



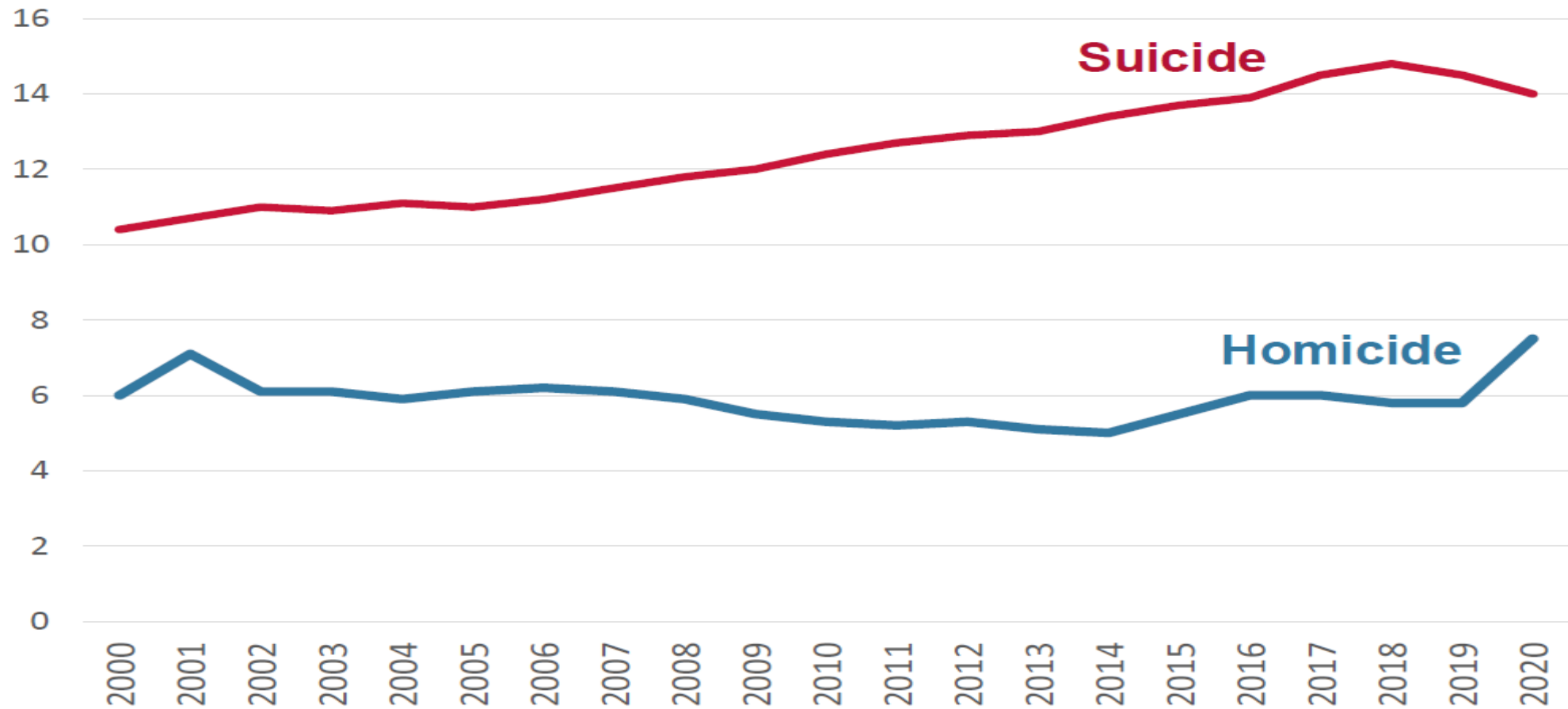
COUNSELING
ON ACCESS TO
LETHAL MEANS

Highlights

Before We Begin

- Introductions
- What CALM is and isn't
 - Just one part of a comprehensive approach to suicide prevention
 - Can be effective in our personal lives as well
 - Not THE answer but should be part of all Safety Planning
 - Neither anti-gun nor anti-medication
- Suicide is *generally* preventable
- This may be stressful- practice self-care
- Some of this information is not for public consumption

