

Means Safety Counseling

Craig J. Bryan, PsyD, ABPP
Executive Director
National Center for Veterans Studies
The University of Utah

A Quick Word About Language

Use these terms:

Terms and language that are safety-oriented:

Means safety
Safety counseling
Safety plan

Avoid these terms:

Terms and language that imply restriction of autonomy:

Means restriction
Means restriction counseling
Removal of means



Means Safety Counseling: Basic Concepts

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Two Key Components

assessing whether an individual has access to a firearm or other lethal means for suicide

working with the individual and their support system to limit access to these means until risk resolves

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Three Core Assumptions

periods of acute
suicidal distress are
brief

additional suicide
attempts are unlikely if
a suicidal crisis is
survived

easy access to lethal
means is the strongest
determinant of
attempt outcome

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Of those who attempt suicide...

25-40%

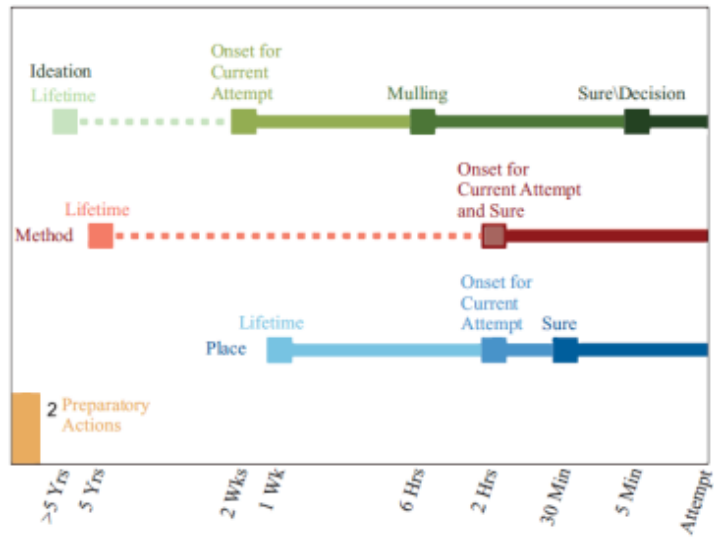
made the final decision to act
within 5 mins of the attempt

70%

made the final decision to act
within 1 hour of the attempt

Simon et al. (2001), Williams, Davidson & Montgomery (1980)

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Milner et al. (2016)

Three Core Assumptions

periods of acute suicidal distress are brief

additional suicide attempts are unlikely if a suicidal crisis is survived

easy access to lethal means is the strongest determinant of attempt outcome

Of those who attempt suicide...

90%

do not go on to die by suicide

75%

do not make another
suicide attempt

Owens, Horrocks, & House (2002)

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Three Core Assumptions

periods of acute
suicidal distress are
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attempts are unlikely if
a suicidal crisis is
survived

easy access to lethal
means is the strongest
determinant of
attempt outcome

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Suicidal intent has a very weak correlation
suicide attempt lethality

$r=0.05$

correlation between subjective
suicidal intent and medical
lethality of attempt

Brown, Henriques, Sosdjan, & Beck (2004)

2/3

proportion of suicide attempters
who communicate intent to others
in advance, regardless of method

Pirkola, Isometsa, & Lonnqvist (2003)

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Suicidal intent has a very weak correlation
suicide attempt lethality

72-73%

proportion of suicide attempters
who expected to die,
regardless of lethality level

Swahn & Potter (2001)

1/3

proportion of suicide attempters
who told others in advance,
regardless of lethality level

Swahn & Potter (2001)

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Availability of means is strongly correlated
with suicide attempt lethality

Unsafe storage, accessibility, and
proximity of pesticides associated
with increased likelihood of death
by pesticide ingestion

Eddleston, Buckley, Gunnell, Dawson, & Konradsen (2006)

Among patients treated for self-
inflicted gunshot wound, none
wrote a suicide note, less than half
had mental health diagnosis

