CONVERSATIONS FOR SUICIDE SAFER HOMES

A CALM-Informed Training – for General Audiences

Instructor Notes	May 30, 2024	SaferHomesCollaborative.org

Dear Instructor,

The journey to developing *Conversations for Suicide Safer Homes* began in 2017 when the Missouri Institute for Mental Health (MIMH) was invited by the Missouri Foundation for Health (MFH) to submit a firearm violence prevention grant proposal to implement a gun shop project. That grant proposal led to the creation of the Safer Homes Collaborative, whose mission is to contribute to state-wide suicide prevention efforts by raising awareness about the link between access to firearms and suicide, and empowering communities with lethal means reduction training to reduce or prevent firearm suicide.

An early component of the proposal was to adapt *Counseling on Access to Lethal Means* (CALM), a lethal means reduction training for behavioral health professionals and physicians, into a training that firearm retailers. The idea was to train firearm retailers to engage customers in conversations about temporarily removing or layering safe storage strategies if the customer or someone in the home was at risk for suicide. That adapted training was known as *Conversations on Access to Lethal Means* (CALM). During the initial rollout of the Safer Homes Collaborative outreach to gun shops, retailers were invited/asked to participate in *Conversation on Access to Lethal Means,* however, it was difficult to get retailers to participate. We knew we had an invaluable training that was necessary to further awareness and prevention of firearm suicides. We just couldn't get our intended audience to participate. Coincidentally, firearm suicide research was expanding at that time. With increased knowledge that most firearm suicides are completed with a firearm that is already in the home, and that 46% of Missourians live in homes with access to a firearm, the SHC pivoted to include gun owners and those who have opportunities to have conversations about suicide risk with gun owners in our targeted audience. That led us to expand instructor capacity; growing from two instructors in 2018 to over 50 instructors by 2020.

The Safer Homes Collaborative endeavored to evaluate the effectiveness of the *Conversation on Access to Lethal Means* training. We presented CALM at conferences and community events, among gun owners, and non-gun owners alike, from December 2018 until March 2020. Having trained over 800 Missourians in that time, the evaluation outcomes demonstrated that CALM was indeed effective at increasing participants' comfort, confidence, and likelihood in engaging a person at risk for suicide in a conversation on access to lethal means.

In 2022, the SHC received funding to continue its efforts to promote lethal means reduction strategies to broader audiences. With the continued funding, *Conversations on Access to Lethal Means* has been repackaged as *Conversations for Suicide Safer Homes* (CSSH), a CALM-informed training. More than just a name change, *Conversations for Suicide Safer Homes* will be tailored to target audiences such as first responders, service members, veterans, and their family members, faith-based organizations, and occupations, such as construction, manufacturing and agriculture, with the highest suicide rates.

The *Conversations for Suicide Safer Homes* training is ideally delivered in an in-person format. The goal was to create a workshop that could be conducted in 60 minutes, but most instructors will find they need 90 minutes to allow for robust discussion and debrief with participants.

Evaluation of *Conversations for Suicide Safer Homes* is underway to demonstrate its effectiveness in increasing participants' confidence, comfort, and willingness to engage individuals at risk for suicide in conversations about reducing access to lethal means. We will measure outcomes from in-person and virtual workshops over the next several years to ensure that *Conversations for Suicide Safer Homes* achieves its intended goals and outcomes. We appreciate your assistance in collecting evaluation data when you deliver a training.

On behalf of the Safer Homes Collaborative, thank you for your willingness to be a part of the large community of suicide prevention advocates, working tirelessly to prevent suicide in Missouri.

Katie Ellison, MA, MS, NCC
Principal Investigator & Project Director for the Safer Homes Collaborative
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This course can only be presented by those who have completed the Instructor Training Workshop facilitated by a CALM Developer or Master Trainer. For additional information on this training, contact Katie Ellison at 314-514-8454, Elizabeth Makulec at 314-963-7571, or Rick Strait at 573-915-8911.

Slide 1

Invite participants to complete the pre-survey by scanning the QR code with the camera on their phone. Their voluntary and confidential participation in the pre/post/3 month follow-up surveys will assist the Safer Homes Collaborative to validate CSSH as an effective training to increase participants' comfort, confidence willingness to engage in conversations about reducing access to lethal means to prevent suicide. Participants who complete all three surveys and provide an email address will receive a digital $25.00 gift card to Amazon for their participation. The surveys take approximately 5-10 minutes to complete.

Pre-Survey Link: https://umsl.az1.qualtrics.com/jfe/form/SV_2avFAdA9mYVOWfY

This course can only be presented by those who have completed the Instructor Training Workshop facilitated by a CALM Developer or Master Trainer. For additional information on this training, contact Elizabeth Makulec at 314.963.7571 or Rick Strait at 573.915.8911. Any significant alterations must be approved by a Master Trainer and one of the Developers prior to being presented. Additional slides that show local data or suicide prevention resources may be added with the approval of a Master Trainer to ensure that they are accurate and in keeping with the CALM approach to suicide prevention.

Course description - This course reviews public health data regarding suicide and access to lethal means. It highlights the importance of reducing access to highly lethal means, discusses the most lethal means, and describes how to have a culturally competent conversation regarding securing lethal means and firearms.

Note to Instructors:
Introductions may include the sponsoring organization, the instructors(s), and/or the participants.
Welcome gun owners' and non-gun owners' participation in this training.
Safe messaging practices recommend avoiding focusing on the method used in suicide deaths. We must focus on the most lethal method(s) for training purposes.
There is a high probability that a survivor of suicide loss and/or attempt survivor is a participant. Acknowledge the likelihood that loss survivors are in attendance and that the material may be emotionally difficult for some people.

Slide 2

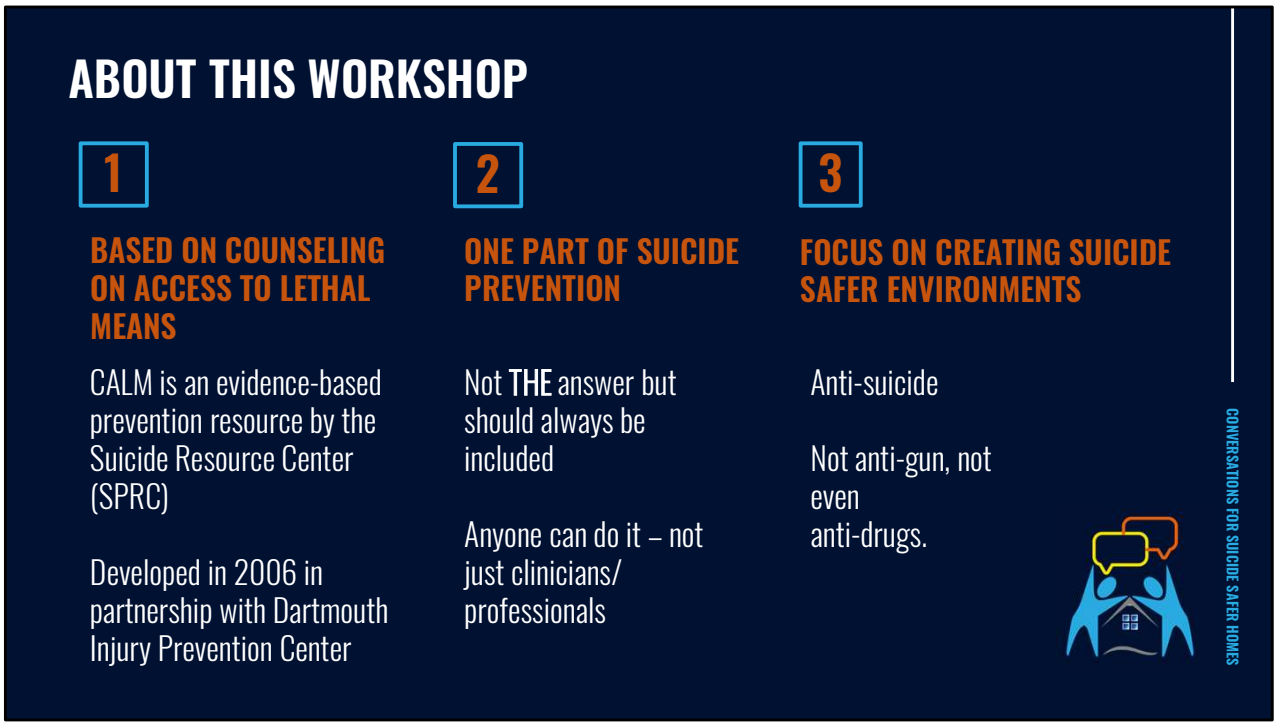
Historical knowledge for Instructors: In 2017, the Missouri Institute for Mental Health (MIMH) was invited by the Missouri Foundation for Health (MFH) to submit a grant proposal to implement a gun shop project across MFH's catchment area. One component of the proposal was to adapt Counseling on Access to Lethal Means for gun retailers. Counseling on Access to Lethal Means was originally developed by Elaine Frank, Dr. Frank Ciocca, and Cathy Barber to teach clinicians to have conversations with patients about reducing access to lethal means, particularly firearms, with suicidal patients and to incorporate lethal means reduction into safety plans. MIH proposed developing a training for gun shop retailers to identify customers at risk for suicide and to have conversations about reducing access to lethal means to prevent firearm suicides. MFH awarded MIMH a three-year grant in 2018, and the Safer Homes Collaborative was created in the summer of 2018.

MIMH contracted with Elaine Frank, Rick Strait, and Elizabeth Makulec as consultants for the project to work with the SHC to adapt Counseling on Access to Lethal Means and create Conversations on Access to Lethal Means. Both trainings were called CALM, sometimes distinguishing the respective trainings as Clinical CALM or Convo CALM; CALM.3 for Counseling on Access to Lethal Means or CALM.1 for Conversations on Access to Lethal Means. Conversations on Access to Lethal Means was originally developed to be delivered as an in-person workshop to gun retailers. During the initial months of the Safer Homes Collaborative outreach to gun shops, retailers were invited/asked to participate in CALM training; however, getting retailers to attend and participate was difficult. Within the first six months of the project, the SHC began offering

CALM to wider audiences beyond retailers. With the knowledge that most firearm suicides are completed with firearms that are already in the home, and that 46% of Missourians live in homes with access to a firearm, the SHC broadened the target audience to include gun owners and those who have opportunities to have conversations about suicide risk with gun owners. To evaluate the effectiveness of the CALM workshop, CALM was presented at conferences and community events among gun owners and non-gun owners alike. Having trained over 800 Missourians in CALM, the evaluations proved effective at increasing participants' comfort, confidence, and likelihood of engaging a person at risk for suicide in a conversation on access to lethal means.

In 2022, the SHC received funding to continue its efforts to promote lethal means reduction strategies to broader audiences. With the continued funding, Conversations on Access to Lethal Means was adapted and repackaged as Conversations for Suicide Safer Homes (CSSH), a CALM-informed training. More than just a name change, Conversations for Suicide Safer Homes (CSSH) is intended to be tailored to reach different audiences, such as first responders, service members, Veterans and their family members, faith-based organizations, and occupations with the highest suicide rates.

Slide 3



1. Highlight that this training is research and evidence-based
2. Lethal means safety is a component that is not always presented in gatekeeper suicide prevention trainings, but it should always be included.
3. You will find that CSSH is not anti-gun but rather anti-suicide.

Slide 4

As a large group, brainstorm home safety practices that are accepted practices to make homes safer. After sufficient time for brainstorming ideas, show some of the provided answers.

Note to Instructor: This activity has the potential to take up a lot of time. Avoid engaging participants in a discussion or storytelling. This should be a rapid-fire activity to set the framework that the concepts introduced in this training are no different than other standard home safety practices.

Slide 5

Suicide is a leading cause of death: In Missouri
- 11th† leading cause of death for all age groups
- 2nd † leading cause of death for 10-14-year-olds
- 3rd † leading cause of death for 15-34-year-olds

Youth suicide and firearm access:
- Home†† is the primary setting where young people obtain firearms used in suicides.
- 82%††† of youth who used a firearm to complete suicide used a firearm owned by a family member, usually a parent.
- Parents often underestimate the likelihood that their children have or could obtain their firearms.
- In 2020, firearm-related injuries became the leading cause of death for children and teens under age 18, surpassing motor vehicle crashes for the first time.

Talking about suicide is a research-informed best practice for preventing suicide.

Gun owners have a role in preventing firearm suicide by utilizing responsible storage strategies so that there is time and distance between a person at risk for suicide and the most lethal method of suicide

Suicide is generally preventable. While not all suicides can be prevented, the likelihood of

preventing a suicide increases with lethal means reduction strategies, such as responsible storage of firearms.

Citations

CDC WISQARS. (n.d.). WISQARS Data Visualization. Centers for Disease Control and Prevention. Retrieved May 12, 2022, from https://wisqars.cdc.gov

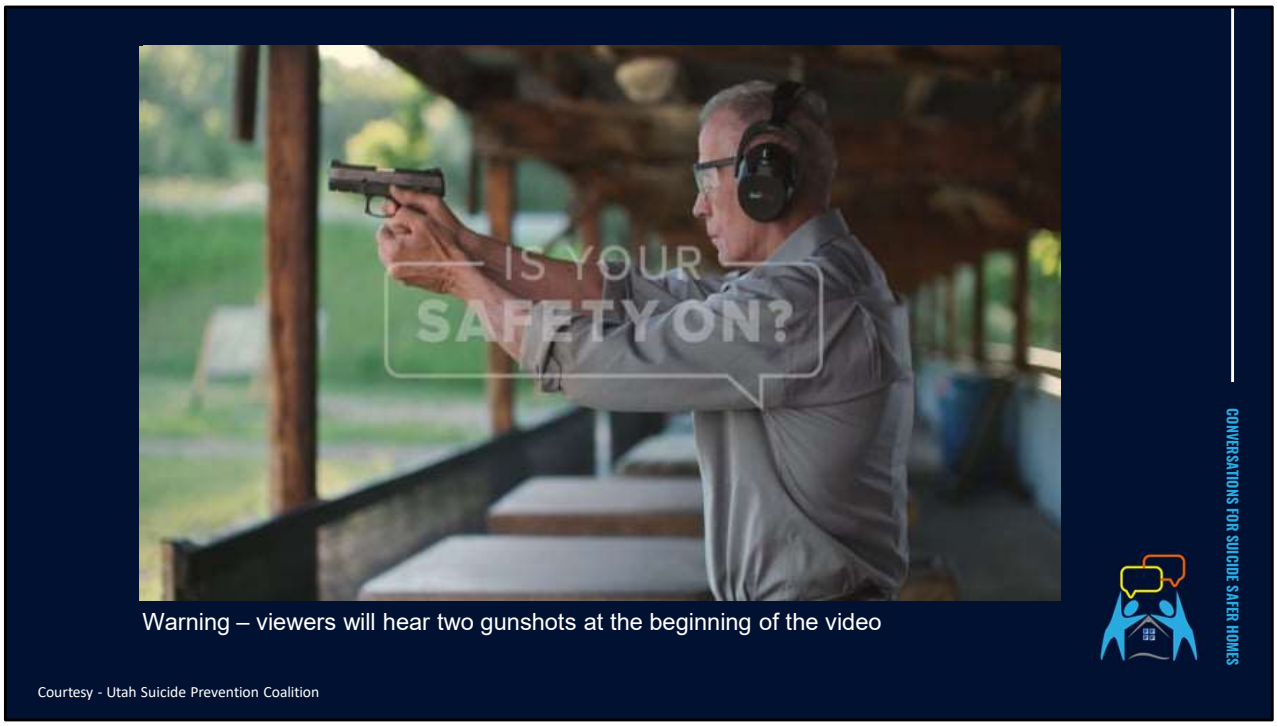
Goldstick, J., Cunningham, R., & Carter, P. (2022, May 19). Current Causes of Death in Children and Adolescents in the United States. https://www.nejm.org/doi/full/10.1056/NEJMc2201761

