

**VA**



U.S. Department  
of Veterans Affairs



# Lethal Means and Suicide among Veterans: Intervening by Safety Planning and Focusing on Firearm Safety

**Melodi Billera, LCSW**

***Rocky Mountain MIRECC for Suicide Prevention***

SPCC

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## Disclaimer

This presentation is based on work supported, in part, by the Department of Veterans Affairs, but does not necessarily represent the views of the Department of Veterans Affairs or the United States Government.



## Outline

1. Background
2. Safety Planning
3. Means Safety
4. Wrap Up

# Background





## A Brief History of Means Restriction

- Chosen methods often location/culture specific (Lin & Lu, 2006)
  - Highly toxic pesticides
  - Tall buildings
- Blister packaging of VA prescribed meds (Gutierrez et al., 2015)



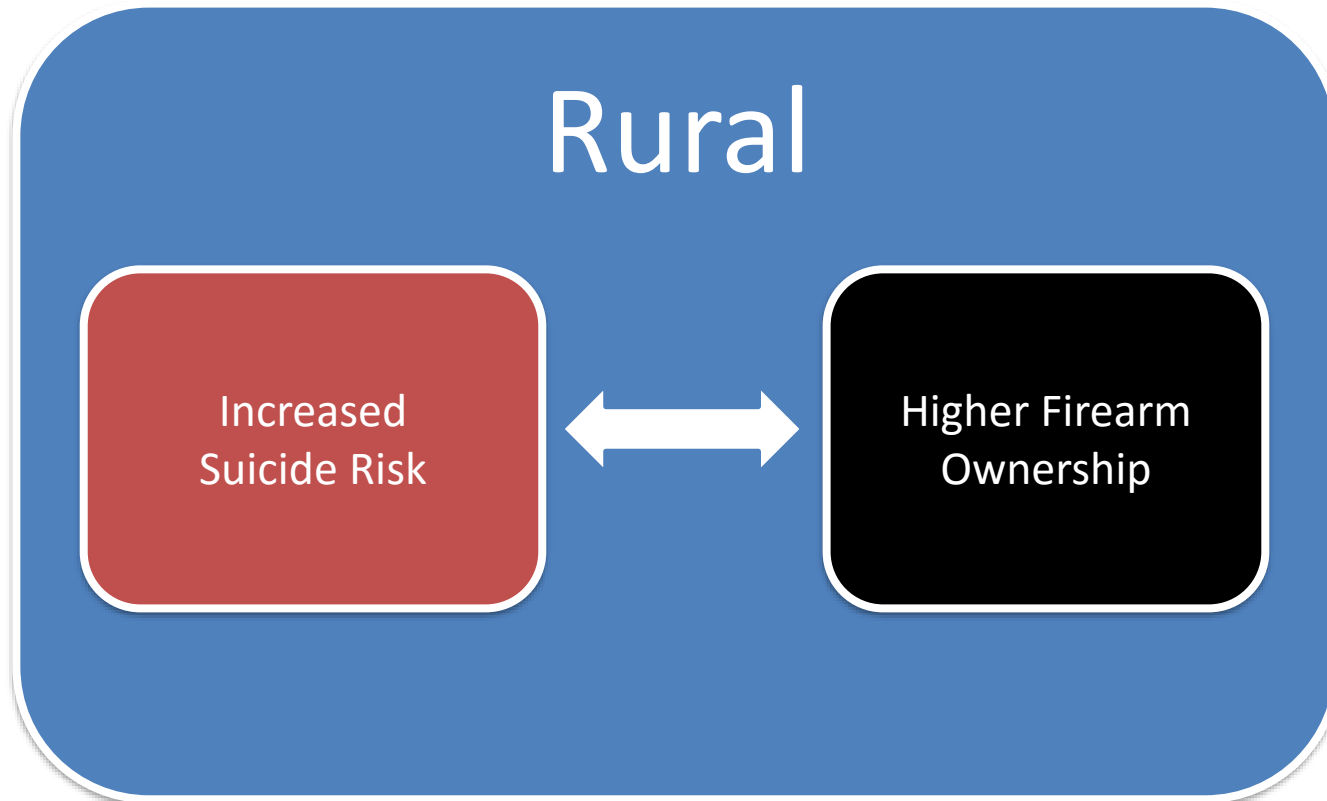
## Correlation of Gun Ownership and Suicide

