



Talking With Clients About Guns

Integrating Diverse Perspectives

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Introduction

Objectives

- ▶ Apply the **public health model** to frame and inform firearms harm reduction interventions
- ▶ Discuss **salient gun cultures** encountered in clinical work and the role of cultural awareness when intervening on issues relevant to guns
- ▶ Employ **evidence-based best practices** in client-centered care, including screening, counseling, anticipatory guidance, and follow-up with at-risk clients
- ▶ Adapt **harm reduction interventions** according to the particular needs of diversely impacted populations



Agenda

- ▶ Background Data | Harm Reduction Model
- ▶ Diversity of Gun Cultures
- ▶ Managing Countertransference
- ▶ Clinical Intervention | Lethal Means Counseling
- ▶ Case Vignettes

Poll

Firearms in PA and USA: Who, Where, and Why?

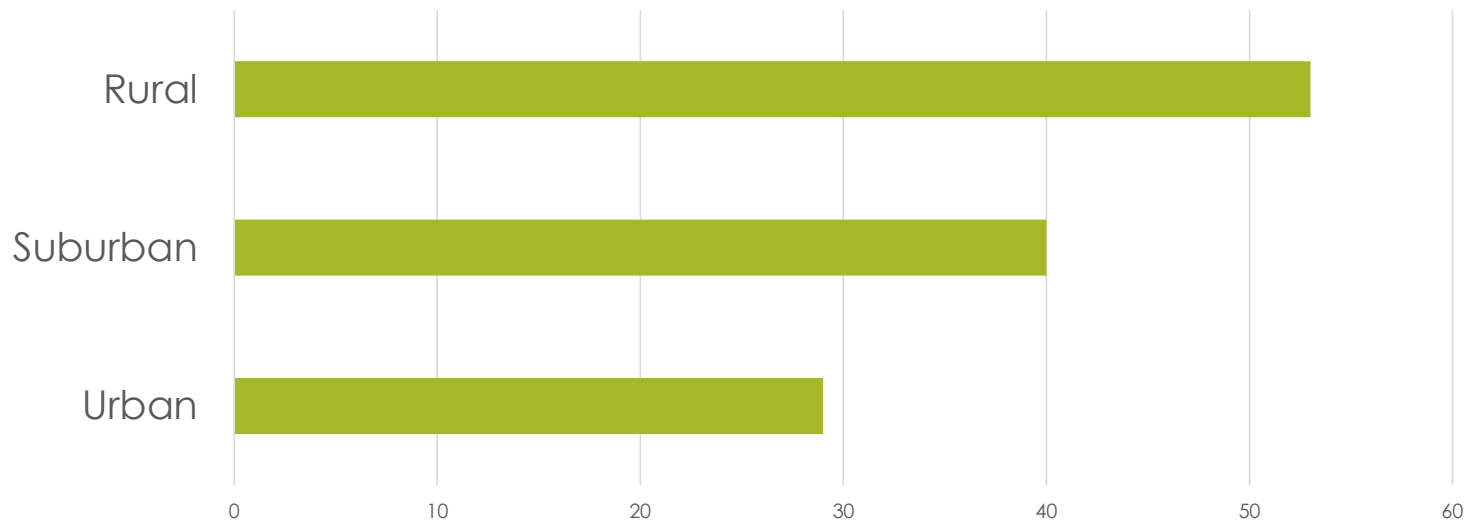


Why Talk With Clients About Guns? The Roles, Skills, and Mindset of Psychologists

- ▶ Risk assessment
- ▶ Harm reduction
- ▶ Anticipatory guidance
- ▶ Understand complex systems, social structures
- ▶ Understand diverse clientele and individualized approaches