Peterson, Peterson, O'Shanick, & Swann (1985)

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Availability of firearms in the home

doubles

the odds of death by suicide
by a resident of that home

Brent & Bridge (2003), Brent et al. (1991), Brent et al. (1993),
Kellermann et al. (1992)

Storing firearms in unlocked and
unsecured manner correlated with

**stronger association of suicide
ideation with suicidal intent**

relative to storing firearms in
locked and/or secured manner

Khazem et al. (2016)

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The Science of Means Restriction

Two Conditions for Means Safety to Work

method must have a sufficiently lethal profile

method must be sufficiently common in the population

Firearm regulation laws associated with
lower suicide rates

States with firearm waiting periods,
universal background checks, gun
locks, and open carry regulations
have lower suicide rates

Anestis & Anestis (2015)

States with permit, registration,
and license regulations for firearms
have lower suicide rates

Anestis et al. (2015)

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Firearm regulation laws associated with
lower suicide rates

IDF policy change restricting
removal of military firearms :
70% reduction in firearm suicides,
40% reduction in all suicides

Lubin et al. (2010)

District of Columbia Firearms
Control Regulations Act:
38% reduction in firearm suicides,
22% reduction in all suicides

Loffin, McDowall, Wiersema, & Cottey (1991)

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Legislation restricting access to lethal means
associated with decreased suicide rates

Stricter firearm regulations
associated with decreased
suicides in Canada, New Zealand

Beautrais, Fergusson, & Horwood (2006); Leeraars, Moksony,
Lester, & Wenckstern (2003)

Stricter regulations for carbon
monoxide, barbiturates, pesticides
associated with decreased suicide

Beautrais (2000); Gunnell et al. (2007); Mann et al. (2005);
Nodentoff, Qin, Helweg-Larsen, & Juel (2006)



The Science of Means Safety
Counseling

Means safety counseling associated with increased likelihood of enacting safety procedures

86%

of parents who received means safety counseling in ED following child's suicide attempt locked up/disposed medications

32%

of parents who did not receive means safety counseling in ED following child's suicide attempt locked up/disposed medications

McManus et al. (1997)

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Among those who receive counseling in an ED following a suicide attempt:

received counseling

no counseling

75%	lock-up / secure prescription medications	48%
48%	lock-up / secure OTC medications	22%
47%	alcohol	11%
63%	firearms	0%

Kruesi et al. (1999)

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Means safety counseling is rarely provided by healthcare providers who treat suicidal patients

% of ED nurses who counsel parents after adolescent attempt	28%
% of parents who received counseling after child's suicide attempt	12%
% of patients assessed for firearm access by in psychiatric ED	3%
% of psychologists reporting they should provide counsel patients	22%

McManus et al. (1997); Giggie, Olvera, & Joshi (2007); Sullivan (2004)

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Barriers to Means Safety Counseling

suicidal individuals will substitute methods

means safety counseling is ineffective

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Working With Suicidal Individuals

Common reactions to suicidal individuals

Fear → Helplessness
Hopelessness

Anxiety → Over-protectiveness
Under-protectiveness

Anger → Lack of compassion
Criticism

Clinician vs. Suicidal Individual Goals

Clinician

prevent death
don't get sued

Suicidal Individual

alleviate suffering
solve the problem

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Resolving the Conflict

1. Understand that the patient engages in harmful behaviors because they make sense and they work
2. Recognize the functional purpose of the behaviors
3. View the patient as individual with unique set of issues and circumstances
4. Listen to the patient's story