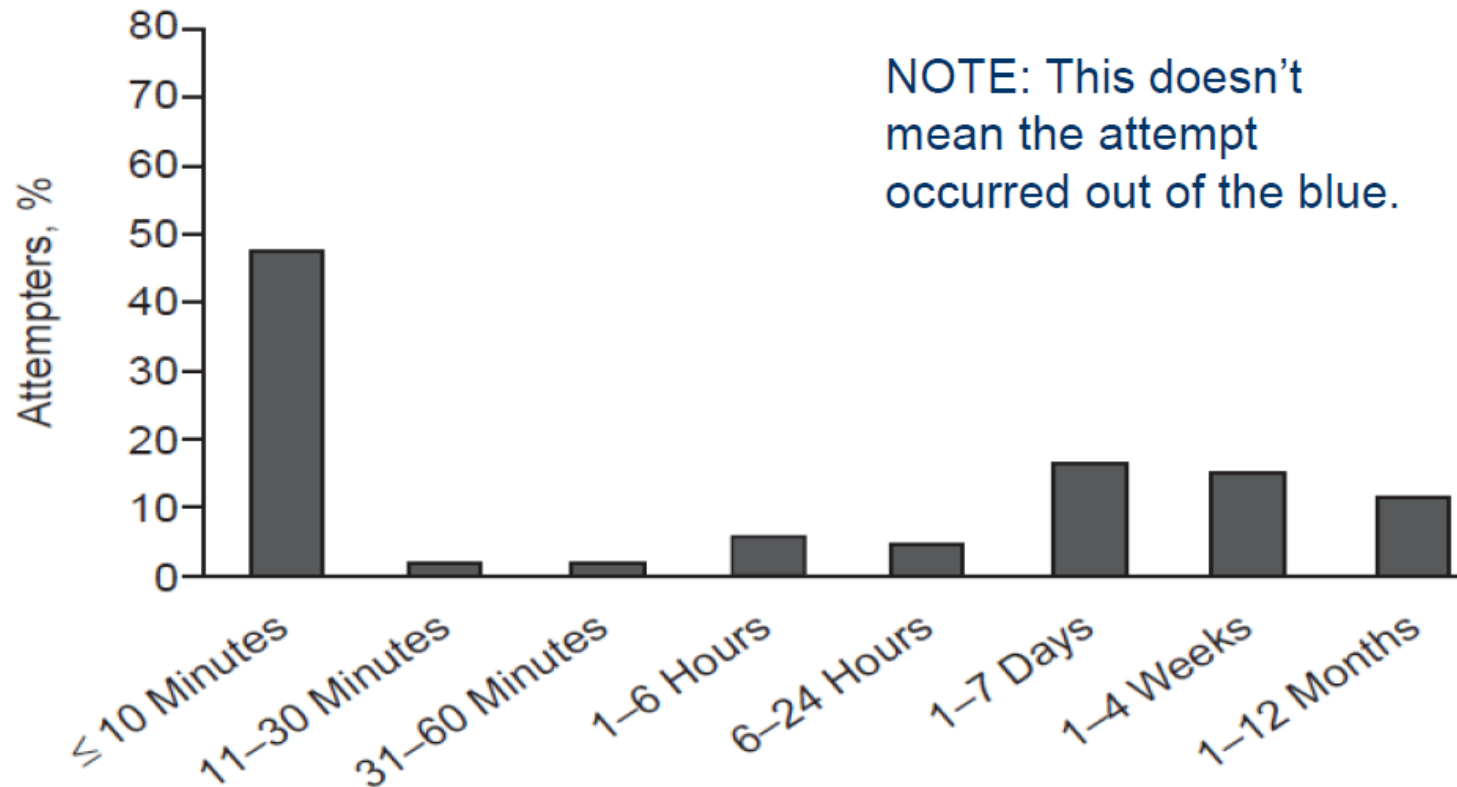
US Suicide & Homicide Rates, 2000-2020



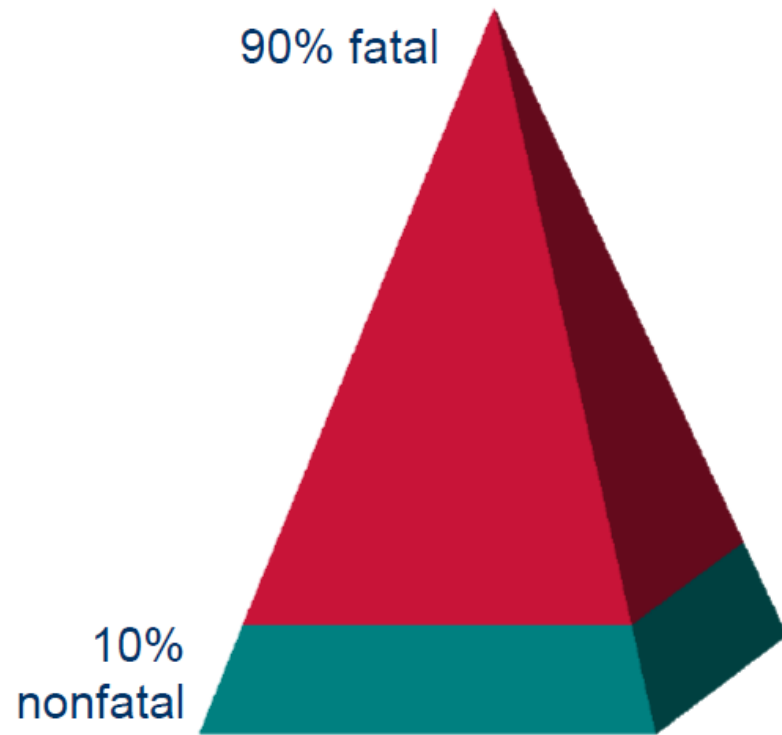
Source: CDC WONDER

Suicidal Crises

48% said within 10 minutes of the attempt.