Gun Ownership: 4 in 10 Households

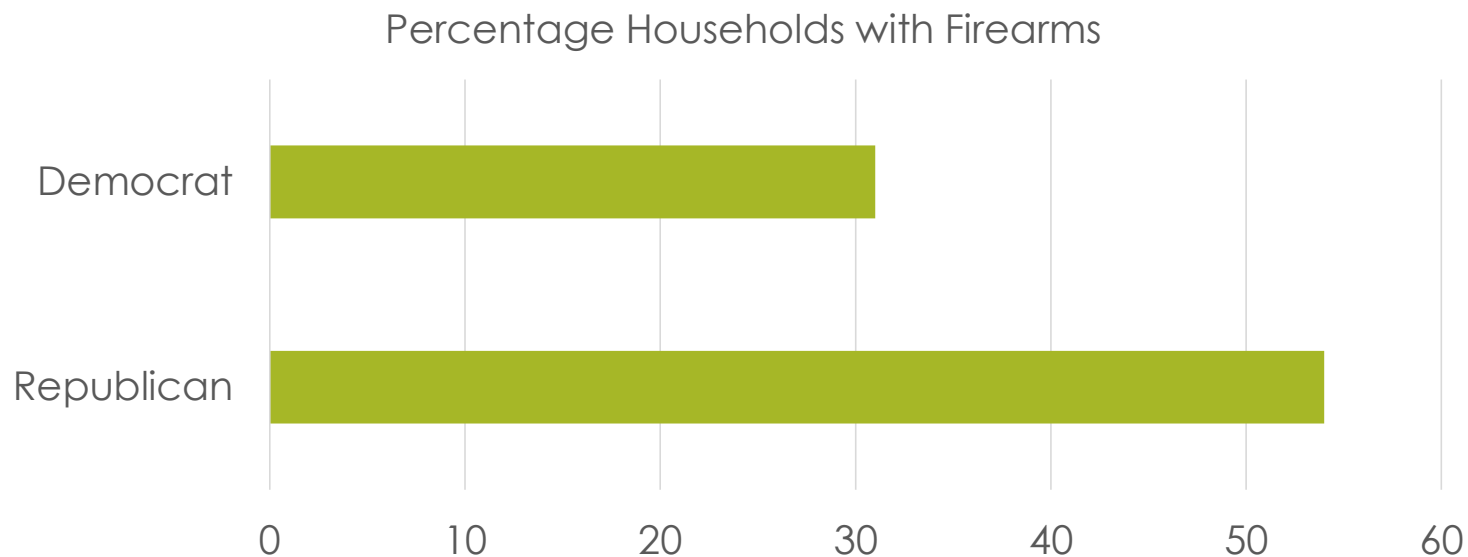
Percentage Households with Firearms



Pew Research Center, "Key Facts About Americans and Guns."

