

GLOBAL GRIEF NETWORK

Grief Practitioner Toolkit

Practical working tools for grief support

For GGN Certified Somatic Grief Support Practitioners
and participants in GGN Grief First Aid and Grief Accomplice

1 INTAKE AND ASSESSMENT

2 SESSION TOOLS

3 SAFETY

4 CLIENT HANDOUTS

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Toolkit Guide and complete set of tools | Edition 1 | 2026

Global Grief Network. For educational and support purposes; not a substitute for licensed mental health care.

GLOBAL GRIEF NETWORK | PRACTITIONER TOOL

Crisis and Risk Screening Guide

Safety | Non-clinical, referral-focused quick reference

Use it when: whenever you are concerned about a client's safety: at intake, when warning signs appear, around anniversaries, or whenever you have a sense that something is wrong. Use it alongside your GGN SAFE-LINK training.

Scope of this guide

This guide is non-clinical. It helps you notice concerns, ask directly, and connect a person to the right help. It is not a risk assessment or a diagnostic tool, it does not predict risk, and it does not replace emergency services, licensed professionals, or your GGN supervisor. **When in doubt, call for help.**

Help is available, any time

If you or someone else is in immediate danger, call 911 (or your local emergency number).

988 Suicide & Crisis Lifeline: call or text **988**, or chat at 988lifeline.org (United States). Free, confidential, 24 hours a day.

Outside the United States, contact your local emergency number and crisis line.

Local emergency number (if outside the US)	Local crisis line
GGN supervisor name and phone	**Nearest emergency department**

1. When to check in about safety

- At intake, as part of the wellbeing and safety check (Tool 1.1).
- When a client talks about hopelessness, being a burden, feeling trapped, or wanting to die.
- When a client says they want to "be with" or "join" the person who died. Ask what they mean; do not assume.
- When you notice giving away belongings, saying goodbye, withdrawing, or a sudden calm after deep distress.
- When alcohol or drug use is increasing, or the client mentions access to firearms or stored medication.
- Around anniversaries, birthdays, holidays, legal proceedings, or other hard dates.
- Whenever your own sense tells you something is wrong.

2. Ask directly and calmly

Asking clearly about suicide shows you can hear the answer. Use plain words and then listen. Example wording:

"Many people who are grieving this deeply have thoughts of dying. I ask because I care. Are you thinking about suicide?"

"When you say you want to be with him, do you mean you are thinking about ending your life?"

"Have you thought about how or when? Do you have access to what you would use?"

"Is there someone who can be with you today?"

3. Choose the response pathway

RED IMMEDIATE DANGER	*A suicide attempt is happening, the person has intent and access to means, they cannot keep themselves safe, or there is a medical emergency.* • **Call 911** (or the local emergency number). Stay with the person, in the room or on the line. • Do not leave them alone. Do not put yourself in danger. • If safe, help move them away from means of harm. • Contact your GGN supervisor as soon as the person is with emergency help.
AMBER THOUGHTS OF SUICIDE, NO IMMEDIATE DANGER	*The person has thoughts of suicide but no immediate intent, and can work with you on staying safe.* • Stay, listen, and thank them for telling you. • Connect with the **988 Suicide & Crisis Lifeline together: call or text 988** (US), or the local crisis line. • Write a safety plan together (**Tool 3.2**). Involve a trusted person, with consent. • Refer to a licensed professional (**Tool 3.3**). Agree a follow-up time. Tell your supervisor the same day.
GREEN DISTRESS, NO THOUGHTS OF SUICIDE	*The person is struggling but says they are not thinking about suicide.* • Continue supportive care and check in again at future sessions. • Share 988 and 911 in writing, and the Coping Practices handout (**Tool 4.2**). • Consider a referral if distress is persistent or daily life is seriously affected.

4. Keep in mind

Do

Stay calm and present. Listen without judgment. Take every mention of suicide seriously. Involve others: 988, emergency services, trusted people, your supervisor. Follow up as agreed.

Do not

Promise to keep thoughts of suicide secret. Argue, lecture, or debate. Attempt to assess or diagnose as a clinician would. Leave a person at immediate risk alone. Manage a crisis on your own.

If you are concerned about abuse, neglect, or harm to a child or vulnerable adult, follow the reporting laws in your jurisdiction and contact your supervisor the same day.

5. Screening record

Client ID

Date and time

Practitioner

Session format (in person, online, phone)

What prompted the check-in

What was asked and what the client said (use their words where possible)

Pathway chosen

- ☐ Red: immediate danger
- ☐ Amber: thoughts of suicide, no immediate danger
- ☐ Green: distress, no thoughts of suicide

Actions taken

- ☐ 911 or emergency services called
- ☐ Safety plan completed (Tool 3.2)
- ☐ Referral made (Tool 3.3)
- ☐ Supervisor notified
- ☐ 988 contacted with the client
- ☐ Trusted person contacted (with consent)
- ☐ Crisis resources given in writing
- ☐ Follow-up arranged

Supervisor notified (name, date, time)

Follow-up planned (date, time, method)

Practitioner signature

Date

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GLOBAL GRIEF NETWORK | FOR CLIENTS AND FAMILIES

Safety Planning Template

Safety | Written together by the client and practitioner

About this page: This is your plan for getting through a very hard moment. We will write it together, in your words. Keep a copy somewhere easy to find, such as your phone, wallet, or bedside table.