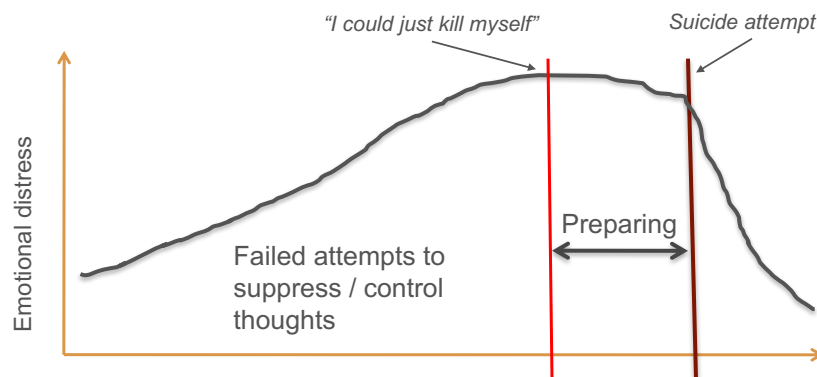
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Functional Model of Suicide

		Reinforcement	
		Positive	Negative
Automatic (Internal)		Adding desirable internal states ("To feel something")	Removing aversive internal states ("To stop bad feelings")
Social (External)		Gaining something from others ("To get attention")	Escaping interpersonal demands ("To avoid doing something")

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Negative Reinforcement

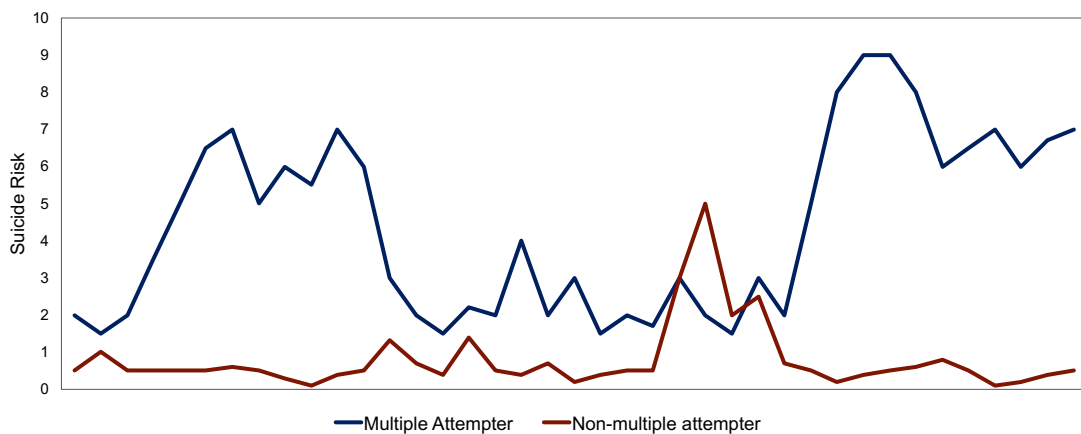


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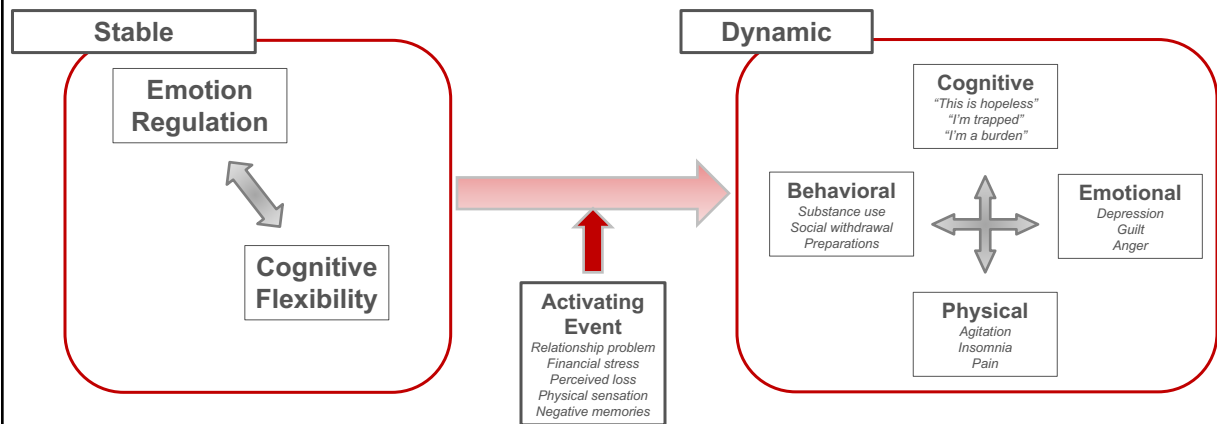
"I got my second Article 15. I'll probably lose a stripe over it, and they're going to send me back home now. I told my girlfriend about it and she got mad at me and hung up the phone. She won't answer my phone calls or emails now. I just don't know what I'm going to do. I was in my room yesterday and I was just thinking to myself "What's the point? I just f--- everything up." So I took out my gun from my holster and loaded it, and held it to my head. I started to pull the trigger, but then my friend came to my door and knocked. She saw me with the gun and asked what I was doing and I told her. She took my gun away and went and told the Shirt, and they took me to mental health. If my friend hadn't come right then I'm pretty certain I'd be dead. It just happened so fast."