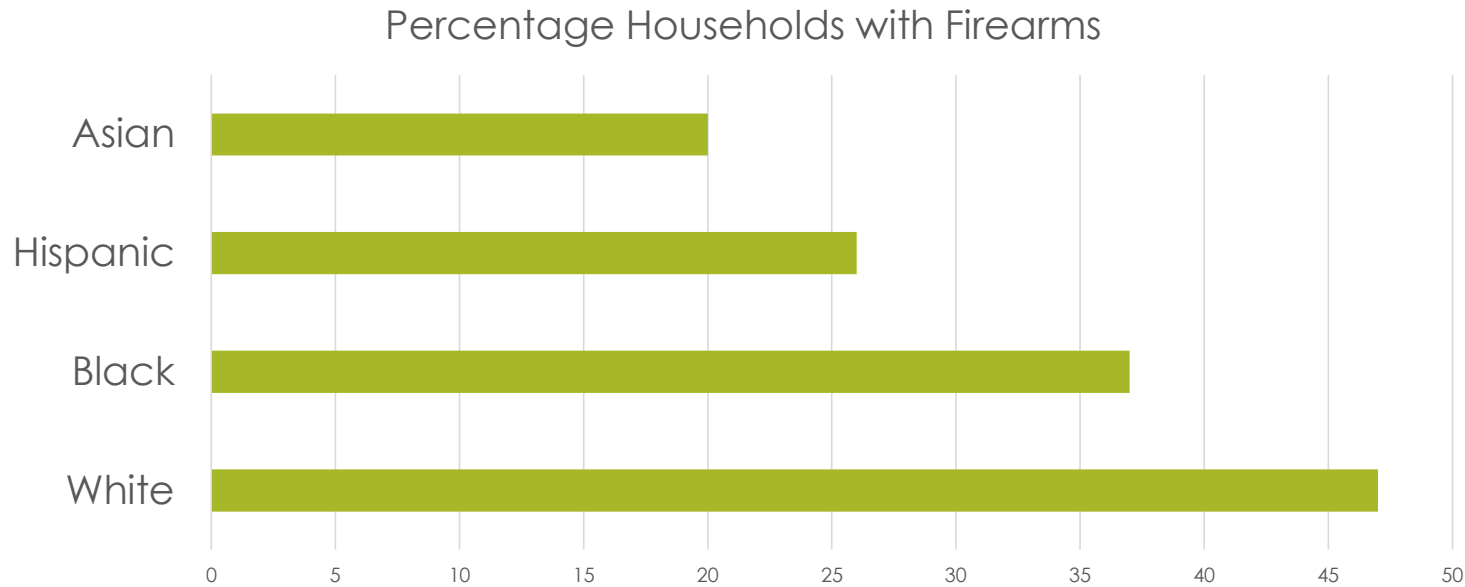
<https://pewrsr.ch/2YU140z>

Gun Ownership: 4 in 10 Households



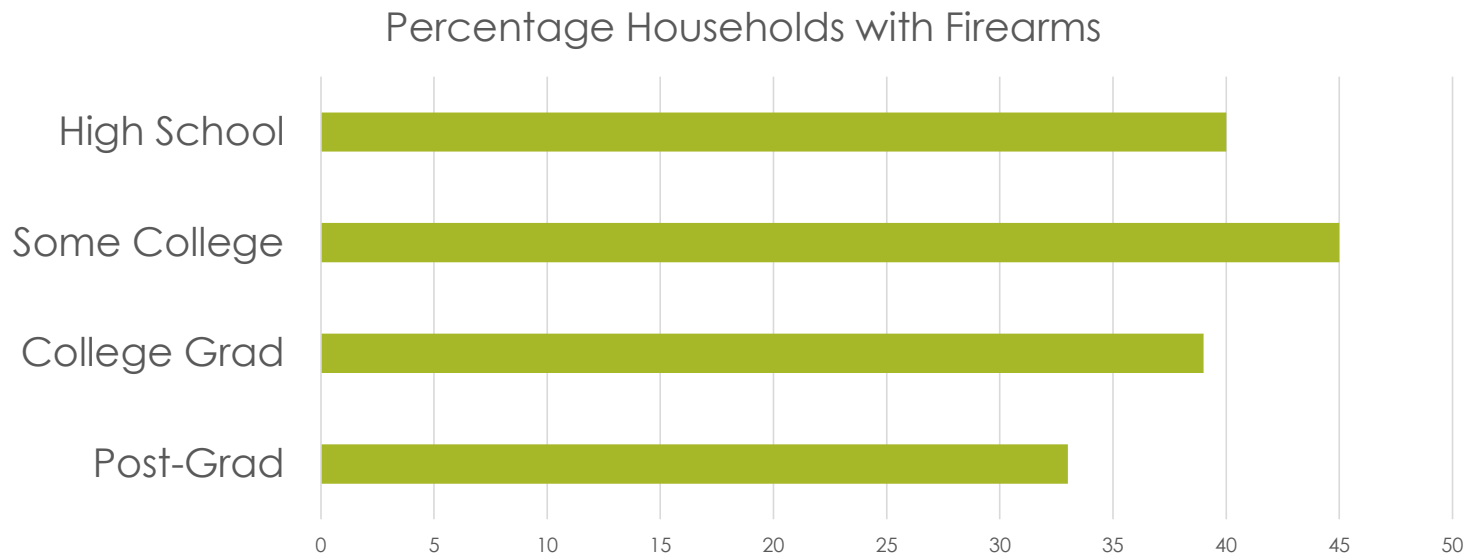
Pew Research Center, "Key Facts About Americans and Guns." <https://pewrsr.ch/2YU140z>