*Suicides in the 15 U.S. States with the Highest vs. the 6 U.S. States with the Lowest Average Household Gun Ownership (2000-2002)*

	<b>High-Gun States</b>	<b>Low-Gun States</b>
<b>Population</b>	39 million	40 million
<b>Household Gun Ownership</b>	47%	15%
<b>Firearm Suicide</b>	9,749	2,606
<b>Non-Firearm Suicide</b>	5,060	5,446
<b>Total Suicide</b>	14,809	8,052



## Correlation





## Firearms, Suicide, and Rurality

- Every study that has examined the issue to date has found that within the U.S., **access to firearms is associated with increased suicide risk** (Harvard T.H. Chan School of Public Health)
- Rural Veterans 20% higher risk of suicide than urban Veterans (McCarthy et al., 2012)
  - Contributing factors (Searles et al., 2014):
    - Limited access to care
    - Cultural values that deter help-seeking
    - **Increased access to lethal means (firearms)**





## Why so problematic?

- Guns are more lethal than other suicide means
  - They're quick and they're irreversible.
- About 85% of attempts with a firearm are fatal
  - Much higher than other methods (most >5%)
- With a firearm, once the trigger is pulled, there's no turning back
- **Area for intervention**

# Safety Planning





## Ideally...

Safety planning follows a process in which risk has been assessed and stratified

1. Conduct and document clinical risk assessment
2. Augment clinical risk assessment with structured instruments
3. Stratify risk in terms of both severity and temporality
4. **Develop and document a Safety Plan**

For more information on Therapeutic Risk Management, visit:  
<http://www.mirecc.va.gov/visn19/trm>



## “No-Suicide Contracts”

- Typically entails a patient agreeing to not harm themselves
- Despite a lack of empirical support, commonly used (up to 79%) by mental health professionals
- Not recommended for multiple reasons
  - No medicolegal protection
  - Negatively influences provider behavior
  - Not patient-centered

Drew, 1999; Range et al., 2002; Rudd et al., 2006; Simon, 1999

# Safety Planning

- Brief clinical intervention
- Follows risk assessment
- Hierarchical and prioritized list of strategies
- Used preceding or during a suicidal crisis
- Involves collaboration between the client and clinician

SAFETY PLAN	
<b>Step 1: Warning signs:</b>	
1.	<u>Suicidal thoughts and feeling worthless and hopeless</u>
2.	<u>Urges to drink</u>
3.	<u>Intense arguing with girlfriend</u>
<b>Step 2: Internal coping strategies - Things I can do to distract myself without contacting anyone:</b>	
1.	<u>Play the guitar</u>
2.	<u>Watch sports on television</u>
3.	<u>Work out</u>
<b>Step 3: Social situations and people that can help to distract me:</b>	
1.	<u>AA Meeting</u>
2.	<u>Joe Smith (cousin)</u>
3.	<u>Local Coffee Shop</u>
<b>Step 4: People who I can ask for help:</b>	
1.	Name <u>Mother</u> Phone <u>333-8666</u>
2.	Name <u>AA Sponsor (Frank)</u> Phone <u>333-7215</u>
<b>Step 5: Professionals or agencies I can contact during a crisis:</b>	
1.	Clinician Name <u>Dr. John Jones</u> Phone <u>333-7000</u> Clinician Pager or Emergency Contact # <u>555-822-9999</u>
2.	Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____
3.	Local Hospital ED <u>City Hospital Center</u> Local Hospital ED Address <u>222 Main St</u> Local Hospital ED Phone <u>333-9000</u>
4.	Suicide Prevention Lifeline Phone: <u>1-800-273-TALK</u>
<b>Making the environment safe:</b>	
1.	<u>Keep only a small amount of pills in home</u>
2.	<u>Don't keep alcohol in home</u>
3.	_____

Stanley, B., & Brown, G.K. (with Karlin, B., Kemp, J.E., & VonBergen, H.A.). (2008). *Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version*.