Harvard T.H. Chan School of Public Health (Ed.). (2016, March 29). National Violent Injury Statistics System. Retrieved from https://web.sph.harvard.edu/mch-data- connect/results/national-violent-injury-statistics-system/

Johnson, R. M., Barber, C., Azrael, D., Clark, D. E., & Hemenway, D. (2010). Who are the owners of firearms used in adolescent suicides? *Suicide and Life-Threatening Behavior*, *40*(6), 609–611. https://doi.org/10.1521/suli.2010.40.6.609

Polihronis, C., Cloutier, P., Kaur, J., Skinner, R., & Cappelli, M. (2022). What's the harm in asking? A systematic review and meta-analysis on the risks of asking about suicide-related behaviors and self-harm with quality appraisal. *Archives of Suicide Research*, *26*(2), 325–347. https://doi.org/10.1080/13811118.2020.1793857

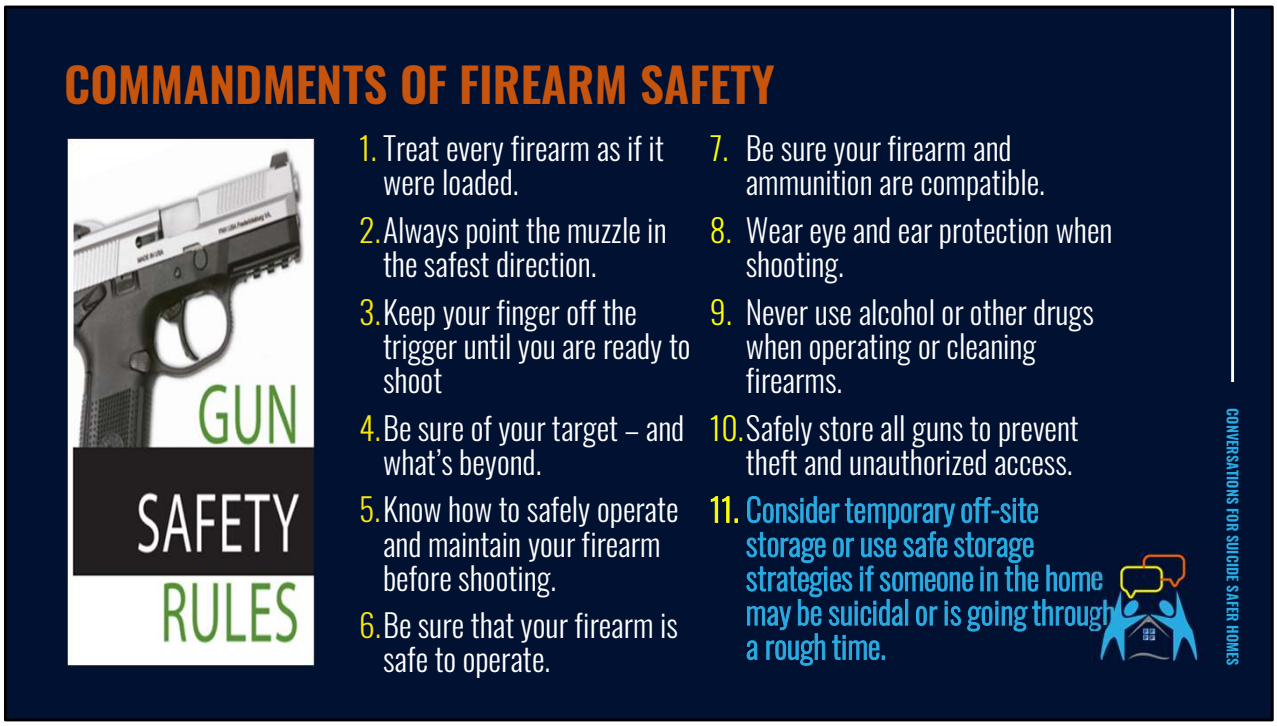
Slide 6



Participants will view this PSA from the Utah Suicide Prevention Coalition, illustrating that suicidal risk is temporary and that when things get better, gun owners can get back to enjoying and engaging in shooting sports. Warn participants that they will hear two gunshots at the beginning and the end of the video.

Utah PSA –https://vimeo.com/175761640

Slide 7



Reinforce that we are talking about firearm safety. Acknowledge that most gun owners are safe and responsible users of firearms who abhor the unsafe handling of firearms. This training does not endorse involuntary restriction or limiting firearm use for hunting, self-protection, or enjoyment. Rather, this training is focused on enhancing safe, responsible, and legal gun ownership by incorporating safe storage practices into their safe handling strategies to prevent accidental injury and firearm suicide.

These are in no particular order but are consistent with firearm industry standards and published safety recommendations.

Slide 8

The Safer Homes Collaborative wants participants to include the responsible, safe, and legal storage of firearms in their standard home safety practices to prevent the tragedy of firearm suicide.

Most people who attempt or die by suicide exhibit observable warning signs when they are at risk for suicide. However, too often, we hear from loss survivors that they didn't recognize the warning signs before the suicide attempt. When there is quick and easy access to a firearm that has not been stored responsibly, safely, or legally, the risk of dying in a suicide attempt increases. Being proactive about creating a suicide safer home environment by layering safe storage practices before someone is at risk for suicide or considering voluntary and temporary off-site storage of firearms when someone in the home is at risk for suicide can prevent the tragedy of suicide.

Slide 9

Definition of risk factors: Risk factors are any attribute, characteristic, or exposure of an individual that increases the likelihood of developing suicidal thoughts or behaviors. Risk factors for suicide typically fall under individual risks, relationship risks, and community or societal risk factors.

Invite participants to brainstorm known risk factors for suicide. After participants have named known risk factors, reveal the CDC-defined risk factors for suicide and highlight one or two risk factors that participants hadn't identified.

Emphasize that the reason for suicide is complex. No singular risk factor by itself means that someone is at risk for suicide. However, the more risk factors that are present in one's life the greater the potential risk for suicidal thoughts and behaviors. Therefore, it's important that we are aware of the risk factors and intervene early. The sooner we intervene when we recognize the risk for suicide, the better the potential that suicidal thoughts won't occur or can be interrupted. Thus thwarting suicidal behaviors and saving lives. As previously mentioned in an earlier slide, we cannot predict who will attempt suicide, and often, survivors of suicide loss share that they didn't see any of the signs before their loved one attempted or died by suicide. That is why it is important that everyone is trained to recognize the risk factors and warning signs for suicide.

Slide 10

Define warning signs: Warning signs are the observable changes in thoughts, feelings, and behaviors that are commonly exhibited when an individual is contemplating suicide or is planning for suicide.

Ask participants to brainstorm known warning signs, then click to reveal the CDC warning signs for suicide. This list is some of the commonly observed warning signs. Emphasize that noticing changes from what is typical or expected is most important and varies by person. Reinforce that *most* people exhibit warning signs to someone before they attempt suicide. They may not exhibit warning signs to everyone around them or those closest to them who would recognize that it's a change from typical. This explains why survivors frequently say there were no signs. However, if we recognize these warning signs in someone, it is important that we ask them if they are thinking about suicide or ending their life.

Slide 11

Automobile Exhaust: Became a common method of suicide between 1940 – 1970 when more homes had enclosed garages. To comply with the U.S. Environmental Protection Agency's stricter regulation of exhaust emissions, most gasoline-powered vehicles starting with the 1975 model year were equipped with catalytic converters. This resulted in reduced toxicity of exhaust, reducing the number of suicide deaths by automobile exhaust.

Heights: Bloor Viaduct in Toronto was a hotspot for individuals to end their lives in North America; second only to the Golden Gate Bridge. Prior to the barriers being installed in 2003 an average of 9 people a year died by jumping from the bridge. According to a 2017 report, only 1 person managed to circumvent the barrier to die by suicide at the bridge in the previous 14 years.

Firearms: Switzerland has compulsory military service for to all male Swiss citizens beginning at the age of 18. Regulations of the Swiss militia system stipulate that the soldiers keep their own personal equipment, including all personally assigned weapons and ammunition at home.

In 2003, with the goal of restructuring and resizing the army, new legislation commonly referred to as "Army XXI" reduced the number of soldiers from approximately 400,000 to 200,000, subsequently reducing the number of army-issued firearms available

- Before Army XXI, upon separation from the Army, soldiers could keep their military-issued firearms. After Army XXI, troops had to buy their military-issued firearm if they intended to keep it. Although discharged soldiers could buy their army weapons, not everyone made use of this offer, and consequently, the number of army-issued firearms decreased abruptly by 20%.
- In 2007, ammunition was required to be stored on base instead of at home.

- Additionally. Since Army XXI, gun licensure is required for all gun owners.

Based on a 2013 analysis of Switzerland's suicide data between 1995 and 2009, the reduction in gun ownership resulted in a 4.09% reduction in firearm suicide rates for all genders but a 9% reduction in firearm-related suicides of men. The effect on women was not statistically significant. The Army reform had no statistically significant impact on non-gun suicide rates.

Citations:

Hampson, Neil & Holm, James. (2015). Suicidal carbon monoxide poisoning has decreased with controls on automobile emissions. Undersea Hyperb Med. 42. 159-64.

Sinyor M, Schaffer A, Redelmeier DA*, et al,* Did the suicide barrier work after all? Revisiting the Bloor Viaduct natural experiment and its impact on suicide rates in Toronto, *BMJ Open,* 2017;**7:**e015299. doi: 10.1136/bmjopen-2016-015299

Reisch, T., Steffen, T., Habenstein, A., & Tschacher, W. (2013). Change in suicide rates in Switzerland before and after firearm restriction resulting from the 2003 "Army XXI" reform. *The American Journal of Psychiatry, 170*(9), 977–
984. https://doi.org/10.1176/appi.ajp.2013.12091256

Slide 12

REDUCING ACCESS TO LETHAL MEANS IS EFFECTIVE SUICIDE PREVENTION

1. **Ambivalence:** *most suicidal people are unsure of living or wanting to die, they want to end their pain.*
2. **Transient/Temporary:** *suicidal thoughts often come and go; they are frequently momentary.*
3. **Urgency:** *to end despair or pain of suicidal thoughts is often reached very quickly – particularly among young people.*
4. **Lethality:** *methods vary greatly in lethality.*

CONVERSATIONS FOR SUICIDE SAFER HOMES

Slide 13

1st – Image of Berthia on the Golden Gate Bridge – Ask participants: "What do you see in this picture?"

Officer Kevin Briggs & Kevin Berthia – In March 2005, Kevin Berthia attempted to end his life at the Golden Gate Bridge, he said, "I parked and walked towards the bridge. As I jumped over the railings, I heard someone say: "Hey, wait a minute." I was convinced I was going to end my life, but at the last moment, his voice made me stop and grab the railings. That's what you see in the picture – me standing on the ledge. I now know that was Officer Briggs (center, leaning on the railings). He snapped me back to reality. I was on that ledge for 92 minutes, and for 89 of those, I just talked. I got everything out, and he listened without judging.'

Click in – Briggs & Berthia in front of the bridge as colleagues in Suicide Prevention

Many people who survive highly lethal attempts say something like this: *"I instantly realized that everything in my life that I'd thought was unfixable was totally fixable—except for what I'd just done."*

In fact, research shows that more people begin to make an attempt and stop (15% in a study of suicidal college students) than follow through with an attempt (12%)

Citation:
Drum, Brownson, Denmark, Smith. *Professional Psychology: Research & Practice*, 2009

Slide 14

Ask participants what percent of people who attempt suicide eventually die by suicide.

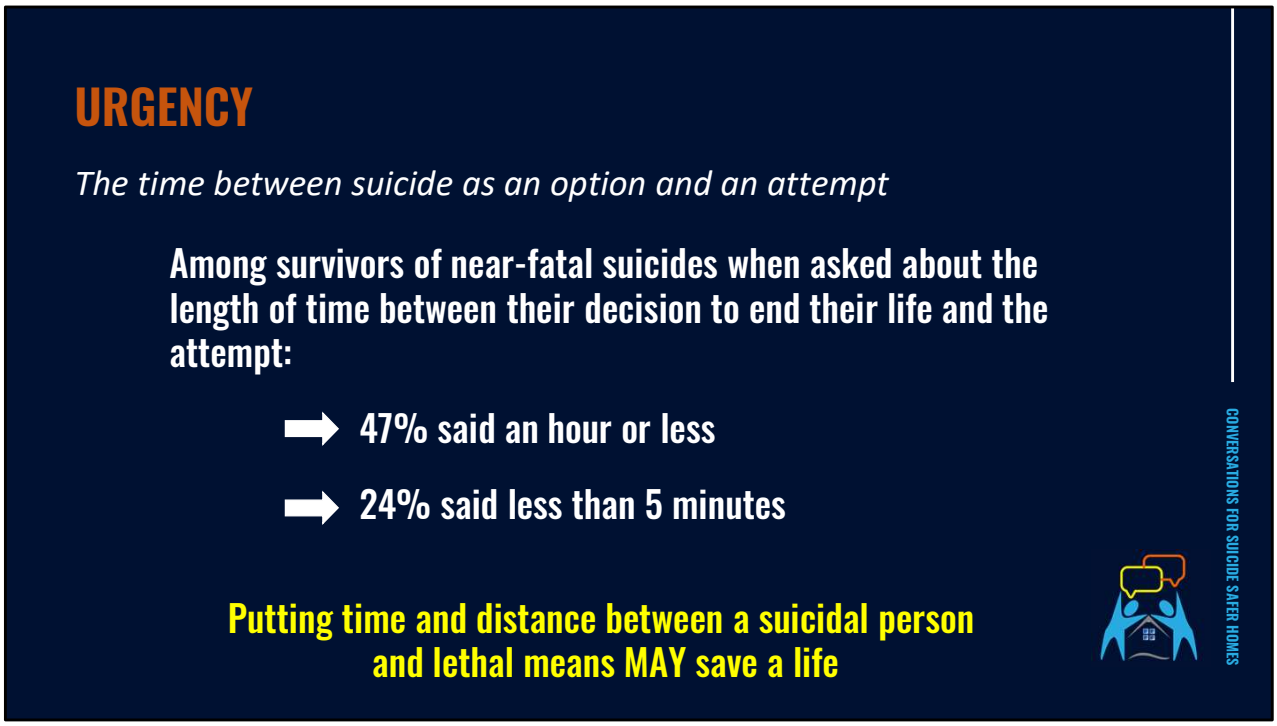
Less than 10% of people who attempt suicide eventually die by suicide.