Lethality of Suicide Methods



Firearms



Sharps & Overdose

Are all of these suicide attempts?

NOTE: We caution against informing your patients about the very low fatality for sharps and overdose. The perception that these methods are more lethal than they usually are may save lives.

Lethality of Suicide Method

HIGH
Lethality

Firearm
Jump from very great height

Carbon monoxide
Hanging/suffocation

LOW
Lethality

Overdose/poisoning
Cutting



Summary: Why Means Matter

1. Suicidal crises are often brief.
2. Some methods, especially guns, are far more lethal than others.
3. >90% of those who attempt and survive do not go on to die by suicide.
4. Most people who are suicidal are ambivalent.

Putting time and distance between a suicidal person and highly lethal means—especially a gun—can save a life.

Limits to Old School Risk Assessment

- Many clinicians were trained to screen for suicide risk by asking about ideation, plan, intent, etc.
 - I.e., the more yes answers you get, the more risk increases
 - Not so fast!
- There is no such thing as “perfectly accurate” suicide risk assessment
- Important considerations:
 - Suicide risk is dynamic- someone currently not at risk could be at risk tomorrow!
 - Risk is not linear- endorsing fewer questions related to plan, intent, etc. does not necessarily indicate lower risk
 - Intent is not necessarily related to the lethality potential of the means used in an attempt
- **Given these factors, addressing access to means is critical whenever addressing suicide risk!**

Overview of Lethal Means Counseling

- **Assess suicide risk** using standardized risk assessment tools.
- **Explain risk to patient and parent/support person:** suicidal feelings can come and go; reducing access to lethal means—especially firearms—can help the patient stay safe.
- **Collaborate on a plan** to reduce access to firearms (leading suicide method) and medications (leading method of attempt), as well as on any method on which ideation focuses.
- **Agree on roles and timetable and document the plan** in the chart (e.g., patient's wife will hold onto the keys to the gun safe tonight; tomorrow he'll arrange to have his friend stop by to pick up the guns).
- **Follow up** within 24 hours (or the next school day in school settings) and at next appointment.

Raising the Issue

Current SI or History of SI/SA:

“I’d like us to work on a plan for how to safely handle things if the suicidal feelings come back.”

Safety Plan
(Stanley & Brown, 2012)

No current SI/SA but in serious distress:

“I’m glad to hear you’re not feeling suicidal. Sometimes when people are struggling the way you’ve described, a crisis hits and suicidal feelings can develop quickly. They typically don’t last, but it can feel overwhelming. If by chance a crisis develops and you’re faced with suicidal thoughts, let’s come up with a plan for how you’d get through it safely.”

Coping Plan (Individualized)

Intro to making the environment safe: “Now let’s talk about things you can do today at home to keep yourself safe. Putting time and distance between you and a method that could do serious harm—especially a firearm—is a good way to protect yourself while you’re struggling.”

MY SAFETY PLAN

Please follow the steps described below on your safety plan.

If you are experiencing a medical or mental health emergency, please call 911 at any time.

If you are unable to reach your safety contacts or you are in crisis, call the Veterans Crisis Line at 1-800-273-8255 (press 1).

Step 1: Triggers, Risk Factors, and Warning Signs

Signs that I am in crisis and that my safety plan should be used:

1. _____
2. _____
3. _____
4. _____
5. _____

Step 2: Internal Coping Strategies

Things I can do on my own to distract myself and keep myself safe:

1. _____
2. _____
3. _____
4. _____
5. _____

Step 3: People and Social Settings that Provide Distraction

Who I can contact to take my mind off my problems/help me feel better:

- | | |
|----------------|--------------|
| 1. Name: _____ | Phone: _____ |
| 2. Name: _____ | Phone: _____ |
| 3. Name: _____ | Phone: _____ |
| 4. Name: _____ | Phone: _____ |
| 5. Name: _____ | Phone: _____ |

Public places, groups, or social events that help me feel better:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Step 4: Family Members or Friends Who May Offer Help

Who I can tell that I am in crisis and need support:

- | | |
|----------------|--------------|
| 1. Name: _____ | Phone: _____ |
| 2. Name: _____ | Phone: _____ |
| 3. Name: _____ | Phone: _____ |
| 4. Name: _____ | Phone: _____ |
| 5. Name: _____ | Phone: _____ |
| 6. Name: _____ | Phone: _____ |