Help is available, any time

If you or someone else is in immediate danger, call 911 (or your local emergency number).

988 Suicide & Crisis Lifeline: call or text **988**, or chat at 988lifeline.org (United States). Free, confidential, 24 hours a day.

Outside the United States, contact your local emergency number and crisis line.

1. Signs that a hard moment is building

Thoughts, feelings, body signals, or situations that tell me things are getting harder.

2. Things I can do on my own to get through

Small, simple things that have helped me before, even a little.

3. Places and people that help me feel less alone

Places I can go and people I can be around, even without talking about how I feel.

4. People I can ask for help

Name	Phone	Best time to reach them

5. Professionals and services I can contact

Who	Name	Phone or how to reach
My GGN practitioner		
My doctor		
Counselor or other licensed professional		
988 Suicide & Crisis Lifeline	988 Lifeline	Call or text 988, or chat at 988lifeline.org
Emergency	Emergency services	911 (or local emergency number)
Other		

6. Making my space safer

Ways I can put time and distance between me and anything I might use to hurt myself, such as medications, firearms, or other means. It can help to ask someone I trust to hold onto these for a while.

Someone I trust who can help with this

Their phone

7. What matters to me

People, pets, values, hopes, faith, and the ways I want to carry the memory of the one I lost.

My name

Date

Written with (practitioner)

Date to review this plan

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GLOBAL GRIEF NETWORK | PRACTITIONER TOOL

Referral Checklist

Safety | When and how to refer to licensed professionals

Use it when: whenever a client's needs go beyond grief support, or when you are unsure. Referring is a sign of good practice, not a failure. GGN support can often continue alongside licensed care when everyone agrees.

> **Immediate danger comes first**
> If a client is in immediate danger, call 911 (or the local emergency number) and follow **Tool 3.1** before anything else. For thoughts of suicide, connect with the 988 Suicide & Crisis Lifeline: call or text 988 (US).

1. When to refer

Check any that apply. One check is enough to discuss a referral with the client and your supervisor.

Refer to a licensed mental health professional when

- [ ] The client has thoughts of suicide or self-harm (after immediate safety steps)
- [ ] Grief is so intense that work, self-care, or relationships have been seriously disrupted for many months without easing
- [ ] After a traumatic death the client describes vivid flashbacks, nightmares, constant alarm, or avoidance that is getting worse
- [ ] You notice signs that may point to a mental health condition, such as ongoing deep low mood, extreme highs, hearing or seeing things others do not, or severe anxiety. You do not diagnose; you notice and refer.
- [ ] Alcohol, drug, gambling, or medication use is increasing or worrying the client or others
- [ ] Sleep or eating changes are severe enough to affect health
- [ ] The client asks for counseling, mental health treatment, or a medication review
- [ ] The client's needs are beyond your training, role, or comfort

Refer to other professionals when

- [ ] New, severe, or worsening physical symptoms: medical care (chest pain or trouble breathing: call 911)
- [ ] A child or teen shows persistent distress or big changes in behavior: pediatrician or licensed child clinician
- [ ] There are concerns about abuse, neglect, or violence: follow reporting laws and inform your supervisor
- [ ] Legal, financial, housing, or estate matters: the appropriate professional or agency
- [ ] Spiritual distress or questions of faith: a chaplain or faith leader the client chooses

2. Who to refer to

Need	Possible referral
Ongoing emotional or mental health support	Licensed counselor, clinical social worker, psychologist, or other licensed mental health professional

Need	Possible referral
Medication questions or evaluation	Primary care physician, psychiatrist, or psychiatric nurse practitioner
Grief after traumatic loss	Licensed clinician with trauma and bereavement training
Children and teens	Pediatrician, licensed child and adolescent clinician, school counselor
Substance use	Licensed addiction treatment provider or physician
Physical health	Primary care, urgent care, or emergency services
Peer and community support	Hospice bereavement programs, grief support groups, GGN community spaces

3. How to refer well

- [ ] Talk openly with the client. Frame the referral as added support, not as passing them on.
- [ ] Ask what they would want in a provider (for example language, gender, faith, cost, location, online or in person).
- [ ] Offer more than one option where possible, including low-cost or community choices.
- [ ] Get written consent before sharing any information with another provider.
- [ ] Help with the first step: look up details together or offer to be present for the first call.
- [ ] Give the details in writing, along with 988 and 911.
- [ ] Agree whether GGN support will continue alongside the new provider, and how you will coordinate.
- [ ] Document the referral and inform your supervisor.
- [ ] Follow up on the agreed date to ask how it went.

Suggested words: "What you are carrying deserves more support than I can offer on my own. I would like to help you connect with someone who is licensed to help with this. I can stay part of your support too, if you would like."

4. Referral record

Client ID

Date

Reason for referral

Referred to (name and role)

Contact details

Written consent to share information (date)

Client's response

Follow-up date

Outcome

Supervisor informed (date)

Practitioner signature

5. My local referral directory

Research and update these for every region you serve. Check details at least once a year.

Service type	Name	Phone or website	Notes (cost, language, online)
Crisis line	988 Suicide & Crisis Lifeline	Call or text 988; 988lifeline.org	US, 24 hours, free
Emergency	Emergency services	911	Or local emergency number

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