

## What Clinicians Can Do

Following is a summary of the steps, goals, and things to consider when talking with clients about reducing access to lethal means.

### 1. Raise the issue.

**Behavioral Goal: Motivate the family to reduce access to lethal means at home.**

**Considerations:**

- Firearms – Guns are highly lethal and irreversible (there's no time to reconsider once the trigger is pulled). Reducing access to a gun can save a life. Ask **all** clients at risk if they have access to firearms and discuss ways to reduce access.
- Medications – Medications are the most common method for suicide attempts. While medications are far less likely to result in death, some are more deadly than others.

**Sample Language:**

- “When someone is struggling in the ways that you are, sometimes suicidal feelings can emerge and escalate rapidly. There are a few steps we routinely recommend for the home to make things safer.”
- “Guns are the most frequent method of suicide *death*, and pills are the most frequent method of suicide *attempt*, so let's start by limiting access to those.”

**Behavioral Goal: Assess how guns and medications are currently stored at home.**

**Considerations:**

- Firearms – Your goal is not to make people feel interrogated or worry that their guns may be taken from them. Your goal is to let them know about voluntary steps they can choose to take. Speak to the adult who knows the most about the household's firearms which is usually the husband. Often the wife doesn't know how all of the guns are stored. If a client splits their time between homes, such as in joint custody situations, assess both homes.

**Sample Language:**

- “What some gun owners in your situation do is temporarily store their guns away from home with someone they trust or at a self-storage unit, gun shop, or police department. If you have guns at home, I'd like to talk over storage options like that with you.”
- “Let's also talk over what types of medications are in your home and how they're stored.”

## 2. Develop a plan.

**Behavioral Goal: Safely store firearms until the client recovers.**

### Considerations:

- Storing firearms away from the home temporarily is the safest choice. Here are some options:
  - **Relative or friend:** Be sure they are not prohibited from possessing firearms (e.g., due to conviction for felony or domestic violence). Also, some states have laws governing temporary transfers of guns between individuals.
  - **Self-storage rental unit:** Store guns unloaded.
  - **Gun shop or shooting range:** Some offer storage services for a fee or as a free service to regular customers/members. A background check may be required to retrieve guns.
  - **Pawn shop:** For a small loan, you can leave your guns with a pawn shop in most states. Retrieving guns involves a background check in addition to repaying the loan and interest.
  - **Law enforcement:** Some police departments will hold guns on a temporary basis in an emergency. Some will even pick them up. Check their policies before bringing any guns in.
- If off-site storage is not possible, here are the second-best options for firearms:
  - **Lock the firearms in a gun safe or tamper-proof storage box** (ideally with ammunition locked in a separate location), and keep the keys/combinations away from the person at risk. Locking guns in a glass-fronted case, in a wooden case with external hinges, or with only a cable lock that can be easily cut are not as safe as locking guns in a sturdy gun safe.
  - **Disassemble the guns**, and store a key component, like the slide or the firing pin separately or away from the home.
- Quick and easy access to a loaded firearm during a suicidal crisis adds a lot of risk. If none of the off-site or on-site storage options are possible, anything that delays access can help. Here are some additional safety considerations:
  - A locked gun is safer than an unlocked gun, no matter who holds the key.
  - An unloaded gun is a lower suicide risk than a loaded gun, especially if the ammunition is stored separately or away from the home.
  - Hiding guns is not recommended. Family members, especially children and teens, often know or can find the hiding places someone else uses.
  - If a loaded gun is needed for self-defense, discuss with the client and family the short-term comparative risk of suicide versus a home invasion, as well as alternative means for self-defense.

## Sample Language:

*If the gun owner is the person at risk:*

- “Can someone else hold the key or change the combination for now?”

*If the gun owner is a family member:*

- “Until [client name] is better, would storing the guns away from home work for your family?”

*If the family is unwilling/unable to store guns away from home:*

- “Would you be willing to lock the guns very securely and separately from the ammunition, and ensure [client name] has no access to the keys or combination?”
- “Would you be willing to ask someone who doesn’t live in the home to hold the keys or to change the combination for now?”
- “Would you be willing to remove a critical component of the gun so that it can’t fire?”

*If the family is not willing to secure the guns at home, give the key/combination to someone else, or temporarily disable the gun:*

- “What other options would you be willing to consider to increase safety?”
- “Would you be willing to store and lock the ammunition separately from the locked gun or not keep ammunition at home for now?”

*If the reason a family member provides for holding on to the gun is self-defense:*

- “For right now, while [client name] is at risk of suicide, that gun may be more likely to cause harm than safety.”
- “Can you think of any other way to protect your home?” (Examples: outdoor lighting, a dog, or pepper spray)
- “If you have to have a self-defense gun, keeping it on you or in a lock box that [client’s name] can’t get into will be safer than [client’s name] having access to it.”

**Behavioral Goal: Reduce availability of medications (even those still accessible so that they would not cause serious harm if taken all at once).**

## Considerations:

- Families should safely dispose of medications they no longer use.
- Provide advice on storing the medications they do need to keep on hand:

- Keep only small quantities of over-the-counter medications on hand.
- Lock up abuse-prone pills (e.g., opioids, benzodiazepines, muscle relaxants, sedatives, barbiturates, amphetamines).
- Ask their doctor or pharmacist, or the poison control center (1-800-222-1222) for help in determining safe quantities for their prescriptions (e.g., for some people, one week's worth may be safe).
- Do not lock up rescue medications such as inhalers and EpiPens.

**Sample Language:**

- “Now let’s make sure there’s nothing in the medicine cabinet that could do serious harm to [client name] if she or he took them all at once.”

**Behavioral Goal: Reduce access to any other method that a client’s ideation has focused on.**

**Considerations:**

- If the client has thoughts about using another method (particularly one that is highly lethal), discuss a plan for reducing access to that method.
- It is impossible to entirely “suicide-proof” a home.

**Sample Language:**

- “Let’s talk about some ways you can stay safe and avoid [the method].”

### 3. Document and Follow Up

**Behavioral Goal: Agree on roles and timetable.**

**Considerations:**

- Specific steps with names and timetables work better than a general plan like “family will secure the guns.”

**Sample Language:**

- “Let’s review who’s doing what and when: Dad will take the guns to his brother’s house this weekend and in the meantime, he will put them in the gun safe. Mom will put a week’s worth of [client’s name] antidepressants in the pill sorter and lock up the rest. She will dispose of old medications and talk to a pharmacist tomorrow about safe amounts of the other medications.”

**Behavioral Goal: Document the plan and next steps.****Considerations:**

- Note the discussion and plan in the medical record so that it is accessible to other providers.

**Sample Language:**

- “I’ve written down the plan here for you to take with you. We’ll give you a call in a few days to see how things are going.”

**Behavioral Goal: Confirm that the plan was implemented.****Considerations:**

- Follow-up contacts have been shown to increase the likelihood that a family will actually implement the plan as well as reduce the likelihood of readmission to an inpatient facility.

**Sample Language:**

- “Hi! I wanted to check in and see how [client’s name] is doing and also ask how the plan is going that we talked about for gun and medication storage.”