If we prevent a suicide death today, there is a good chance that we have saved that life for the long term. Put that in perspective.

- Because the inverse is that about 10 per 100 survivors of an attempt will go on to die by suicide.
- That is, 10 per 100 attempt survivors will eventually die by suicide.
- Therefore, it's important to create suicide-safer living environments.
- In the general population, only 13 per 100,000 die by suicide.
- So, someone who survives a suicide attempt is at more than 750 times the general population's risk.

That is why a previous suicide attempt is a significant risk factor.

Slide 15



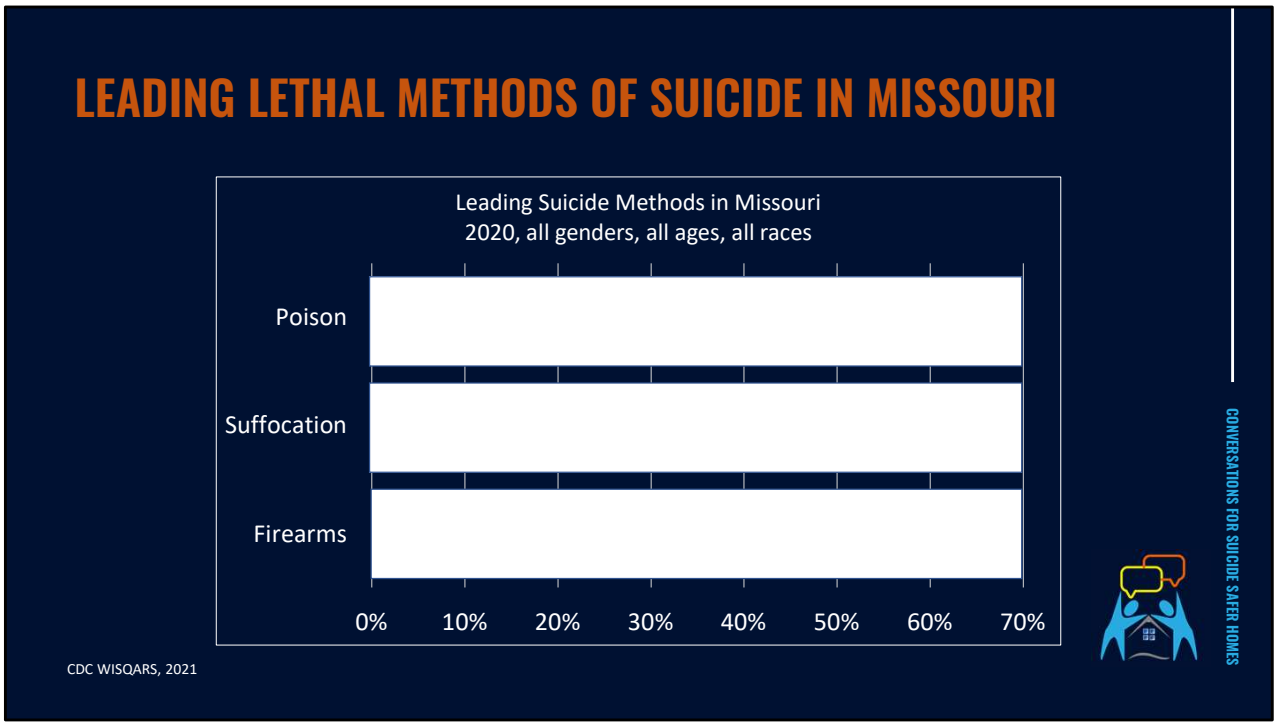
In a study with near-lethal suicide attempt survivors in 2005, survivors were asked how much time transpired between the decision to end their life and the suicide attempt.

Forty-seven percent said less than an hour, while 24% said it was less than five minutes. The transition from thoughts about suicide to engaging in suicide behaviors can be urgent, or seemingly impulsive. Most gun owners underestimate their unique risk of dying in a firearm suicide attempt when firearms in the home are not stored unloaded and locked up or temporarily removed from the home when there is a person at risk. Because the time between making the decision to engage in the act of suicide is quite brief, it's important that gun owners be proactive about safely, responsibly, and legally storing their firearms.

Citations:

Simon, T.R., Swann, A.C., Powell, K.E., Potter, L.B., Kresnow, M., and O'Carroll, P.W. Characteristics of Impulsive Suicide Attempts and Attempters. SLTB. 2001; 32(supp):49-59.

Slide 16



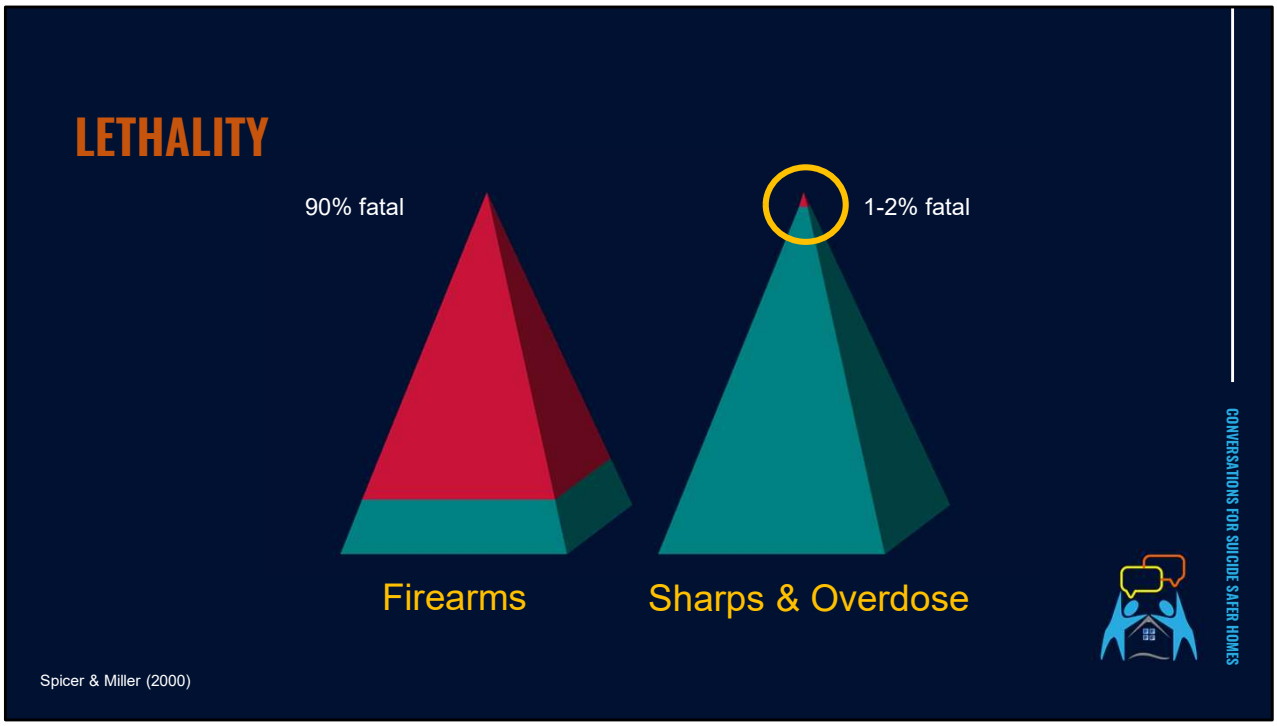
Ask participants to rank these suicide methods in descending order of the most common methods for suicide in Missouri. People are often surprised that more people die by suicide with a firearm than they do by poison. (Poison includes overdose). While more people will attempt suicide by poison/overdose, more will die when they attempt suicide if they use a firearm. In comparison to national data, just over 50% of Americans used a firearm to end their life, yet in Missouri, well over 60% used a firearm.

When asked why MO is higher than the National average, a simple answer would be that states with laws and regulations requiring safe & responsible storage of firearms, states that require licensing to purchase/possess a firearm (California, Connecticut, Maryland, Massachusetts, Rhode Island, & Washington), and states that require firearm safety training (Kansas, Connecticut, Illinois, Maryland, New Jersey, Rhode Island & Minnesota), tend to have lower suicide rates than states that are less restrictive about owning/possessing or storing firearms. A 2020 study demonstrated that firearm-related suicide rates after the repeal of Missouri's "Permit to Carry" law were 21.8% higher in the young adult group in Missouri, and non-firearm suicide rates were 8.1% lower in Missouri.

Citation:

Bhatt, Apurva, et al. "Association of Changes in Missouri Firearm Laws with Adolescent and Young Adult Suicides by Firearms." *JAMA Network Open*, U.S. National Library of Medicine, 2 Nov. 2020, www.ncbi.nlm.nih.gov/pmc/articles/PMC7643031/#:~:text=Firearm%2Drelated%20suicide%20rates%20after,were%208.1%25%20lower%20in%20Missouri.

Slide 17



Be careful with this information if you are presenting to an "at-risk" audience. We do not want to encourage people to use more lethal means.

This slide demonstrates the findings of a 2000 study by Spicer and Miller about the lethality of various methods by attempt survivors presenting at the emergency department. In their study, Spicer and Miller discovered that 90% of suicide attempts with a firearm were lethal. Comparatively, only 1-2% of attempts by overdose or self-injury are fatal. Clinicians and the public are often surprised at how low the lethality is for sharps or overdose. Most people overestimate the odds of dying by less lethal methods – often guessing around 30%. While we caution not to promote using more lethal methods for suicide, the point is that if someone was planning to attempt suicide by firearm but could not access the firearm because it had been stored safely, responsibly, and legally, or temporarily away from the home, they are more likely to survive an attempt by any other method. In summary, lethality varies greatly by method.

But are all of these ED visits for sharps or poisons serious suicide attempts? Probably not. Some are gestures; some self-injury is non-suicidal self-harm. But even if we took away half or two-thirds, or even three-quarters—and I think that would be going too far--still, at most, that's 8% case fatality: far lower than for firearms.

Instructors note: Specific numbers regarding low lethality of pills and sharps shouldn't be discussed with patients or in the media. The fact that most people overestimate the odds of dying with these methods – often guessing around 30% - probably saves a lot of lives.

Slide 18

Gun Ownership Rate in MO: This number is hard to nail down. In 2020, the Missouri Foundation for Health Partnered with IPSOS to conduct a poll and found that 46% of Missourians surveyed had access to a firearm in the home.

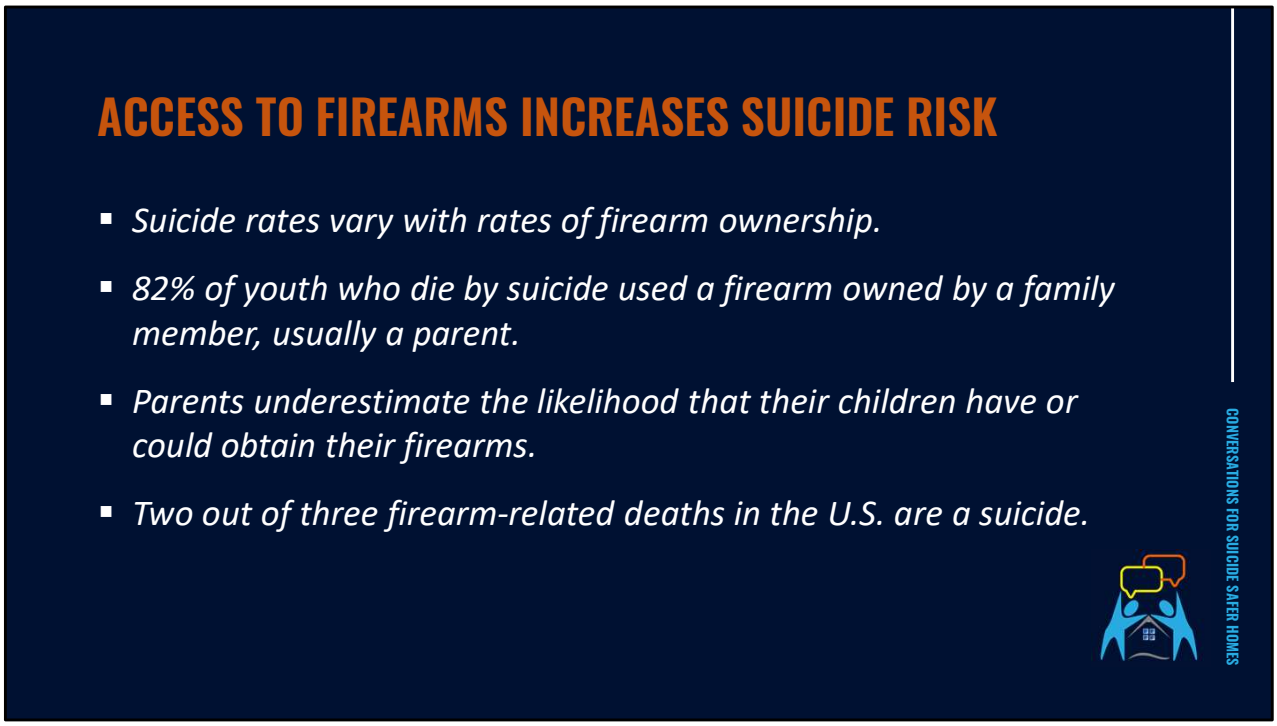
Statistics on gun ownership across the U.S. are hard to nail down; the ATF's National Firearms Registration and Transfer Record is not all-inclusive, and some guns go unregistered.

But "Injury Prevention," a scholarly journal, has released what may be the closest look yet. Their survey, published in 2015, asked a representative sample of 4,000 adults nationwide whether they own firearms. The findings helped the research group estimate gun ownership rates in each state.

Delaware's gun ownership rate is the lowest in the country, at 5.2 percent. That's far below the national average of 29.1 percent.

Missouri is a "shall issue" state for concealed carry. Permit-less carry took effect on January 1, 2017. Open carry is permitted. Local governments are allowed to regulate open-carry and the discharge of firearms (except in self-defense); however, concealed carry permit holders are exempt from ordinances banning open carry.

Slide 19



States with more restrictive gun laws, such as waiting periods, requirements for firearm safety training, and requirements for safe storage of firearms, have lower suicide rates than states without those laws.