--Airman assessed in Iraq

Fluctuations in Suicide Risk

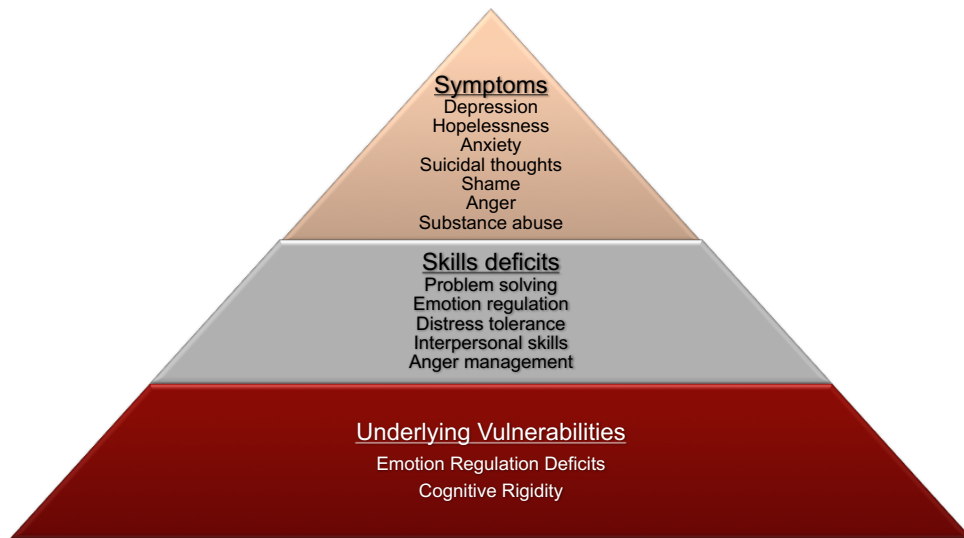


The Suicidal Mode



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Levels of Suicide Risk



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Basics of Motivational Interviewing

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"People often get stuck, not because they fail to appreciate the down side of their situation, but because they feel at least two ways about it."

Miller & Rollnick (2002)

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ambivalence

ambivalence is a state of having mixed (sometimes contradictory) feelings about something

ambivalence about change is common: we often want to change something about what we are doing but also want to keep things the same