# Safety Plan Steps

1. Warning Signs
2. Internal Coping Strategies
3. Social Contacts and Settings for Distraction
4. People Who I Can Ask for Help
5. Professionals and Agencies to Contact for Help
6. Making the Environment Safe



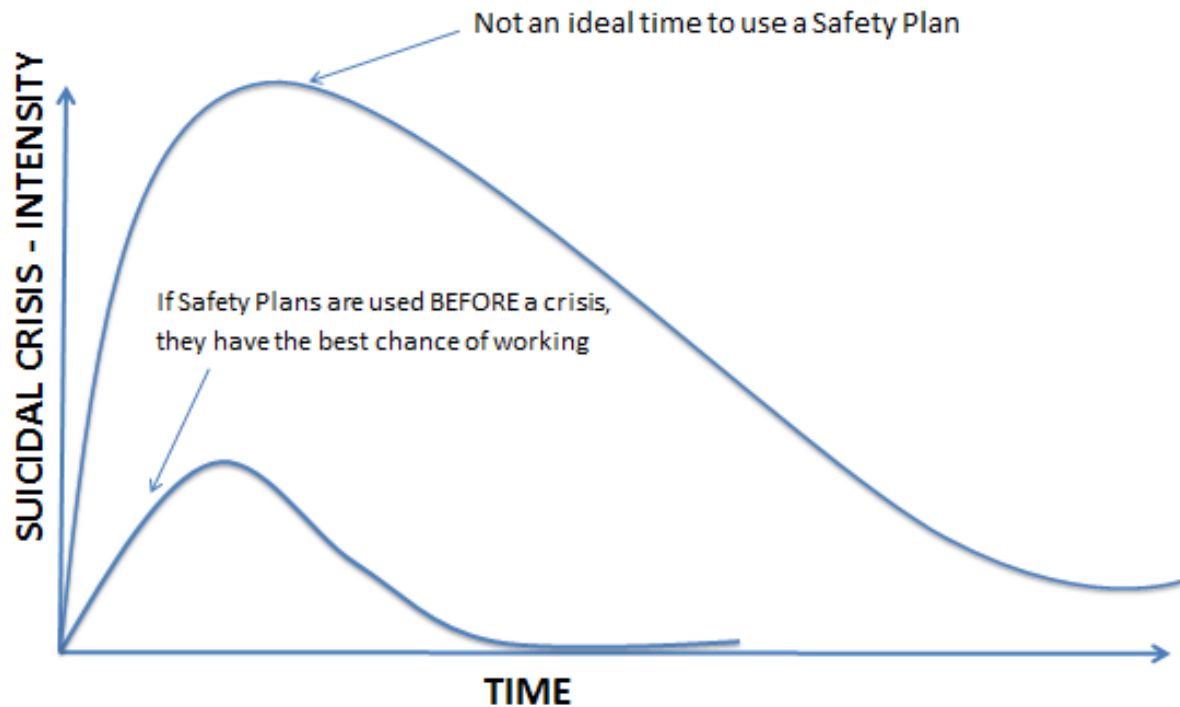
## Tips for Developing a Safety Plan Collaboratively

- Collaboration essential when working with individuals who are suicidal
- Ways to increase collaboration
  - Sit side-by-side
  - Use a paper form
  - Have the individual write
  - Provide brief instructions using client's words
  - Conversational approach
  - Jointly address barriers and use problem-solving



## Provide Rationale

- Ask: What's your thinking like in a crisis?
- Catch it early!







## Step 1: Warning Signs

- Purpose: Identify and attend to warning signs for suicidal ideation/behavior
- List specific and personalized examples in patient's own words
  - Thoughts
  - Emotions
  - Behaviors
  - Physical sensations

*Ask:*

*“How will you know when to use your safety plan?”*

*“What are your personal red flags?”*



## Step 2: Internal Coping Strategies

- Purpose: Take the individual's mind off of problems to prevent escalation of suicidal thoughts
- List activities client can do without contacting another person
  - Take a hot shower
  - Listen to my "relax" play list
  - Pet my dog
- Encourage patient to build "coping memory"

Ask:

*"What can you do on your own to prevent yourself from acting on suicidal thoughts or urges?"*

*"How likely would you be able to do this during a time of crisis?"*



## Step 3: Social Contacts and Settings for Distraction

- Purpose: Engage with people and social settings that provide distraction
- List people or safe places that offer distraction
  - Important to include phone numbers and multiple options
  - Avoid listing any contentious relationships
  - Examples of places: park, coffee shops, places of worship

### *Ask:*

*“Who helps you feel better when you socialize with them?”*

*“What social settings help you take your mind off your problems at least for a little while?”*



## Step 4: People Who I can Ask for Help

- Purpose: Tell a family member or friend that he/she is in crisis and needs support
- List names and phone numbers of supportive others
  - Can be same people as Step 3, but different purpose
  - Include multiple options and prioritize list
  - If possible, share safety plan with the family member or friend