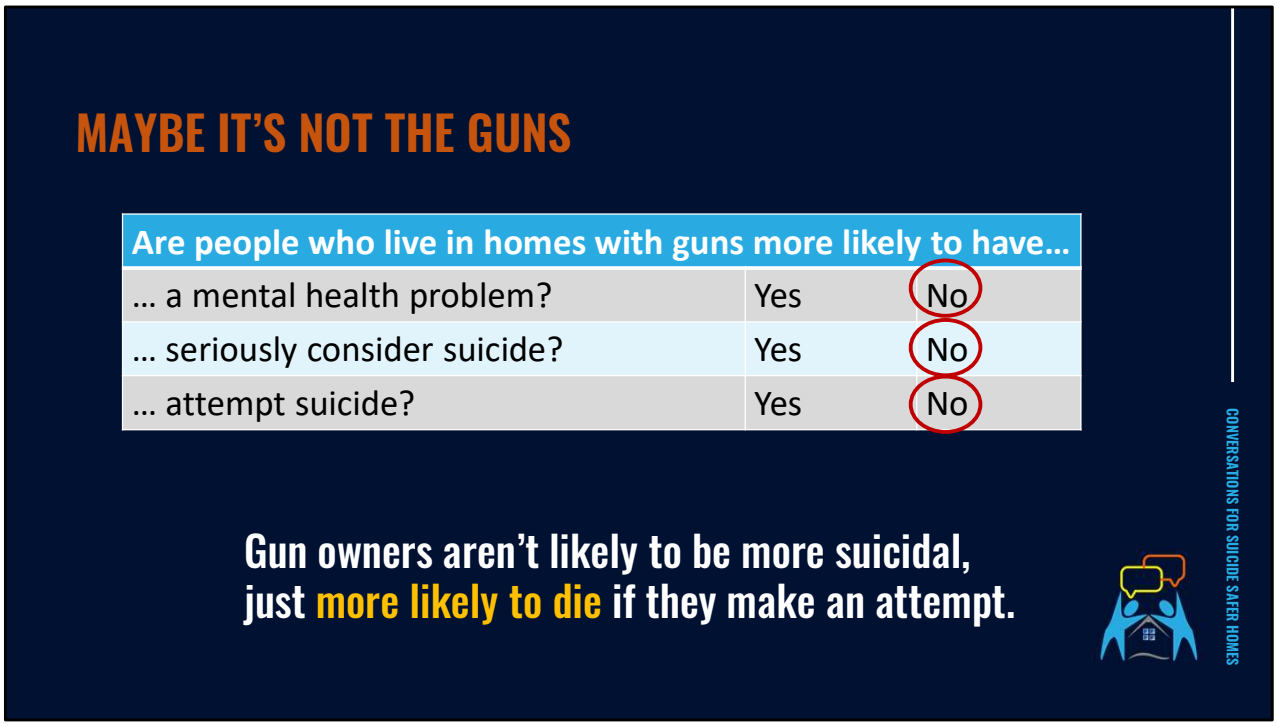
Citations:

Curtin SC. *State suicide rates among adolescents and young adults aged 10–24: United States, 2000–2018*. National Vital Statistics Reports; vol 69 no 11. Hyattsville, MD: National Center for Health Statistics. 2020.

Duff-Brown, B. (2020, June 3). *Handgun ownership is associated with a much higher suicide risk*. Stanford Medicine News Center. Retrieved from https://med.stanford.edu/news/all-news/2020/06/handgun-ownership-associated-with- much-higher-suicide-risk.html

Miller M, Azrael D, Barber C. Suicide mortality in the United States: The importance of attending to method in understanding population-level disparities in the burden of suicide. *Annual Review of Public Health*. 2012; 33:393-408.

Slide 20



1 in 4 adults will develop a mental health condition at some time during the lifespan, regardless of gun ownership status. Gun owners are no more likely to develop suicidal ideation or attempt suicide than non-gun owners. However, access to the highly lethal method increases the likelihood of death (9/10) if they engage in suicidal behaviors with a firearm. Unlike less lethal methods, such as sharps or poisons/overdose, the opportunity for medical intervention to save a person's life after a firearm suicide attempt, is less likely to be successful.

Slide 21

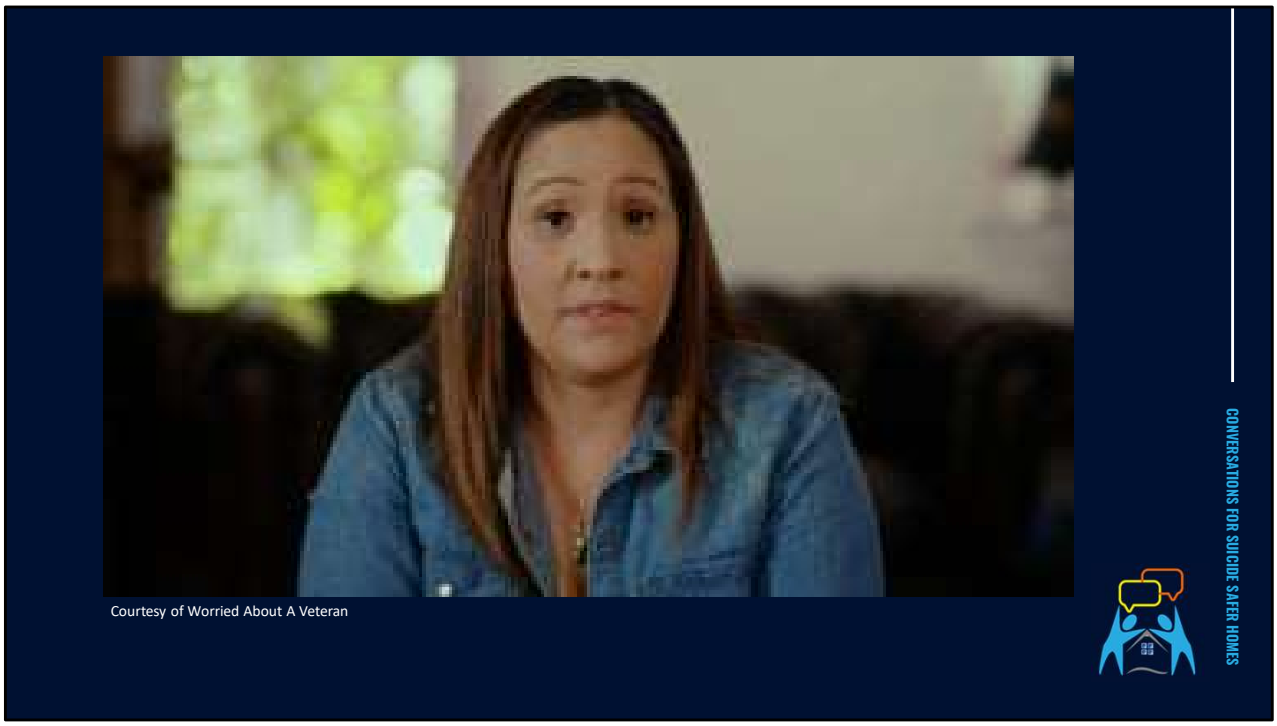
Who can benefit from learning how to have a Conversation about Suicide Safer Homes?

- Anyone can benefit from learning to have a conversation about putting time and distance between a person in emotional crisis and access to lethal means because we know that thoughts of suicide are about hopelessness, despair, feelings of being a burden, a desire to end an emotional pain that has become too heavy to bear.'
- We know thoughts of suicide are related to ending emotional pain; talking about that pain can de-escalate the situation and help the person think more clearly.
- A conversation on access to lethal means could mitigate making a specific plan for suicide and connect the person to help sooner
- Research & lived experience tells us that compounding stressors make clear thinking difficult.

Slide 22

Participants are reminded of the warning signs that are commonly present when someone is at risk for suicide. Highlight that these are changes in what would be expected or typical mood, behaviors, or emotions for that person.

Slide 23



Let's hear Elena describe the warning signs she was seeing in her husband's behavior and the steps she took to see if others were noticing the warning signs, too.

Debrief questions or discussion points

- What warning signs did you hear Elena mention she and Luis have noticed caused them to be concerned for Manny? (Had that sense of "What if Manny had done something to himself?", found empty liquor bottles shoved under things in the trash, not sleeping, not going to work every day, weight loss, things are not great at work or at home)
- Sometimes, a spouse or family member is too close to the situation, worries they are overreacting, or may be in denial that someone's behaviors, moods, or substance misuse has worsened. Getting input from trusted others about what they are seeing can be helpful in getting a clearer picture.
- Likewise, sometimes a spouse or family member isn't willing to listen to their (spouse, parent, or adult children) about their concerns about suicide risk. But they may be more open to hearing the concerns from someone outside the family whom they trust and

respect. That's when getting outside help can be helpful.

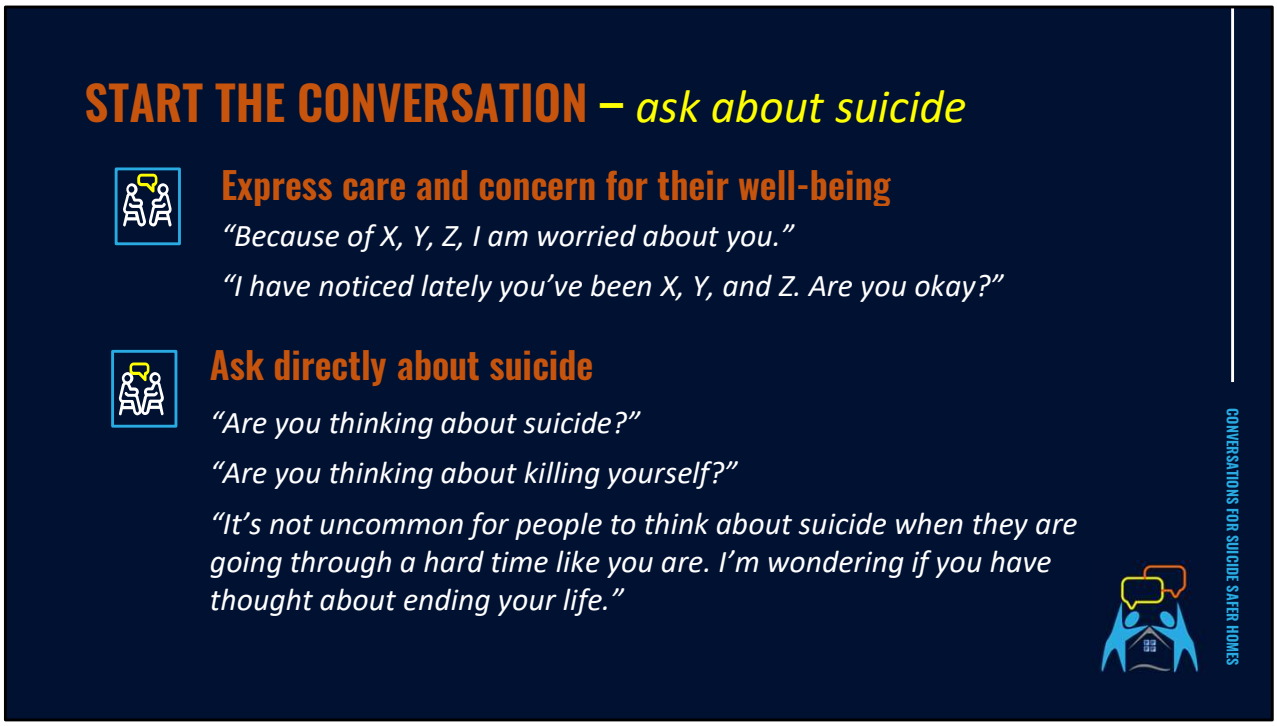
If the video does not download to your slides, the video can be downloaded from https://vimeo.com/668732659 or https://worriedaboutaveteran.org/warning-signs/

Slide 24

Stress the safety focus – keep people who may be at risk safe and alive.

Have the conversation as soon as possible, mutually convenient place that is non- threatening and safe.

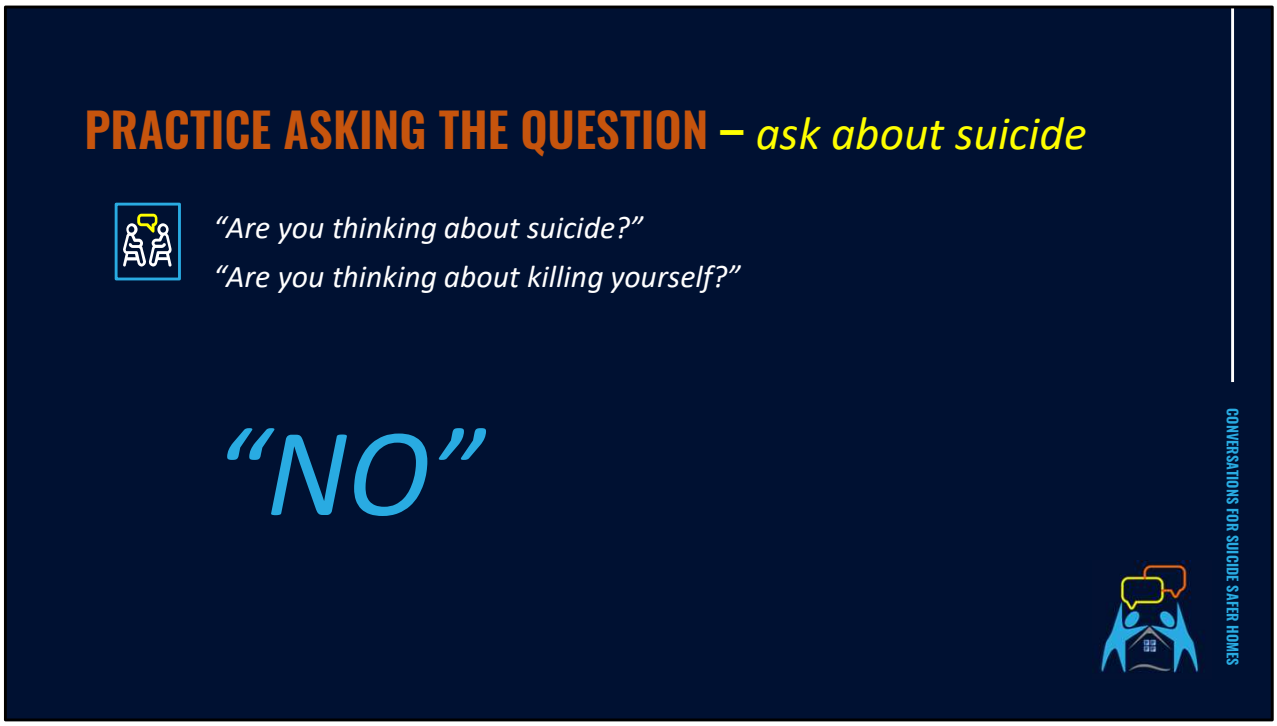
Slide 25



Participants are introduced to how to start the conversation when there is a concern about the risk of suicide. Begin by expressing care and illustrating the observed risk factors that have raised concerns. Often, individuals who are at risk for suicide are not aware that others are noticing the changes in their behaviors, moods, or emotions. When someone approaches the conversation from a place of genuine care and concern for their well-being, they often feel relieved at the opportunity to open up. Some people indeed hesitate to open up and disclose their thoughts and feelings about suicide, but with persistence consistent care and concern, the likelihood they will open up and be willing to seek help increases.