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ambivalence

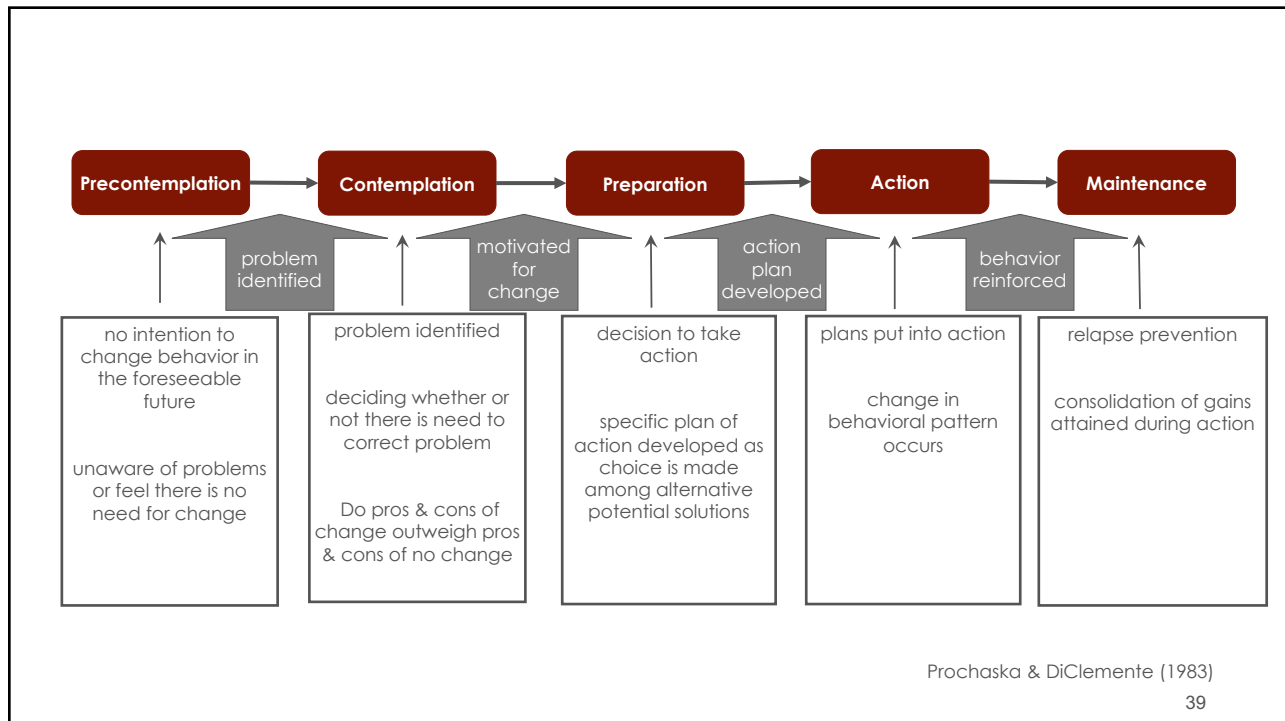
we can be unsure about making a change even when we know there are benefits and others are recommending or encouraging us

in some cases, we may be afraid to make a change

ambivalence about change is often related to our motivation to make the change



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change is not linear

many people mistakenly assume that once a decision is made, their motivation will remain constant

change often follows a pattern in which we take a few steps forward then a few steps back

motivation often comes and goes

Precontemplation Contemplation Preparation Action

Precontemplation Contemplation Preparation Action

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how **important** is it for you to change ?

0 1 2 3 4 5 6 7 8 9 10

not at all

most important

how **confident** are you that you can change?

0 1 2 3 4 5 6 7 8 9 10

not at all

completely

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decisional balance

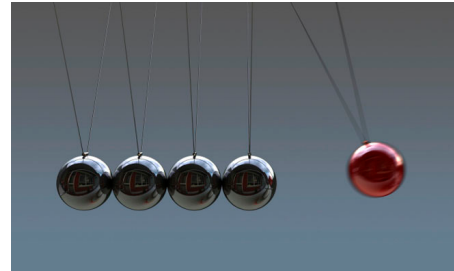
	Benefits/ Pros	Costs/ Cons
Change		
No Change		

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reactance

although we may have an opinion about what others should do, we do not want these feelings to interfere with our ability to work with those who are ambivalent

taking one side of an individual's ambivalence often activates the opposite side of their ambivalence, which elicits "defensive" or "resistant" behavior



Britton, Bryan, & Valenstein (2015)

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core principles

- absolute worth
- accurate empathy
- autonomy support
- affirmation
- evocation
- collaboration
- compassion

Britton, Bryan, & Valenstein (2015)

