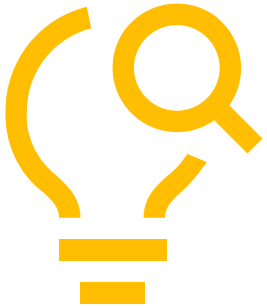
Film & resources: zerosuicide.edc.org/supporting-parents

Section 8: The Safety Plan — 7:10

Film & resources: zerosuicide.edc.org/supporting-parents

Safety Planning During School Reentry

- Reentry after hospitalization or crisis care should include a plan for academic, social, emotional, and physical needs.
- Common supports may include gradual return, check-ins, counseling, reduced workload, flexible deadlines, breaks, or access to a trusted adult.
- The safety plan should be reviewed for what applies during the school day.
- Schools, caregivers, and providers should have clear expectations for follow-up and communication.



What practices are in place to assist youth and their families as they transition from inpatient/ED to school?

Working with Parents After a Hospitalization

ZERO Suicide

zerosuicide.edc.org/supporting-parents

After Your Child's Suicide Attempt

A Guide for When Your Child Returns to School

When your child is returning to school after a suicidal crisis, you may feel overwhelmed and unsure. But there is help, and there is hope.

After Your Child's Suicide Attempt is a free one-hour film that features parents and experts who have been through the experience of supporting a child after a suicide attempt. They answer commonly encountered questions on critical topics, like:

- Understanding your child and their suicidal episode
- Processing your own emotions and self-care
- Hospitalization and bringing your child home
- Safety planning and communication
- Your child's return to school

Your Child's Return to School after a Crisis

Returning to school after a suicide attempt is an important step in your child reconnecting with daily life, including activities and social connections that they enjoy. The school can partner in your child's mental health recovery. Schedule a meeting with a trusted school administrator and counselor or mental health staff to discuss:

- Your child's safety plan and who should have access to it, including any needed adjustments or additions to the plan to fit the school environment
- What steps will be taken if your child mentions suicide while at school
- What school-based mental health supports are available to your child (e.g. weekly sessions with a school psychologists or social worker, periodic screenings, etc.)
- Signing consent forms for key school staff to talk to your child's outside therapists
- A list of current medications your child has been prescribed, their purpose, and potential side effects

zerosuicide.edc.org/supporting-parents

- Any factors at school that may have contributed to your child's suicide risk (e.g. schoolwork, bullying, etc.)
- Whether a 'break pass plan' would be appropriate, meaning a pass allowing your child to leave the classroom immediately, if needed
- What safe spaces are available for your child to go to during the school day if they need a space to decompress (e.g. BRIDGE, de-escalation, or sensory rooms)
- Identifying a point of contact or trusted adult at the school your child can go to with any issues throughout their re-entry journey
- How missed schoolwork will be handled and what accommodations will be made for school workloads moving forward (such as placement on an IEP, 504 plan, etc.)

How the Film Can Help

Many parents appreciate hearing from peers like those in the video who have gone through similar experiences.

You can watch the entire film or short chapters related to what is on your mind. Chapter 10 ("After Hospitalization") and Chapter 14 ("Back to School") may be particularly helpful. We encourage you to revisit content regularly. The film includes subtitles with multilingual translations.

> "Many parents and caregivers have needed this for a very, very long time."

Additional Resources

Companion resources can be found on the "Supporting Parents" section of the Zero Suicide website. Resources include crisis services, parent support groups, information on safety planning, and more. The resource database also includes tools and information that you may decide to share with your child's school support team.

Access the film and other resources supporting parents and caregivers at:

zerosuicide.edc.org/supporting-parents

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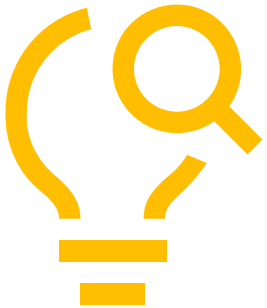
After Your Child's Suicide Attempt was created by Zero Suicide at EDC and Parents-to-Parents with support from the Four Pines Fund.