Emphasize to participants the importance of asking directly about suicide. Euphemisms about "hurting yourself" or "go to sleep and never wake up" may not be direct or specific enough to know whether the person is having thoughts about suicide. It is a myth that bringing up suicide as a concern will cause people to engage in suicidal behaviors. In fact, the opposite is true. Asking directly and specifically about suicide demonstrates a willingness to listen to their pain and a desire to help them alleviate the mental, emotional, and physical pain.

Slide 26



Invite participants to practice asking the question. Explain that this is a safe place to practice asking the question so that the first time you ever ask it isn't in a crisis.

Directions for introducing this exercise:

a. Pair up with the person sitting next to you. Take turns in the role of being the person who asks the questions, "Are you thinking about suicide? Are you thinking about killing yourself?". The partner will say, "No." Switch roles so that both have the chance to practice asking the questions. or

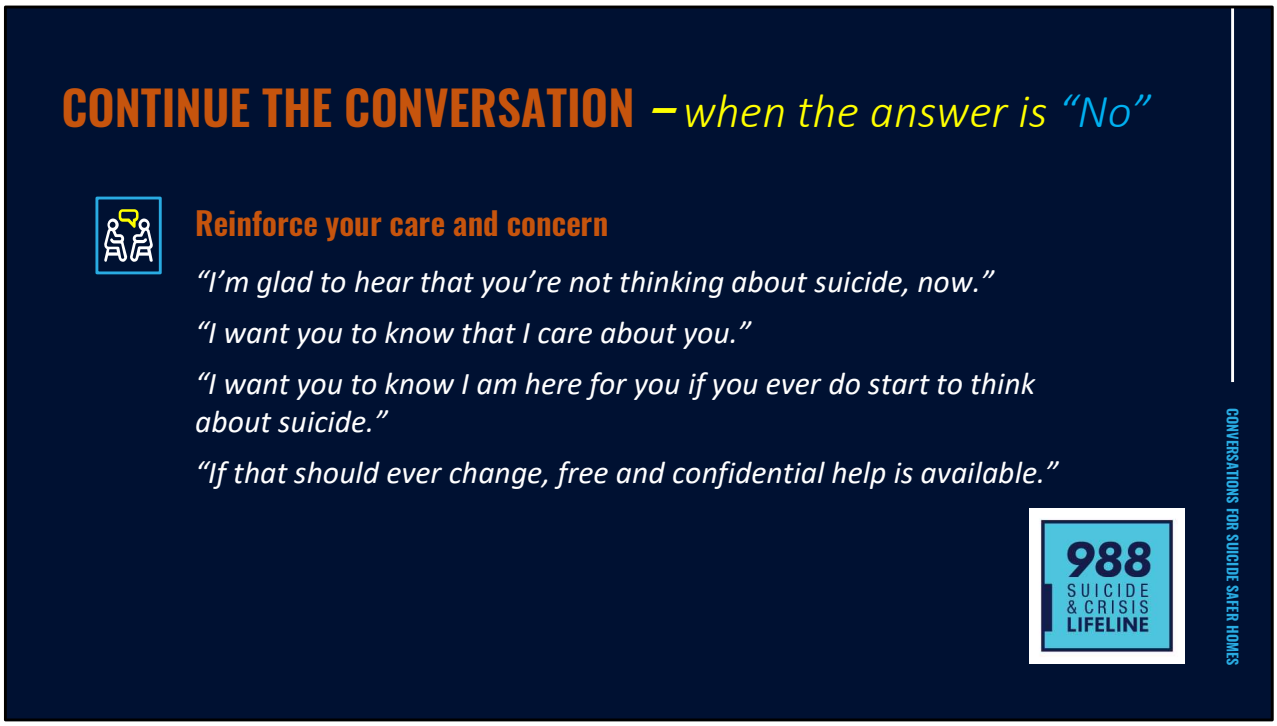
b. Invite the participants to envision they are asking Manny the questions, "Are you thinking about suicide? Are you thinking about killing yourself?" out loud as a group. The instructor will role-play Manny and say no.

This exercise aims to allow participants a safe place to hear themselves ask the questions. Encourage participants to stretch themselves by practicing saying the words in this safe learning space. No one should be forced to participate if the exercise is too evocative.

Pause for a moment of self-reflection. If time allows, ask participants to share what that experience felt like. Acknowledge that it is normal for it to feel uncomfortable or awkward. Learning how to give CPR was uncomfortable and awkward in the beginning; the more you practiced the skill, the easier it became. The more this skill is rehearsed, the less uncomfortable and awkward it will be when they need to ask it.

Encourage participants to continue rehearsing by asking the questions about suicide when they are looking in the mirror, getting ready for the day, driving alone in their car, and when they are by themselves so that they can develop a bit of "muscle memory" and confidence in the event they ever need to ask the question.

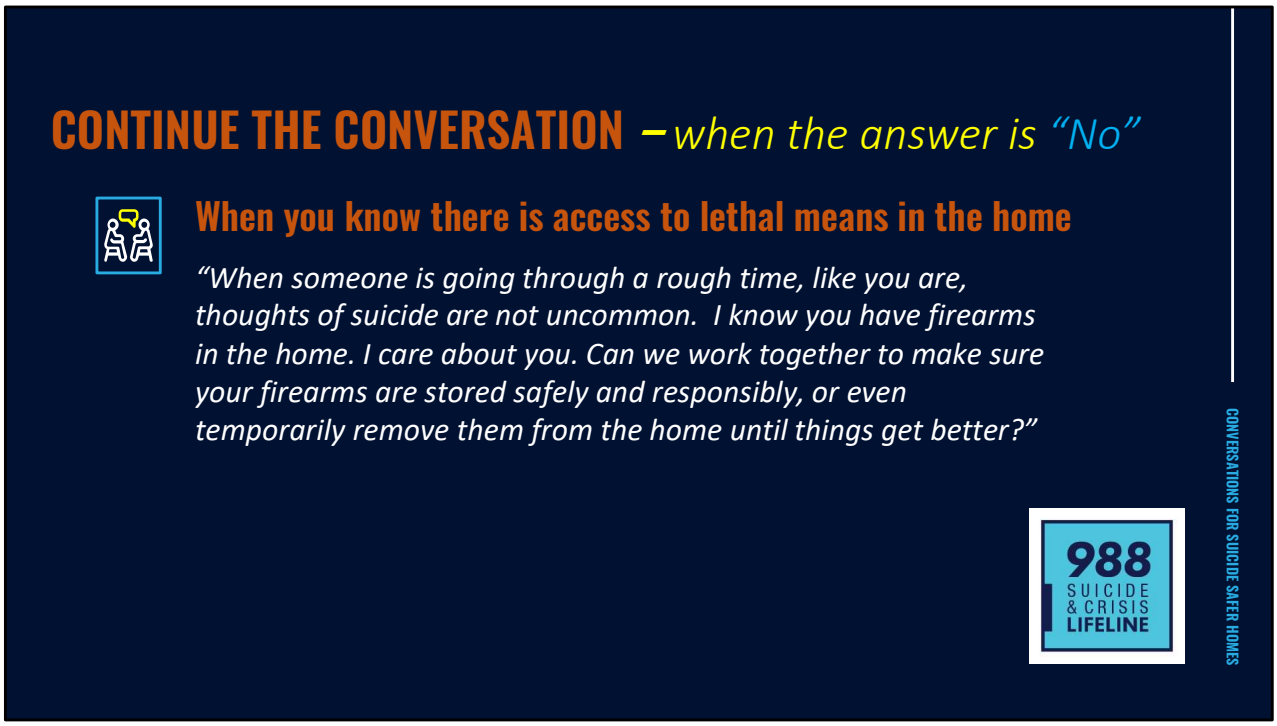
Slide 27



Even if the person at risk denies thinking about suicide, share with them a way to access resources for help. If they do develop thoughts of suicide or begin planning, they can always call the Suicide Crisis line for assistance.

They can also call, text, or chat the Suicide & Crisis Lifeline at 988.

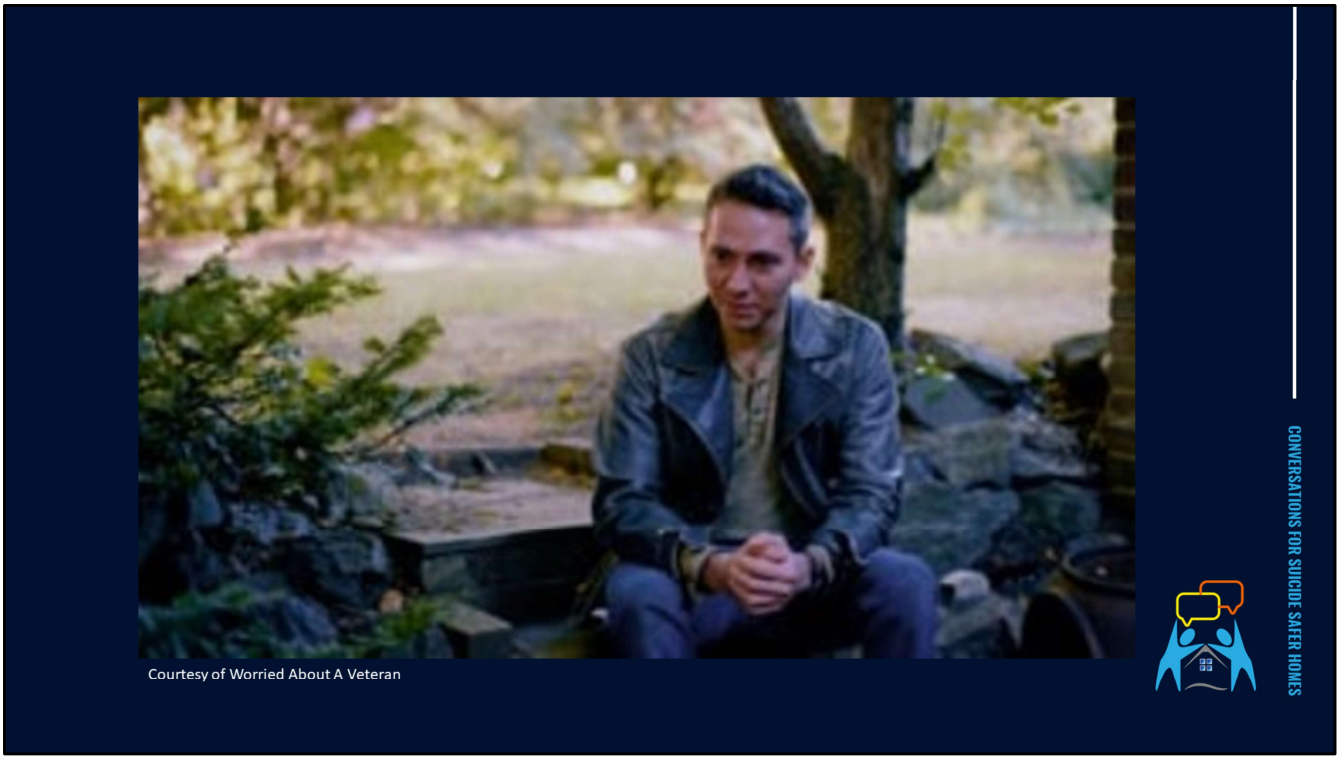
Slide 28



Even if the person at risk denies thinking about suicide, and you know they have access to lethal means in the home, invite them to consider how the lethal means, particularly firearms, are stored in the home. Ask if they would be willing to work together to come up with a plan to put time and distance between them and the most lethal means (firearms. Voluntary and temporary out-of-home storage is the safest option, but it's not always the best or most agreeable option. Reinforce your care and concern for the person and that you want to help keep them safe while you're working together to get them some help.

If the person refuses to make a plan to put time and distance between them and lethal means, leave them with resources for help, they can turn to in a moment of crisis. They can call, text, or chat the Suicide & Crisis Lifeline at 988.

Slide 29



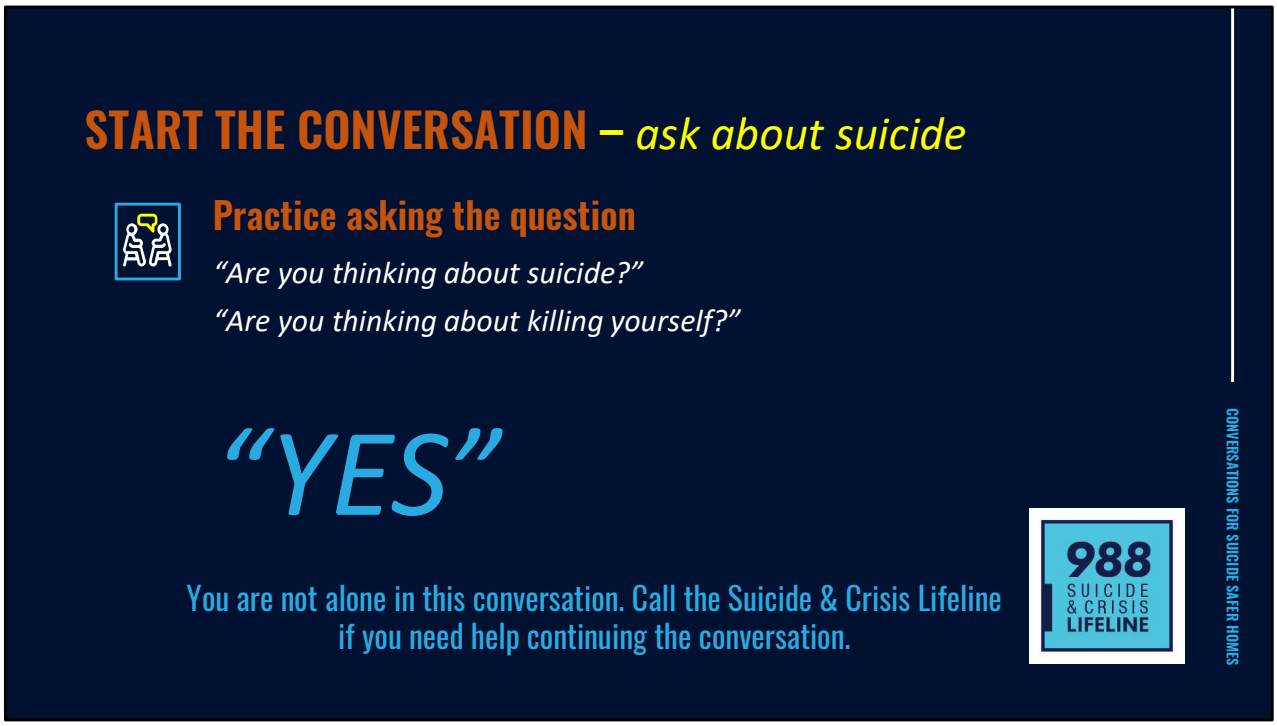
Elena and Luis have recognized changes in Manny's moods, behaviors, increased substance use and are concerned he's at risk for suicide. Even though Manny denied he is thinking about suicide, let's hear from Luis about how he and Manny worked together to shift toward safety without removing the firearm(s) from the home.