*Ask:*

*“Among your family or friends, who do you think you could contact for help during a crisis?”*

*“Who is supportive of you and who do you feel that you can talk with when you’re under stress?”*



## Step 5: Professionals and Agencies to Contact for Help

- Purpose: List professionals/services to reach out to if previous steps did not resolve the crisis
- List name, phone number and location of
  - Primary mental health provider and other providers
  - Emergency psychiatric services
- National Suicide Prevention Line: 1-800-273-TALK (8255)
- Veterans Crisis Line: 1-800-273-TALK (8255), press 1
- 911

### **Ask:**

*Who are the mental health professionals that we should identify to be on your safety plan?"*



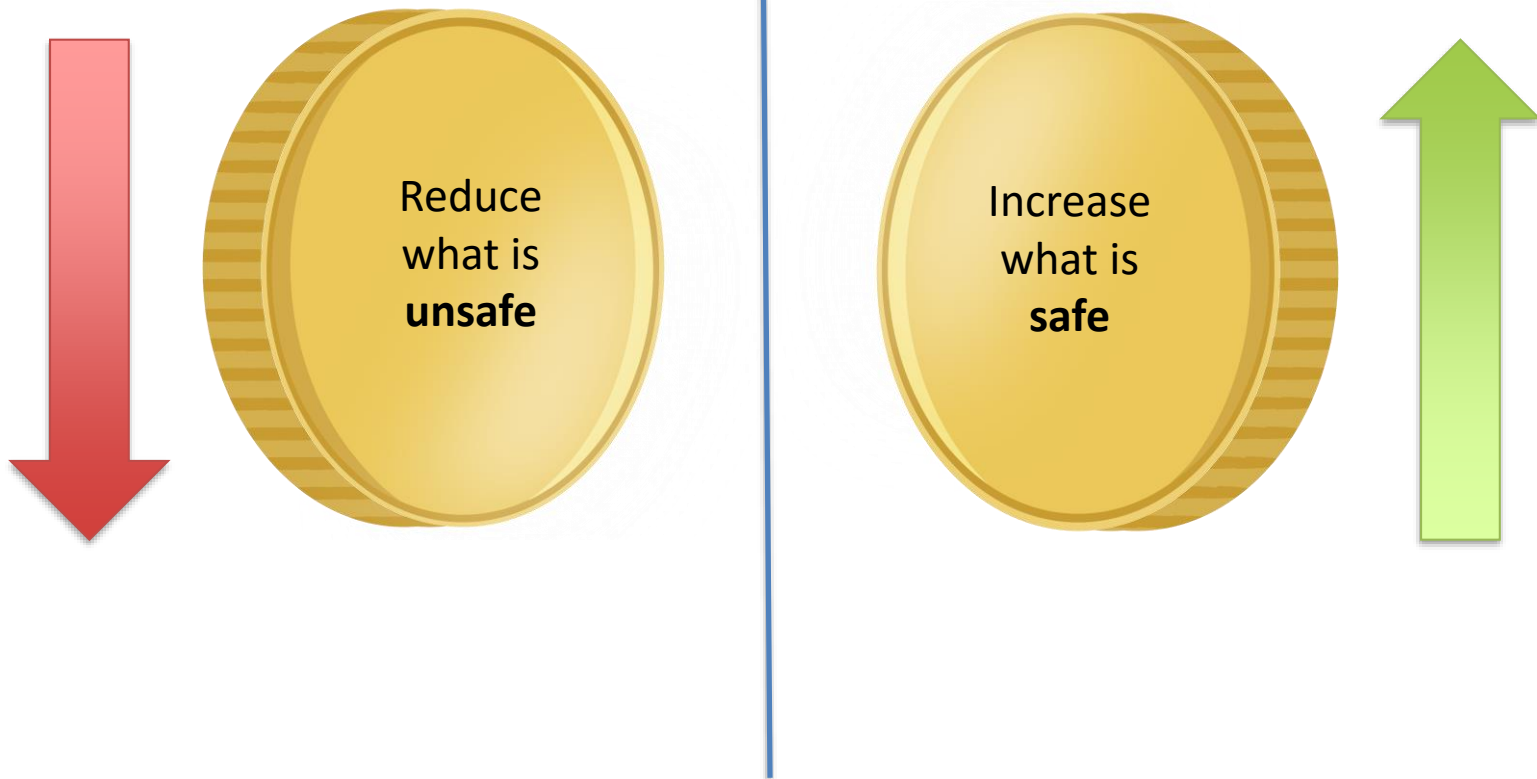
# Step 6 and Means Safety



## Step 6: Making the Environment Safe

- Purpose: Eliminate or limit access to lethal means
- Bonus purpose: Increase reminders of reasons for living