Step 5: Professionals and Agencies to Contact for Help

Mental Health professionals or services I can contact for help:

- | | |
|----------------|--------------|
| 1. Name: _____ | Phone: _____ |
| 2. Name: _____ | Phone: _____ |
| 3. Name: _____ | Phone: _____ |
| 4. Name: _____ | Phone: _____ |

Veterans Crisis Line: 1-800-273-8255, press 1

VCL Text Messaging Service: Text to 838255

VCL Chat: <https://www.VeteransCrisisLine.net/Chat>

If I need to go to an emergency room or urgent care,

I will go to: _____

ER Address: _____

Dial 911 in an emergency

ER Phone: _____

Step 6: Making the Environment Safe

These are the ways I will make my environment safer and barriers I will use to protect myself from lethal means:

- _____
- _____

These are the people who will help me protect myself from having access to dangerous items:

- | | |
|----------------|--------------|
| 1. Name: _____ | Phone: _____ |
| 2. Name: _____ | Phone: _____ |

Other Resources:

Virtual Hope Box Smartphone App

www.MakeTheConnection.net

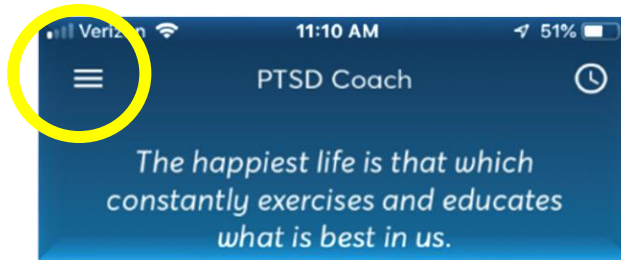
My3 Safety Plan Smartphone App

www.VetsPrevail.org



To access the Safety Plan:

1. Download* and open PTSD Coach
2. Tap the lateral menu
3. Tap Safety Plan



*If you have previously downloaded PTSD Coach, you may need to update it from the App Store/Google Play. For some, it may update automatically.

National Center for PTSD website:

https://www.ptsd.va.gov/appvid/mobile/ptsdcoach_app.asp

Language Matters

Collaborative	Confrontational
“What are some storage options for your guns?”	“You need to get rid of the weapons.”
“Let’s make a plan to safely store your meds until things improve.”	“I don’t trust you to be responsible with medications right now.”

- The focus is on strategic storage decisions in light of current elevated risk. As with all things related to firearms, the emphasis is on safety first.
- Focus on the (hopefully) temporary nature of both the gun relocation and the mental health issue.
- A growing research literature indicates gun owners prefer language that emphasizes options, autonomy, and temporary change.

Reintroducing Lethal Means

- It's a case by case decision. A week is too little time.
- Some signs that it's safer:
 - No suicidal ideation for a few months
 - Able to cope effectively with stressors
 - Has a plan for if there is a relapse

Medications

- Medication overdose is the **most common method** of suicide **attempt**.
- Overdose is **not** often fatal. But because there are hundreds of thousands of overdose attempts, it is the 3rd-leading method of suicide death.
- Some medications are more dangerous than others, especially in combination (like opioids, benzodiazepines, and alcohol).

Prescribers

- If you prescribe meds or work with prescribers, minimize overdose risk for at-risk patients:
 - Use lower toxicity medications where possible.
 - Limit quantities to non-lethal doses, even if taken all at once.
 - Take into account drug interactions & substance use/misuse.
 - For help on safe quantities, ask a pharmacist or the Poison Control Hotline 1-800-222-1222.



Medications: Behavioral Objective

- Properly **dispose of unneeded medications**.
- Keep small quantities of needed meds on hand that, even if taken all at once, could do no serious harm.
- **Lock up the rest**, especially abuse-prone and dangerous drugs (e.g., opioids, anti-anxiety medications, amphetamines, sedatives/tranquilizers).
- **Pharmacists can advise** on safe quantities.
- A support person, not the patient, should talk with them.
- Obtain **Narcan** and know how to use it if opioids are an issue.



Other Methods

- It's impossible to reduce access to *all* methods, especially tools for hanging and/or cutting.
- If there are specific objects that the person has identified they would use (e.g., dog leash, carpet cutting blade), reduce access to those.
- Otherwise, focus on support, supervision, and other parts of the Safety Plan

Congratulations!

- YOU have completed Counseling on Access to Lethal Means.
- Today's Instructor: Lori Reynolds, LISW Community Engagement and Partnership Coordinator for Suicide Prevention-Central Iowa VA contact at: lori.Reynolds@va.gov or 515-214-4593
- If you have questions about CALM, you may contact Elaine Frank directly at elainefrank603@gmail.com