Debrief discussion points

- Elena and Luis worked together to discuss their concerns for Manny. As his wife, Elena took care of the "touchy-feely" part, Luis was able to provide practical help by addressing the firearm and field stripping it so that it could not be fired.
- Some gun owners won't be comfortable removing their firearms from their homes but may be willing to make the firearm inoperable for the time being. This is still a good outcome.
- We heard Manny say that he felt uncomfortable taking Manny's gun, even though he has a gun permit. No laws or requirements in Missouri prohibit the legal transfer of firearms from one individual to another. If you are aiding someone in another state, you will want to familiarize yourself with the state's laws and requirements before taking possession of someone's firearm.
- Working together as a unit, expressing concern for Manny's well-being, and emphasizing that this is just temporary helped to persuade Manny to shift towards safety to prevent suicide in a moment of escalation.

If the video does not download to your slides, the video can be accessed at https://vimeo.com/668731612 or https://worriedaboutaveteran.org/starting-the-conversation/#anchor_page_Watch%20More

Slide 30



Encourage participants to stretch themselves by practicing saying the words in this safe learning space. No one should be forced to participate if the exercise is too evocative.

Directions for introducing this exercise:

a) Pair up with the person sitting next to you. Take turns, as the first person will ask the questions, "Are you thinking about suicide? Are you thinking about killing yourself?". This time, the partner will say, "Yes." The partner asking the questions does not need to do or say anything else during this exercise. This is a safe place to practice asking the questions and hearing the answer "Yes." Switch roles so that both have the chance to practice asking the questions and hearing the answer "Yes."

Or

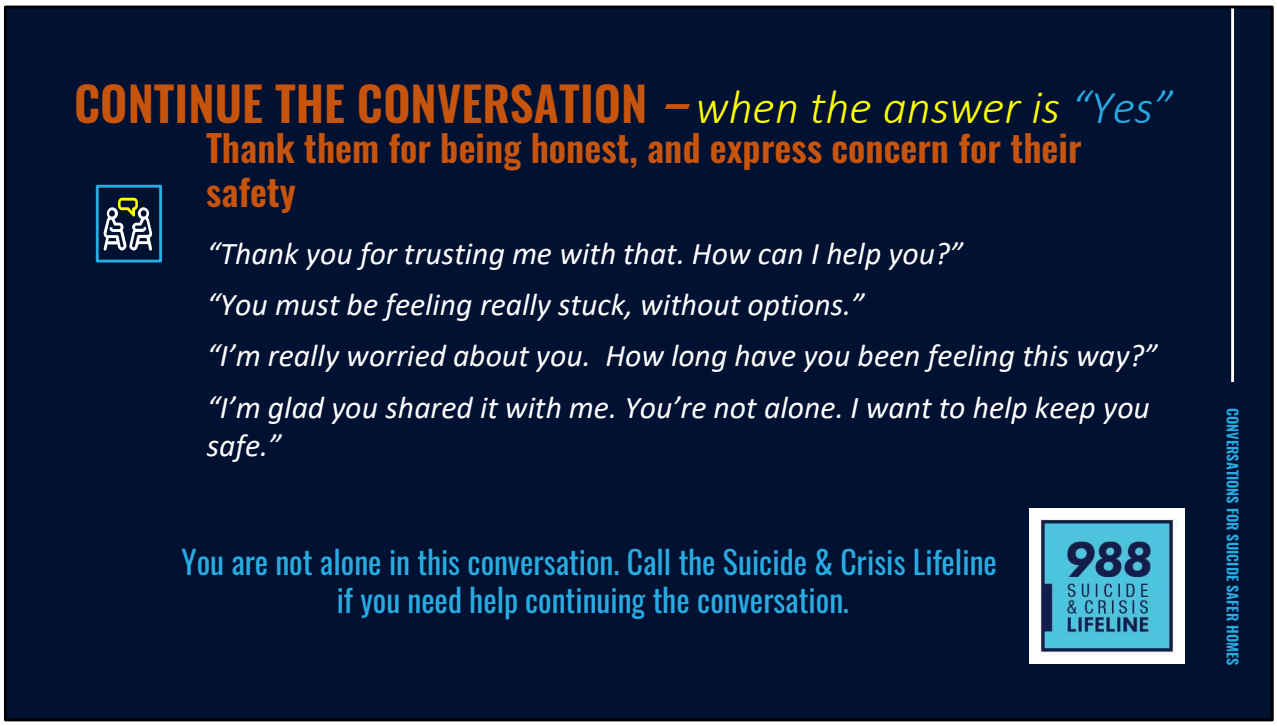
b) Invite the participants to envision they are asking Manny the questions, "Are you thinking about suicide? Are you thinking about killing yourself?" out loud as a group. The instructor will role-play Manny and say no.

Pause for a moment of self-reflection. If time allows, ask participants to share what that felt like to hear "Yes.". Acknowledge that it is normal for it to feel anxious, scared, or uncertain about what to do next.

Remind participants that they are never alone. If they need help continuing the conversation, they can call the Suicide & Crisis Lifeline and ask the crisis counselor to help them determine what to ask next. They should tell the person in crisis that they want to call the Suicide and Crisis Lifeline with them present. That way, the person in crisis knows exactly what is asked and said.

Encourage participants to continue rehearsing by asking the questions about suicide when they are looking in the mirror, getting ready for the day, driving alone in their car, and when they are by themselves so that they can develop a bit of "muscle memory" and confidence in the event they ever need to ask the question.

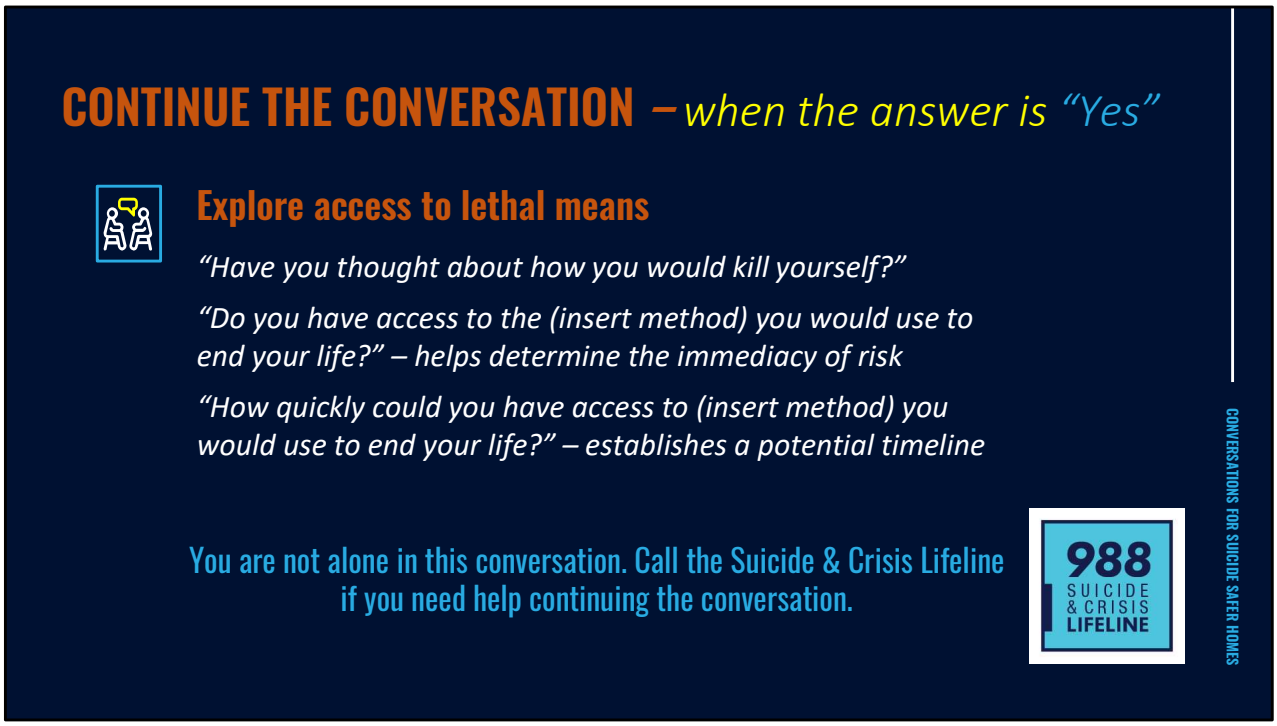
Slide 31



It can provoke many emotions when someone discloses they are having thoughts of suicide. The good news is that they have disclosed they have been having thoughts of suicide, and now there is an opportunity to get that person to help. Acknowledge their bravery for opening up about something that is likely difficult for them to admit. Reinforce that the person is not alone and that help is available.

In Missouri, the Suicide & Crisis Lifeline is answered by regionally based organizations. They have trained professionals who can connect to 911 and request that a Crisis Intervention Team (CIT) be dispatched to the location of the person at risk for suicide. In some places like St. Louis and Kansas City, the Suicide & Crisis Lifeline can dispatch a mobile crisis team to the location of the suicidal individual, conduct a suicide risk assessment on site, and determine the appropriate next steps for the person at risk. The bottom line is that the person offering help and support to someone who is having thoughts of suicide is not alone.

Slide 32



Participants are not expected to be the behavioral health professional who develops a treatment plan for healing and recovery. However, they are in a trusted position to assist the person at risk for suicide in reducing access to any lethal means until they get the help that is available. Asking exploratory questions about a suicide plan, any method they've thought about using to end their life, the accessibility to the lethal method, and how quickly they could access that lethal method helps not only further the conversation but can help to determine their proximity to a lethal attempt. Gathering information about access to lethal means can potentially be shared with the professional who will take the reins to guide the person to recovery and healing.

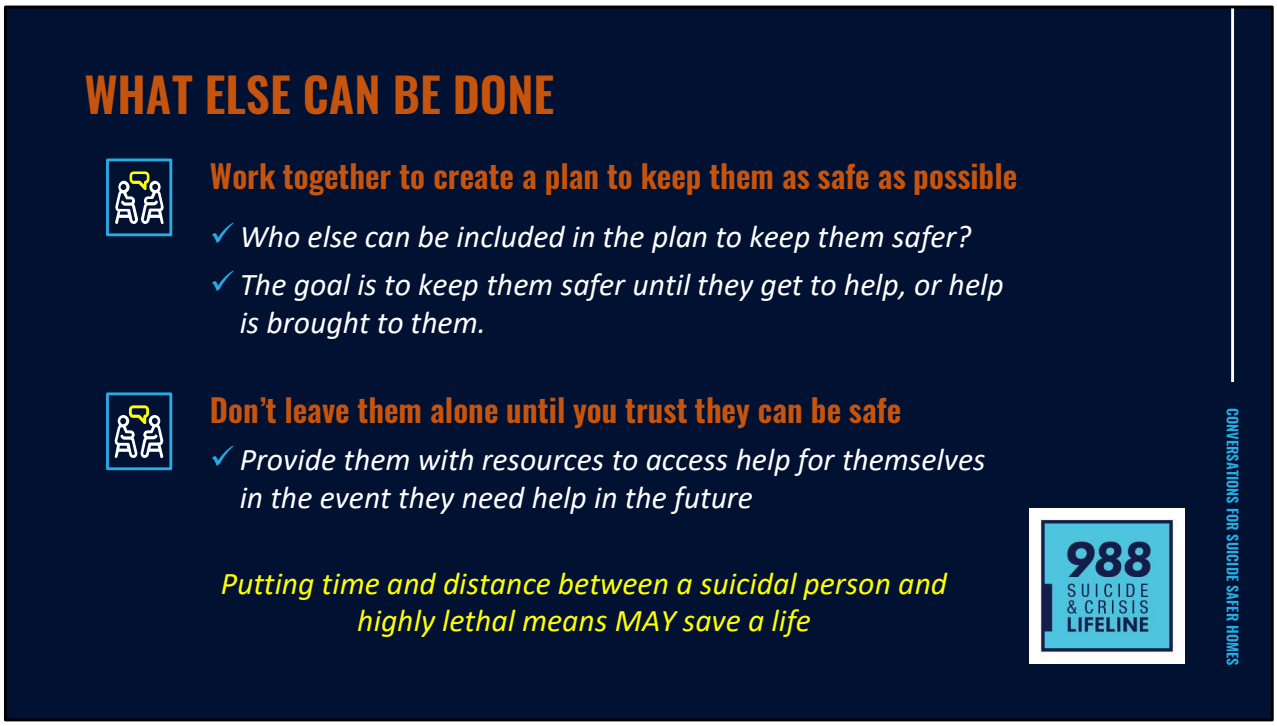
If the person having the conversation with the person at risk gets stuck or isn't sure what else to do, they can call the Suicide & Crisis Lifeline, or text the Suicide & Crisis Text Line for assistance. They do not have to do this on their own. Help is not only available for the person at risk for suicide but also for the person who is offering help.

Slide 33

Follow up by shifting that person toward safety by brainstorming changes that can be made to reduce their quick and easy access to lethal means. Would they be willing to remove the most lethal means from the home? Or would they be willing to layer safe storage practices to make it harder for them to access the lethal means in a moment of despair? Get them to think about putting time and distance between them and the most lethal means they have quick and easy access to.

If the person having the conversation with the person at risk gets stuck or isn't sure what else to do, they can call the Suicide & Crisis Lifeline, the National Suicide Prevention Lifeline, or text the Crisis Text Line for assistance. They do not have to do this on their own. Help is not only available for the person at risk for suicide but also for the person who is offering help.

Slide 34



Getting others involved may be necessary to reduce or remove access to lethal means. The more the person who is at risk for suicide is included in deciding whom they trust to help keep them safer, the more likely they are to commit to keeping safer.

Not everyone who has had thoughts about suicide will be at imminent risk for a suicide attempt. Because suicide thoughts and feelings can be transient and urgent it is good practice to leave the person with resources to access help for themselves in the future.

The Suicide & Crisis Lifeline is available 24/7/365. The service is free and confidential. The professionals on the other end of the line can assist that person in accessing immediate help, such as a mobile crisis unit, crisis intervention teams, emergency services when necessary, or connecting them to providers in their area.