School Setting Considerations

- Ensure staff trained in safety planning have time and capacity to do it
- Coordinate with external community mental health providers on safety plans
- Consider providing school-specific safety plans
- Integrate safety plan discussions into student reentry meetings
- Align safety plans with student behavioral management plans (IEPs, 504 Plans etc.,)
- Provide ongoing PD in safety planning
- Include safety planning in district protocols

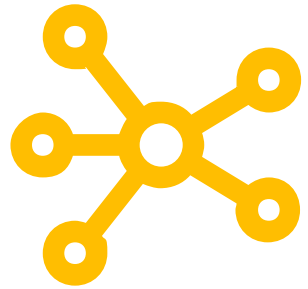
What do teachers and staff need to know?

- They usually do not need the full safety plan.
- They do need to know who to contact, what warning signs or changes to watch for, and what supports or accommodations are expected.
- They need clear guidance on what to do if the student appears distressed or at risk.
- They need to avoid becoming the sole holder of risk information.
- They need a process that protects the youth's privacy while supporting safety.



Building Safety Planning Into the School Workflow

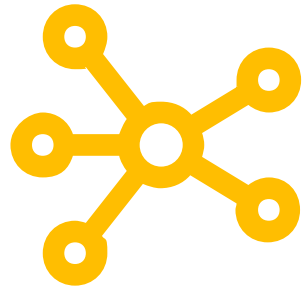
- Move from one-time compliance to routine practice.
- Embed safety planning into protocols, training, role expectations, caregiver communication, referral pathways, reentry, and quality improvement.
- Make sure school and community partners share a common language.
- Use data and real cases to improve the workflow over time.



The goal is not just to make a safety plan. The goal is to build a safer system around the youth.

The Missing Piece Is Often the Workflow

- Who identifies suicide risk?
- Who completes or reviews the safety plan?
- Who contacts caregivers?
- Who coordinates with community providers?
- Who follows up with the youth and family?
- Where is the plan stored, and who needs access?
- How is the plan reviewed and updated?



A good safety plan can fail if no one knows what happens next.

Safety Planning Across School and Community Settings

School concern
Staff notice, disclosure, screening, peer/family concern

Risk response
Protocol, assessment, caregiver communication

Safety plan
Youth-centered plan + lethal means safety

Warm handoff
School/community provider connection

Follow up
Check-ins, reentry, plan review

GLS grantees can support the agreements and training that make this flow work.

Communicating with External Providers

Student Develops Safety Plan with School

Obtain parental consent to share with community mental health provider(s)

Send to community mental health providers and encourage parents/youth to share

Student Develops Safety Plan with Community Provider

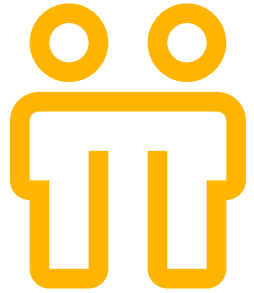
Obtain parental consent to communicate with community mental health provider(s) on any external safety plans

Community mental health providers and/or parents/youth share student's safety plan with school

Update any school-based safety plan as needed

Working with Community Providers

- Ask whether a youth has an existing safety plan and who created it.
- Clarify what parts of the plan the school can support during the school day.
- Establish warm handoff expectations with community mental health centers, crisis services, pediatric/primary care, and hospital/ED partners.
- Use MOUs or local agreements when possible to clarify communication and referral pathways.
- Build relationships before the crisis, not during the crisis.



Common Implementation Barriers

Staff confidence

Fear of saying the wrong thing or not knowing scope.

Workflow gaps

Unclear roles for safety planning, referral, documentation, and follow-up.

Family engagement

Caregivers may feel blamed, overwhelmed, unavailable, or unsure of their role.

Plan quality

Plans may be generic, inaccessible, not youth-centered, or not practiced.

Handoffs

Referrals happen, but connection and follow-up are not confirmed.

Data and evaluation

Teams may not know how often plans are created, used, or updated.