## 2 sides to the step 6 coin







## How Does Means Restriction Work?

- Interruption of in-progress suicide attempt
- Slow down thinking
- Opportunity for additional interventions
  - Crisis line call
  - Family members/friends
  - Employment of safety plan
- Time for crisis to pass
- Means substitution uncommon (Hawton, 2007)



**Why “means safety”?**



## Language Matters

- Veterans likely to be pro-rights and personal freedoms
- “Restriction” not a popular concept
- “Safety” more benign and general term
- Can be applied not just to the at-risk individual but also their family
  - Kids and grandkids
- Military training strong emphasis on weapons safety
- Fits better with safety plan concept
- Opens door for collaboration



## Which Means Should be Safely Stored?

- Based on risk assessment data
- Most lethal
- Practical considerations





## How to start the conversation?

### Assess:

- What is their plan?
- What do they have access to?
- What have they used in the past (if relevant)?
- What meds are prescribed?
- What meds do they have on hand?
- ALWAYS ask about guns



## Implementation

- How willing are they to make the home environment safer?
- Whose help are they willing to enlist?
  - Make sure identified person/people aware of plan and agree
- Determine how long plan needs to be in place
  - How will access be increased once determined safe?
- Realistic and acceptable limitations
  - Can work towards higher level of safety over time
  - Collaborate, don't dictate



## Weapons Safety

- Assume own weapons, ask “how many?” rather than “do you have?”
- How currently stored?
- What additional storage options are acceptable and feasible?
- Not trying to take away their guns or limit their rights
  - Focus is on their safety and of others in the home (if relevant)
- Ideal solutions
  - Remove from home until crisis passes
  - Weapons disassembled, locked, and stored separately from locked ammunition
  - Create more distance between at-risk individual and weapon than currently exists



## Medication Safety

- Current meds, doses, and quantity on hand
- Patients frequently keep old meds
- Over-the-counter meds can also be toxic
- Work with prescriber to reduce access
  - 30-day refill vs 90-day
  - Pick up meds from pharmacy vs mail
  - Less toxic equivalent options
- Get rid of old, unneeded, or expired prescriptions
- Pill boxes, dispensers, and management by others
  - Meds can be locked up just like weapons
- Blister packaging





## Increasing what is safe

- Increasing reminders of reasons for living
  - Reminders of reasons for living may include photos of loved ones, inspirational quotes, etc.
- Hope box
  - Physical or virtual

## There's an app for that! Virtual Hope Box (VHB)



### Remind Me

- Store supportive photos, videos, recorded messages, music

### Distract Me

- Sudoku puzzles, photo puzzles, word search, mahjong solitaire

### Inspire Me

- Inspirational quotes

### Relax Me

- Controlled breathing, muscle relaxation, guided meditation

### Coping Tools

- Coping cards and positive activity planner

### Support Contacts

- Quick access to preselected contacts

# Wrap Up





## Step 6: Making the Environment Safe

- Purpose: Eliminate or limit access to lethal means
- Bonus purpose: Increase reminders of reasons for living
- Involves:
  - Means-safety counseling
  - Reminders of reasons for living
- Ask direct questions
- Focus on safety, not restriction
- Be collaborative
- Involve family/friends
- May be a multi-step process
- Be creative

# Never Worry Alone



Email: [srmconsult@va.gov](mailto:srmconsult@va.gov)  
Call: (866) 948-7880

One-on-one consultation at no charge for any VA provider:

- Assessment
- Conceptualizing Suicide Risk
- Pharmacotherapy
- Treatment Options
- Evidence-based resources for suicide risk management
- Improving care (e.g., Programmatic Issues)

Make your request online at the <http://vaww.mirecc.va.gov/srm/>



**Thank you!**

**[Melodi.Billera@va.gov](mailto:Melodi.Billera@va.gov)**

**[www.mirecc.va.gov/visn19](http://www.mirecc.va.gov/visn19)**