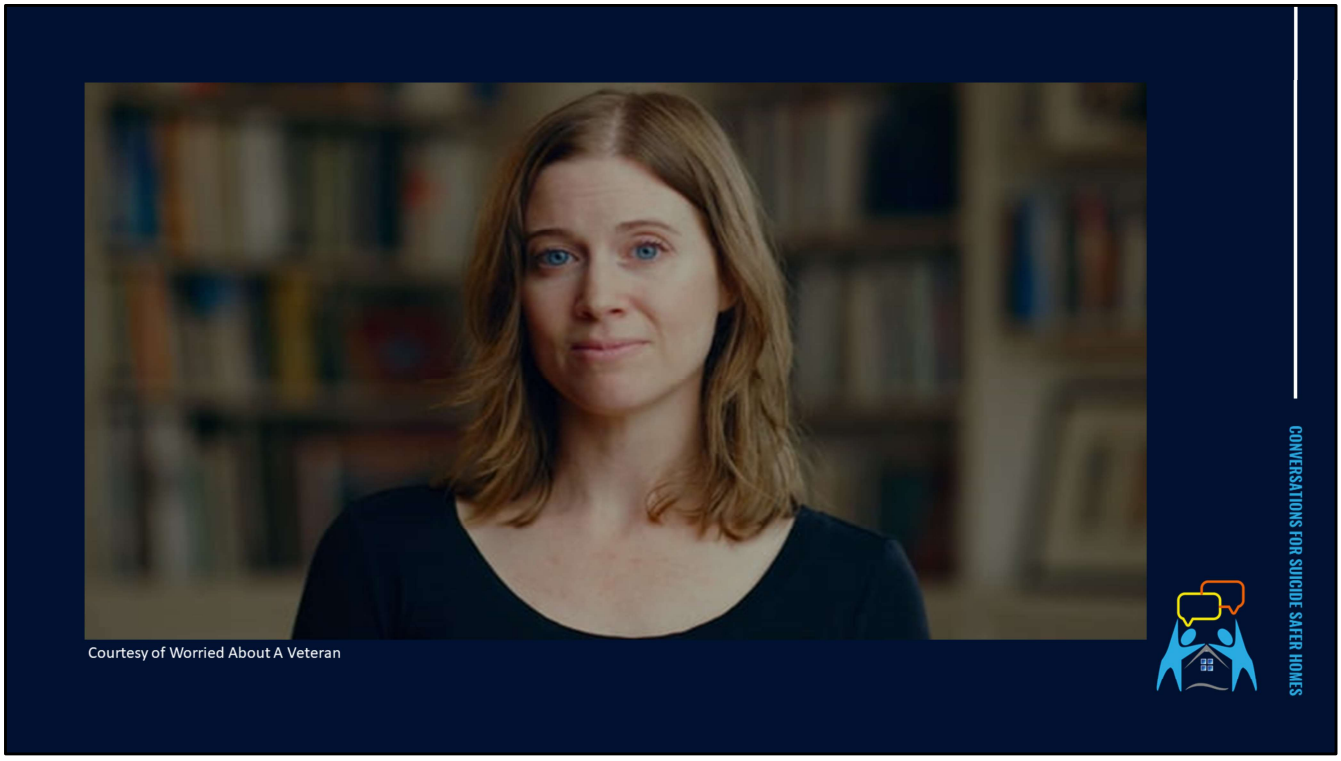
Slide 35

Additional questions that could be asked include

Who do you trust to hold onto your firearms?
What would make it harder for you to temporarily remove firearms from your home?
Would you be willing to explore safe storage options?

When you've made a plan, repeat it back to the person at risk. "We agree that in order to keep you safe, we need to, A, B, C."

Slide 36



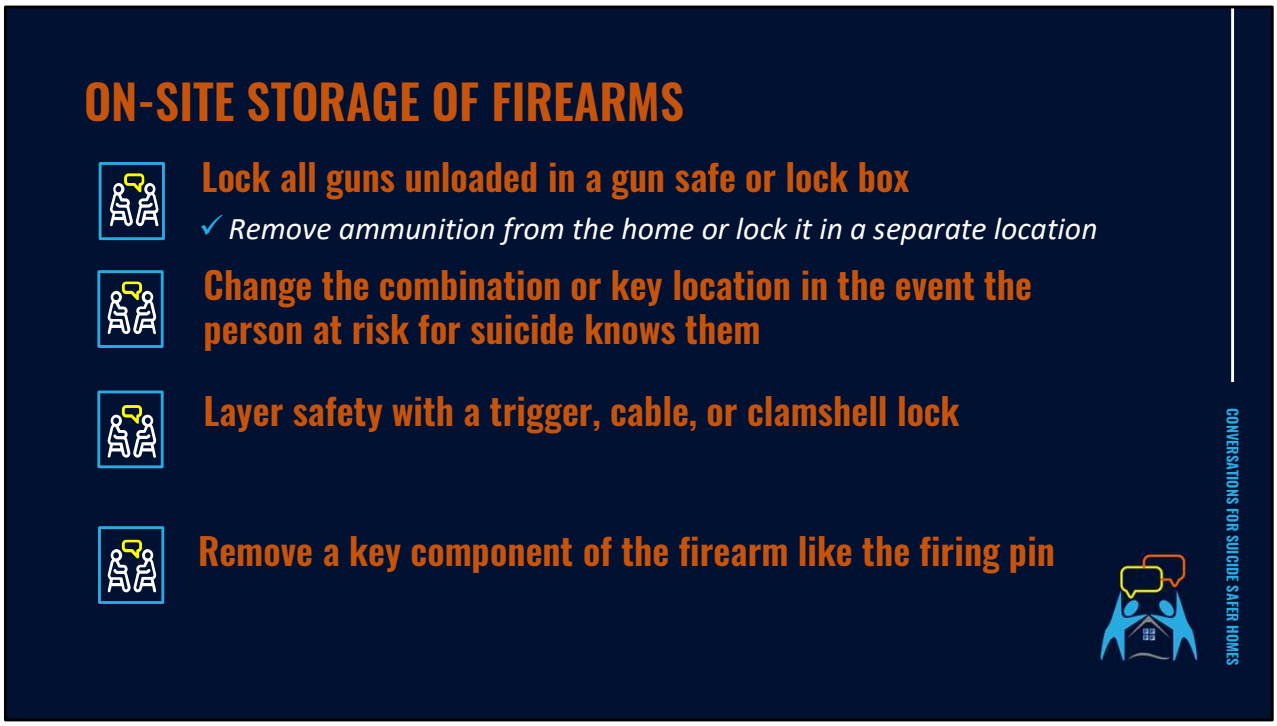
Quick and easy access to firearms during a time of crisis or an emotional state can lead to suicide or accidental discharge & injury. Having conversations about creating suicide-safer homes can keep everyone in the home safer from accidental injuries.

Sometimes, the person at risk for suicide may resist and be unwilling to listen to you about safe firearm storage. You may need to enlist help from someone who has credibility with the person at risk to get help in having the conversation.

Let's hear how Barbara got help from her father-in-law to have a conversation with her husband, Mike.

If the embedded video does not work instructors can access the video at https://vimeo.com/668733014 or https://worriedaboutaveteran.org/check-in-with-others/

Slide 37



If off-site storage isn't an option, recommend locking all guns unloaded in a gun safe or lock box.

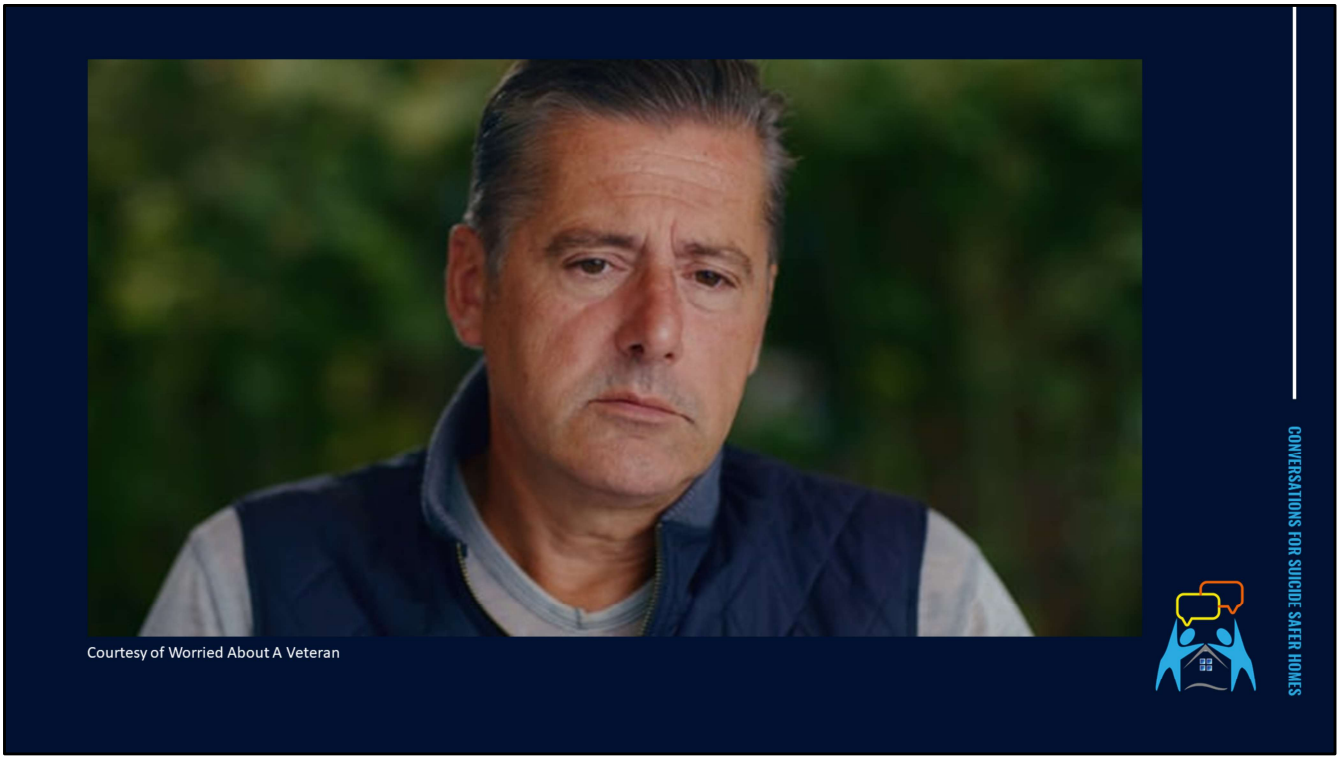
Keep ammunition out of the home for now or locked separately.

If their guns are already locked, advise that they change the combination or key location if the person at risk knows them. A locked gun is of little use if the person at risk has access to the key.

Trigger, cable, and clamshell locks aren't as safe as locking firearms in a secure gun safe but are far better than not locking at all.

Trigger locks are available free of charge at most local law enforcement agencies through Project Child Safe. Participants can call their local law enforcement agency to inquire about the type or quantity of trigger locks they have available for distribution.

Slide 38

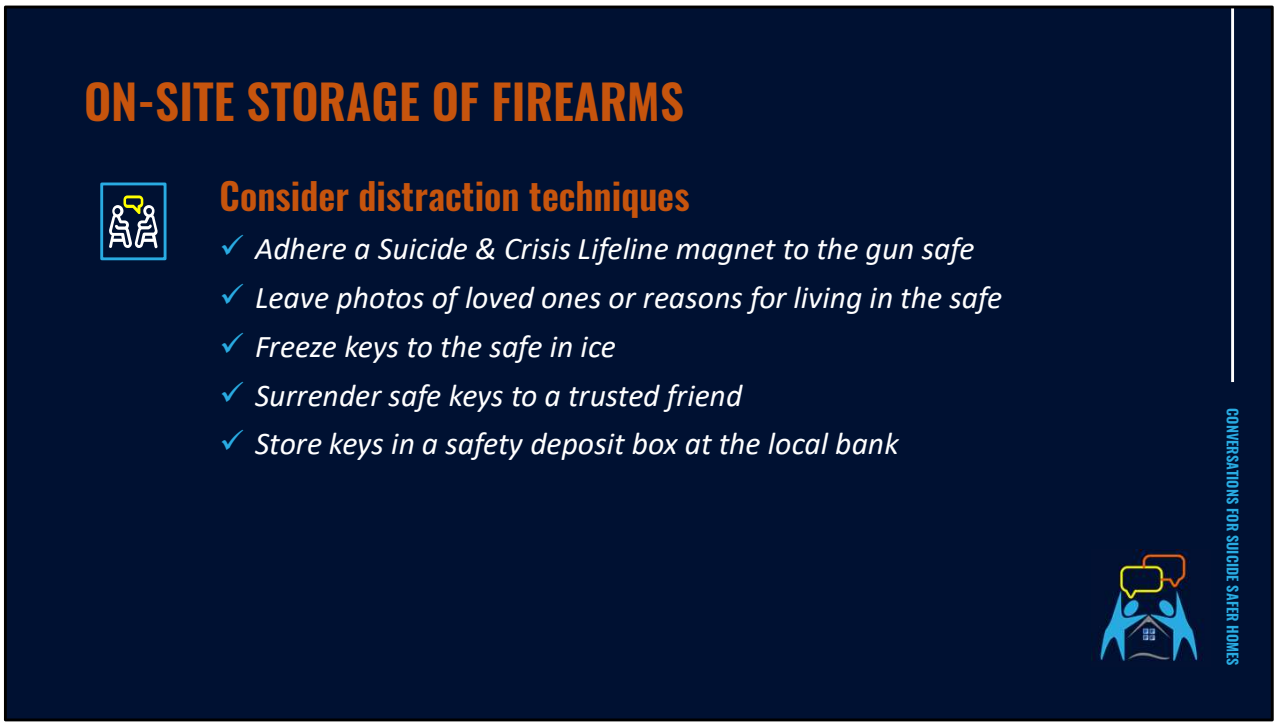


This video demonstrates what a conversation about reducing access to lethal means might sound like. Participants can be assured that they do not have to be perfect in having this conversation with someone at risk for suicide. Genuine care and concern for a person at risk for suicide can be sufficient to result in a good outcome. Let's hear how Fred was able to help Mike secure his firearms .

Notice how Mikey's dad asks about reducing access to lethal means, "I'd feel a whole lot better if you let me babysit these guns"
Mikey wasn't comfortable removing his firearms from the home because he has a nice collection. But he was willing to have his dad change the combination to the gun safe. His dad also put all the guns in the safe, even the guns from the bedroom and the vehicle. A couple of additional layers of safety they could have used were trigger locks on all the guns in the safe or removing the ammunition from the home. Those extra steps would require more time, and a chance to change one's mind, if he were able to gain entry to the gun safe. Remember, all of these extra layers are about creating safety, making it a bit harder for someone to end their life in a moment of despair.

If the embedded video does not work instructors can access the video at https://vimeo.com/668732342 or https://worriedaboutaveteran.org/storage-options/#anchor_page_fred_video

Slide 39



In addition to previous suggestions, consider distraction techniques.

Reminders of reasons for living (photos of loved ones, pets, future vacations, etc.) may cause a person in crisis to take a pause before they reach for lethal means. Reminders of how to get help, such as the 988 sticker or magnet, can interrupt the suicide behaviors. Be creative as needed. Anything the person at risk agrees to that deters, delays, or prevents them from engaging in suicidal behaviors can save a life.