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absolute worth

Recognition of the individual as unique and worthy of respect and trust

- Individual's life is worth living and his/her difficulties are real, despite potential challenges to empathy and acceptance due to interpersonal abrasiveness

Britton, Bryan, & Valenstein (2015)

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accurate empathy

Sharing one's understanding of the other's perspective

- Individuals who own firearms need to feel that their reasons for thinking about suicide and their reluctance to restrict access are understood

Britton, Bryan, & Valenstein (2015)

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autonomy support

Individuals must provide the reasons to change and means to do so

- Individuals who own firearms should be the ones to identify the reasons for limiting access to lethal means, and to develop and follow through with a means safety plan

Britton, Bryan, & Valenstein (2015)

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affirmation

Openly acknowledge individual's strengths and efforts to encourage change

- Individuals who own firearms and take steps towards enacting safety procedures should be rewarded and supported.

Britton, Bryan, & Valenstein (2015)

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evocation

The critical elements of change are already possessed by the individual

- Individuals who identify personal, meaningful reasons and methods for limiting access to firearms are more likely to engage in safety procedures than individuals who are provided reasons by clinicians

Britton, Bryan, & Valenstein (2015)

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collaboration

Individuals are experts and clinicians are a resource who work together

- The clinician's job is to help individuals explore reasons for limiting access and then develop a plan, but the individual finds their own reasons and create the plan themselves

Britton, Bryan, & Valenstein (2015)

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compassion

Possessing a commitment to helping others for the other's well-being rather than for their own gain or achievement

- Individuals who own firearms should feel cared for, not coerced

Britton, Bryan, & Valenstein (2015)

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core techniques

- reflective listening
- open-ended questions
- affirmations
- summaries

Britton, Bryan, & Valenstein (2015)

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Means Safety Counseling: Mechanics

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counseling phases

- engaging
- focusing
- evoking
- planning

Britton, Bryan, & Valenstein (2015)

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engaging

- establish collaborative working relationship with the firearm owner
- be mindful of external pressures that can lead to an authoritarian role (e.g., administrators, colleagues, policy)
- avoid trying to “fix” the problem
- listening is key

Britton, Bryan, & Valenstein (2015)

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focusing

- adopt a guiding approach that is balanced between directive and following approaches
- negotiate with the firearm owner and the demands of the setting
- be flexible: individuals may be more willing to address means safety after being allowed to address a topic they see as more important

Britton, Bryan, & Valenstein (2015)

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evoking

- after agreeing to discuss means safety, elicit the individual's reasons for restricting their access
- people often talk themselves into change
- if people are uncertain of change, they often follow a plan of action that seems like the best course
- individuals may need to explore reasons against safety procedures before exploring reasons supporting them

Britton, Bryan, & Valenstein (2015)

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planning

- when individuals begin to talk about change, introduce the possibility of making a plan
- raising the issue of a plan should follow natural flow of conversation from preparatory talk to commitment talk to planning
- summarize change talk with a nonthreatening question
- identify options, discuss multiple possibilities, weigh pros and cons of each, put it in writing

Britton, Bryan, & Valenstein (2015)

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Means Safety Counseling: Example

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engaging I see here that you're a gun owner. What types of guns do you own?

focusing That reminds me of something I wanted to talk about: safety. Would you be willing to talk a bit about the safety procedures you follow as a gun owner?

evoking Research suggests that households that do not follow safe storage procedures such as locking up or securing a firearm are much more likely to have gun-related fatalities. What are your thoughts about securing or locking up firearms at home?

What are your thoughts about secure gun storage in homes with children?

What are your thoughts about secure gun storage in homes with someone who is struggling with depression, PTSD, or suicidal thoughts?

planning Where does this leave you?

What do you think you might want to do about this?

A lot of people find that it's helpful to write down their safety plan. Can I help you to create one for you and your home?

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Means Safety Counseling: Practice

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Questions?

Craig J. Bryan, PsyD, ABPP
craig.bryan@psych.utah.edu

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