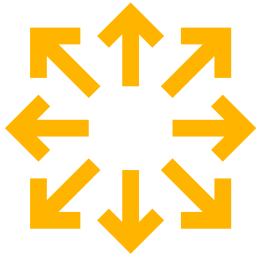
Policy/Practice

Suicide prevention is not schoolwide or comprehensive enough to get traction needed.

Which barrier is most common in your GLS work?

Activity: Addressing resistance

School principal: “This creates too much liability.”
Parent: “I do not want my child labeled.”
Teacher: “This is outside my role.”
School counselor: “I do not have time to do this well.”
Community provider: “The school does not need access to the plan.”
Student: “This feels like another form adults are making me complete.”



Groups have five minutes to create a **60-second response** that:

- Acknowledges the concern without becoming defensive
- Explains why safety planning matters
- Connects the process to that stakeholder’s priorities
- Offers one practical next step

Safety planning doesn’t fail because people don't know the steps.

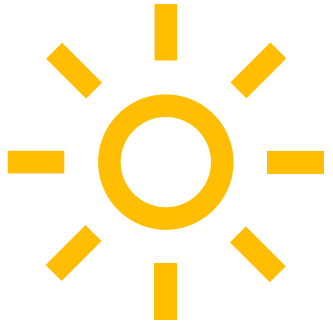
It fails because **systems haven't built the conditions for it to succeed.**

What can GLS grantees and evaluators track?

- **Reach:** How many youth identified at risk leave with a safety plan?
- **Timeliness:** Was the plan created before the youth left the setting?
- **Quality:** Is the plan specific, youth-centered, accessible, and inclusive of support people?
- **Usability:** Does the youth know where it is and how to use it?
- **Follow-up:** Was the plan reviewed, updated, and connected to care?
- **Systems learning:** Where and why are breakdowns occurring across schools and partners?

Tips for Success

- Safety planning should be part of a comprehensive approach backed with policies, procedures, and training.
- Start with a shared workflow before focusing only on the safety plan template.
- Train the people who identify risk, complete plans, engage caregivers, make referrals, and follow up.
- Use role clarity: who owns each step and who is the backup?
- Plan, prepare for, and address family concerns and school reentry.
- Build agreements with community providers for warm handoffs and communication.
- Review safety plan quality and usability, not just whether a plan exists.
- GLS grantees can help partners strengthen workflows, relationships, policies, training, and evaluation.



Activity: Where is buy-in breaking down?

Think about one school or community partner you work with.

Which group is least bought into safety planning?

- □ School administrators
- □ Teachers
- □ School mental health staff
- □ Families/caregivers
- □ Community mental health providers
- □ Emergency departments
- □ Pediatricians/primary care
- □ Students
- □ Other

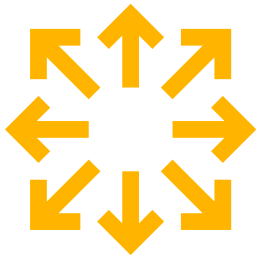
Discussion:

- *Why do you think they're hesitant?*
- *What concern are they trying to solve?*
- *What would increase their confidence?*
- *How can you help remove those barriers?*

Activity

Discussion:

- *A student discloses suicidal thoughts to a teacher.*
- *The school counselor completes a risk assessment and creates a safety plan.*
- *The caregiver is notified but is overwhelmed and unsure what to do.*
- *The youth is referred to a community provider, but the first appointment is two weeks away.*
- *The student returns to class the next day.*



What needs to happen so the safety plan is actually usable for the youth and the adults around them?

Questions and Discussion

What would help your communities strengthen youth safety planning?

Consider workflows, family engagement, school/community handoffs, staff confidence, plan quality, and follow-up.

- Are your partners engaged in comprehensive suicide prevention efforts where safety planning is one component of a broader effort? Where could this improve?
- What is one thing you want to clarify with partners?
- What is one workflow step you want to strengthen?
- What is one resource or example that would help?

Resources

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Thank you Merci Gracias شكرا

Alex Karydi, Ph.D.
Julie Goldstein Grumet, Ph.D.
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For more information, check out
zerosuicideinstitute.edc.org

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