Slide 40

Many people own firearms for personal protection. Most firearm-related deaths in the U.S. are the result of suicide. Firearm safety instruction or hunter safety education does not protect a person at risk for suicide from suicide behaviors. In fact, some studies suggest that knowledge of how to handle a firearm actually increases the risk of dying in a suicide attempt. Until the person receives the help that is available and is no longer at risk for suicide, they are more at risk to themselves than they are at risk of someone causing them harm.

Encourage them to put some time and distance between the person at risk and the firearm temporarily.

Encourage the use of other personal safety strategies such as a home security system, a baseball bat, mace, or pepper spray.

Emphasize that this is only temporary. When they are no longer at risk for suicide, they can increase access to personal protection firearms.

If a firearm for self-defense or home defense is essential, urge someone other than the person at risk for suicide to retain control over the firearm. If there are multiple firearms in the home, lock up all but the personal protection firearms.
Store the personal protection firearm in a quick-access or biometric safe so that the person at risk for suicide is not able to access the firearm. Keep the firearm holstered and on their person at all times or store it in a gun safe when they cannot keep it in their physical control.

Slide 41

A locked firearm is harder to quickly access. In the time it takes for the person to unlock and load the firearm, the suicide crisis could be interrupted, thus delaying or preventing a suicide attempt.

With an unloaded firearm and ammunition stored separately, the time it takes to acquire ammunition and load the firearm creates space for the suicide crisis to be interrupted.

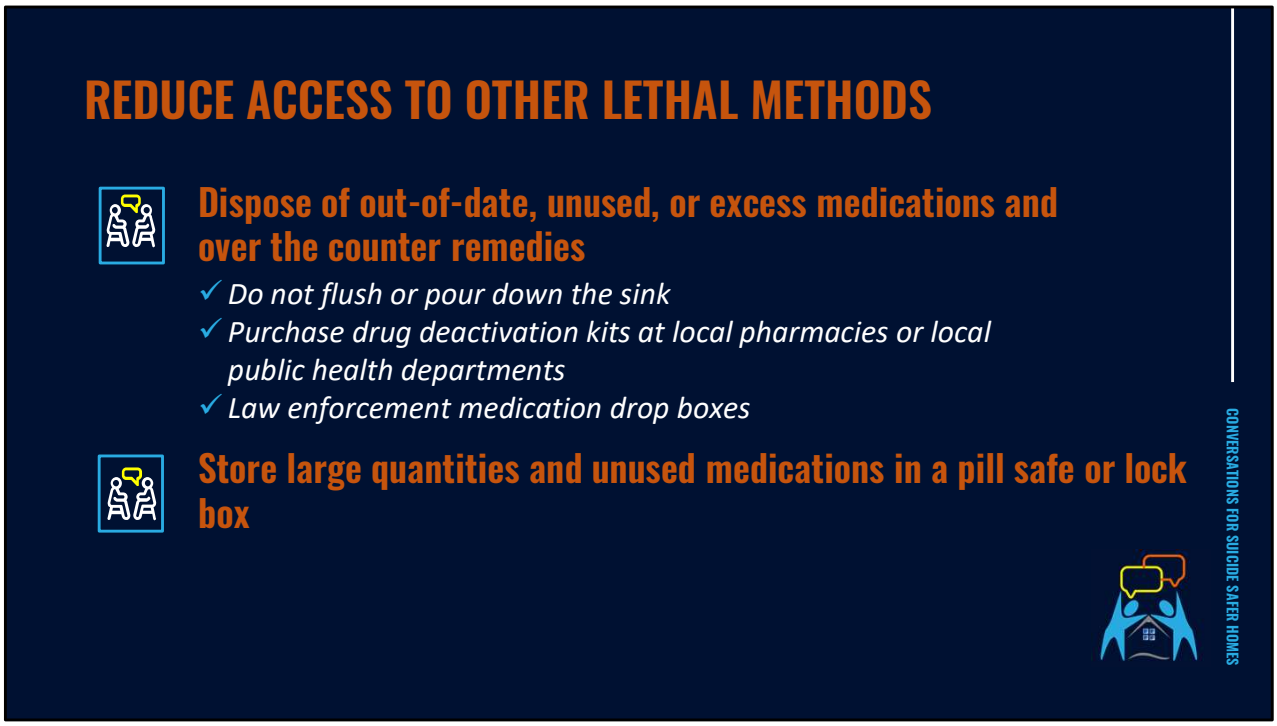
Hiding firearms from family members or children is not an effective strategy to prevent. Don't assume family members don't know our hiding spots. (Think children and Christmas presents)

Familiarity with firearms increases the person's comfort in handling the firearm and potentially increases their risk of completing suicide with the firearm. Firearm safety education and knowledge or proper handling of a firearm does not create a protective factor when the brain is urging the person to end their life.

Slide 42

Anything a person does to increase the safe and responsible storage of all the firearms in the home is a good outcome. Respect their willingness to take any step towards increased safe storage of their firearms, because not everyone will be willing or able to remove all firearms from the home.

Slide 43

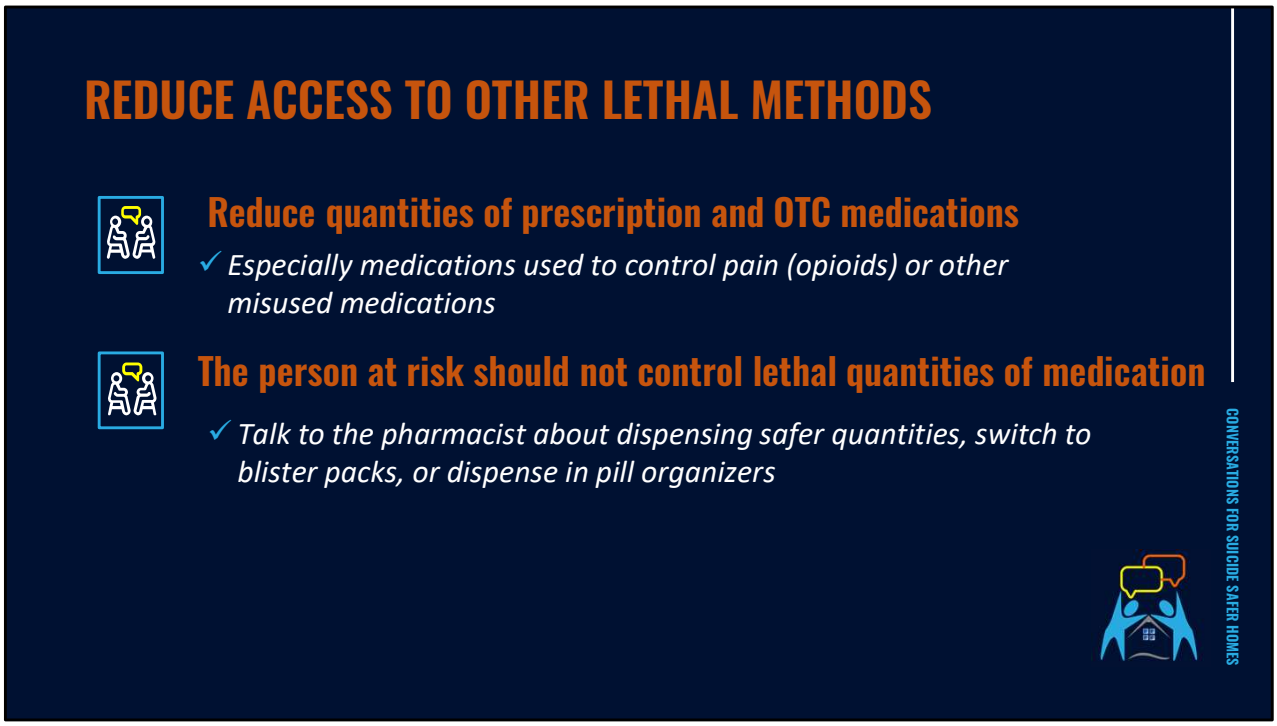


Don't forget to address reducing access to large quantities or unused medications during this time. Proper disposal of medications is important so that the water system is not contaminated, or others cannot inadvertently obtain disposed of medications. Drug deactivation kits can be purchased at pharmacies or sometimes for free from local public health departments. Check with the local public health department or law enforcement agency if a medication drop box is available in the community.

Pill safes can be purchased at pharmacies or ordered online. While not 100% tamper-proof, a pill safe can increase the time it would take for a person at risk for suicide to access a lethal quantity of medications, allowing time for the suicide crisis to pass. The time it would take for them to access a lethal dose of medication that has been stored in a pill safe may delay, deter, or prevent a suicide attempt.

Work with pharmacists or poison control to determine safer quantities of medications to have around the house. Medications that are dosed in blister packs increase the time one can access a lethal dose. If dispensing prescriptions in large quantities is unavoidable, work together to dispense medications in smaller doses using pill organizers, asking someone outside the home to hold onto the large quantities of medication, or locking them up in a pill safe so the person at risk for suicide cannot access them.

Slide 44



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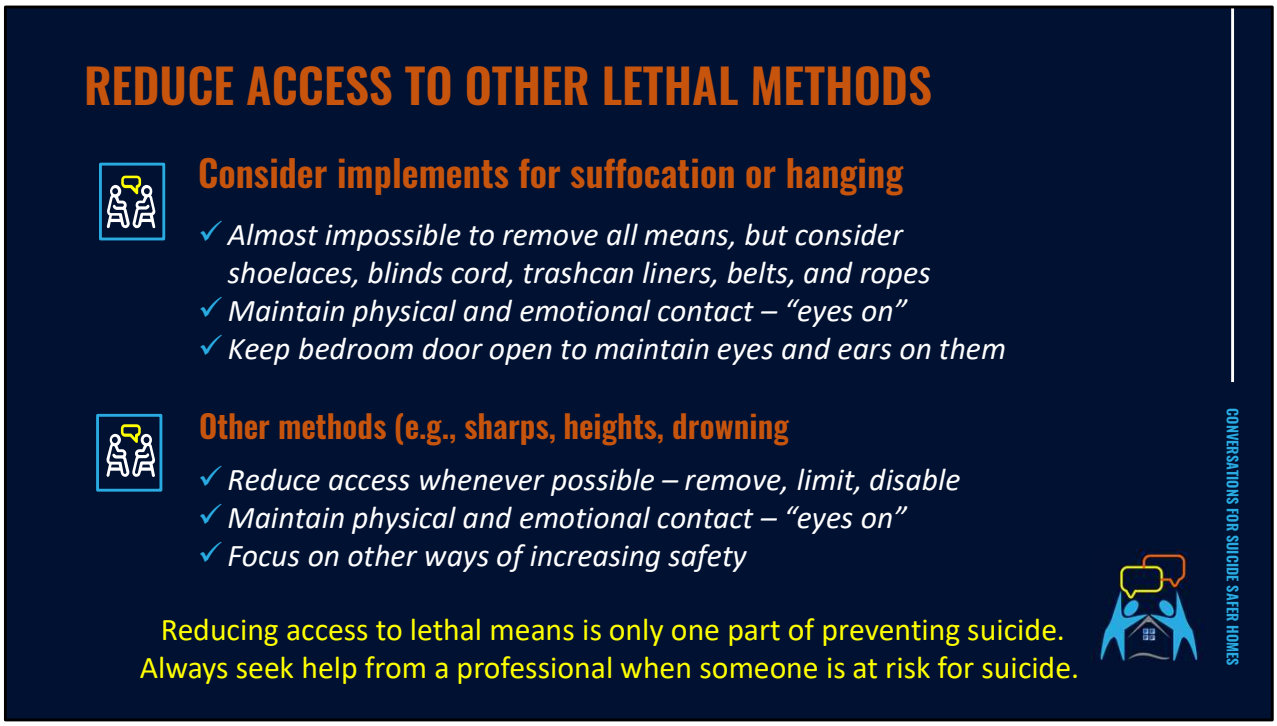
Slide 45



No environment can ever be 100% suicide safe. However, it's important to consider reducing access to other lethal means such as implements that could be used in a suicide attempt; such as suffocation, hanging, sharps, heights, or drowning.

Slide 46

REMEMBER

Begin with concern and empathy

- ✓ *"I care about you and want you to be safe."*

Ask directly about suicide

- ✓ *"Are you thinking about suicide?"*
- ✓ *"Are you thinking about killing yourself?"*

Focus on increasing safety

- ✓ *Discuss the temporary nature of both suicidality and limited access to lethal means.*
- ✓ *Familiarity with medications or firearms may increase rather than decrease risk*

Involve others in preventing suicide

- ✓ *Call the Suicide and Crisis Lifeline by calling 988*

CONVERSATIONS FOR SUICIDE SAFER HOMES

Slide 47

There is a designated Suicide and Crisis Lifeline for Veteran's. The number is 988, then press 1 to be routed to the Veteran's Crisis Lifeline. There is also the option of chatting online or via text message.

The Safer Homes Collaborative has created a firearm safe storage map for Missouri. They have identified firearm retailers who provide storage services. Terms, conditions, and cost of storage are at the discretion of each retailer, so they recommend you contact the retailer first to determine if their process will work for your needs.

Slide 48

Add your contact information for follow-up questions.

Remind partisipants to complete the confidential post-survey before they leave. They can take a picture of the QR code with the camera on their smartphone or type the URL into the search engine.

Participants who complete the pre, post, and 3-month follow-up surveys will receive a $10.00 electronic Amazon gift card for helping the SHC validate the effectiveness of this training

Optional Slides

NATIONAL RESOURCES

- American Association of Suicidology
  www.suicidology.org
- American Foundation for Suicide Prevention
  www.afsp.org
- LivingWorks & safeTALK Suicide Prevention Program
  www.livingworks.net/trainings
- Means Matter, Harvard Injury Control Research Center
  www.MeansMatter.org
- Suicide Prevention Resource Center
  www.sprc.org
- SAMHSA's Resource Center to Promote Acceptance, Dignity, and Social Inclusion Associated with Mental Health (ADS Center)
  http://promoteacceptance.samhsa.gov

CONVERSATIONS FOR SUICIDE SAFER HOMES

Optional

NATIONAL RESOURCES

- National Suicide Prevention Lifeline:
  call: 1-800-273-8255
  chat online: suicidepreventionlifeline.org/chat/
- Veterans Crisis Line: 1-800-273-8255 #1
- Suicide & Crisis Lifeline: 988 (July 2022)
- Crisis Text Line: 741-741
- Trevor Project: call: 1-866-488-7386
  text: 678-678
- TTY: use your preferred relay service or dial 711 then 1-800-273-8255.

CONVERSATIONS FOR SUICIDE SAFER HOMES

Optional

CALL TO ACTION

- ✓ Adopt the 11th Commandment of Firearm Safety
  Consider temporary off-site storage if you or a family member may be suicidal or going through a rough time.
- ✓ Talk to your family about this training and reducing access to lethal means at home
- ✓ Share this training with gun owning friends and encourage them to take it
- ✓ Ask your organization to host this training for staff and colleagues.

CONVERSATIONS FOR SUICIDE SAFER HOMES

Optional

NOTES