Gun Ownership: 4 in 10 Households



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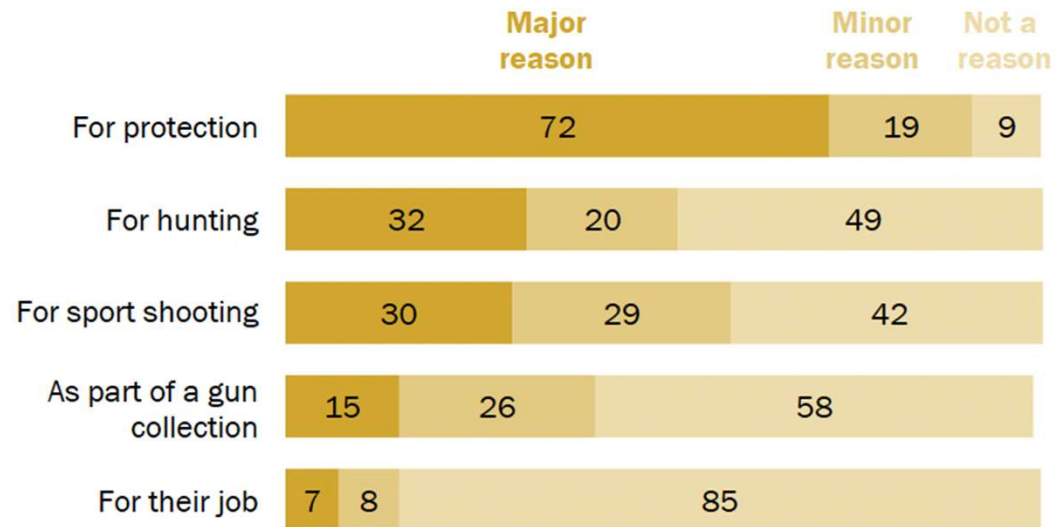
Gun Ownership: 4 in 10 Households



Pew Research Center, "Key Facts About Americans and Guns." <https://pewrsr.ch/2YU140z>

Nearly three-quarters of U.S. gun owners cite protection as a major reason they own a gun

% of gun owners saying each is a ___ why they own a gun



Note: No answer responses are not shown.

Source: Survey of U.S. adults conducted June 5-11, 2023.

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Differences in feelings about guns between gun owners and non-owners in gun households

% who say ...

● Gun owners ● Have gun in household but not a gun owner

I feel safer owning a gun/having a gun in the home 57 ● ● 81

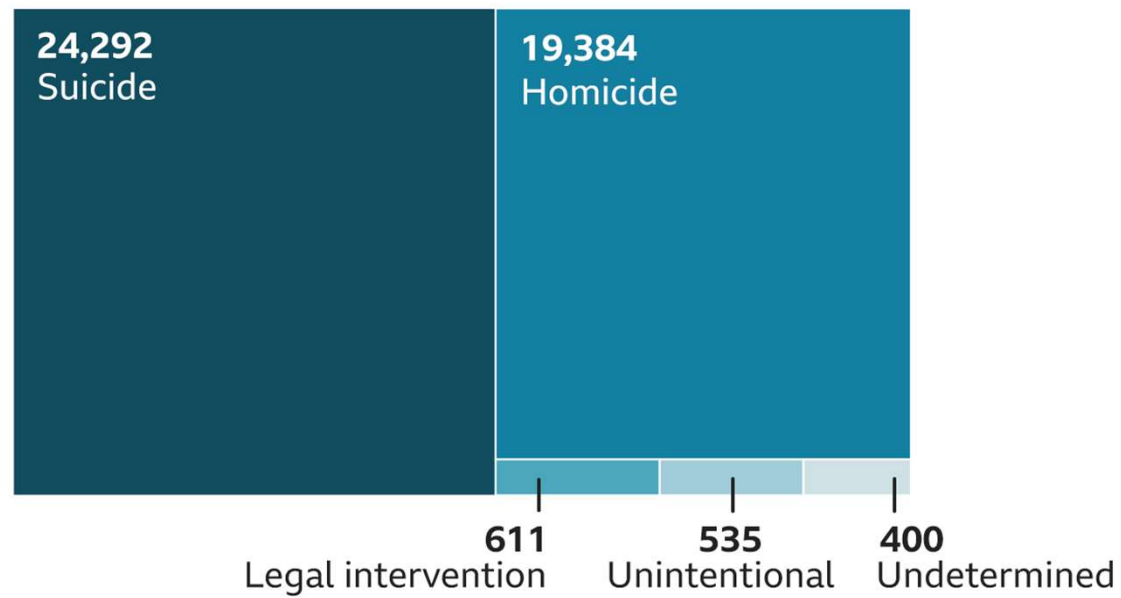
I enjoy owning a gun/having a gun in the home ● 31 71 ●

I worry about having a gun in the home 12 ● ● 27

Source: Survey of U.S. adults conducted June 5-11, 2023.

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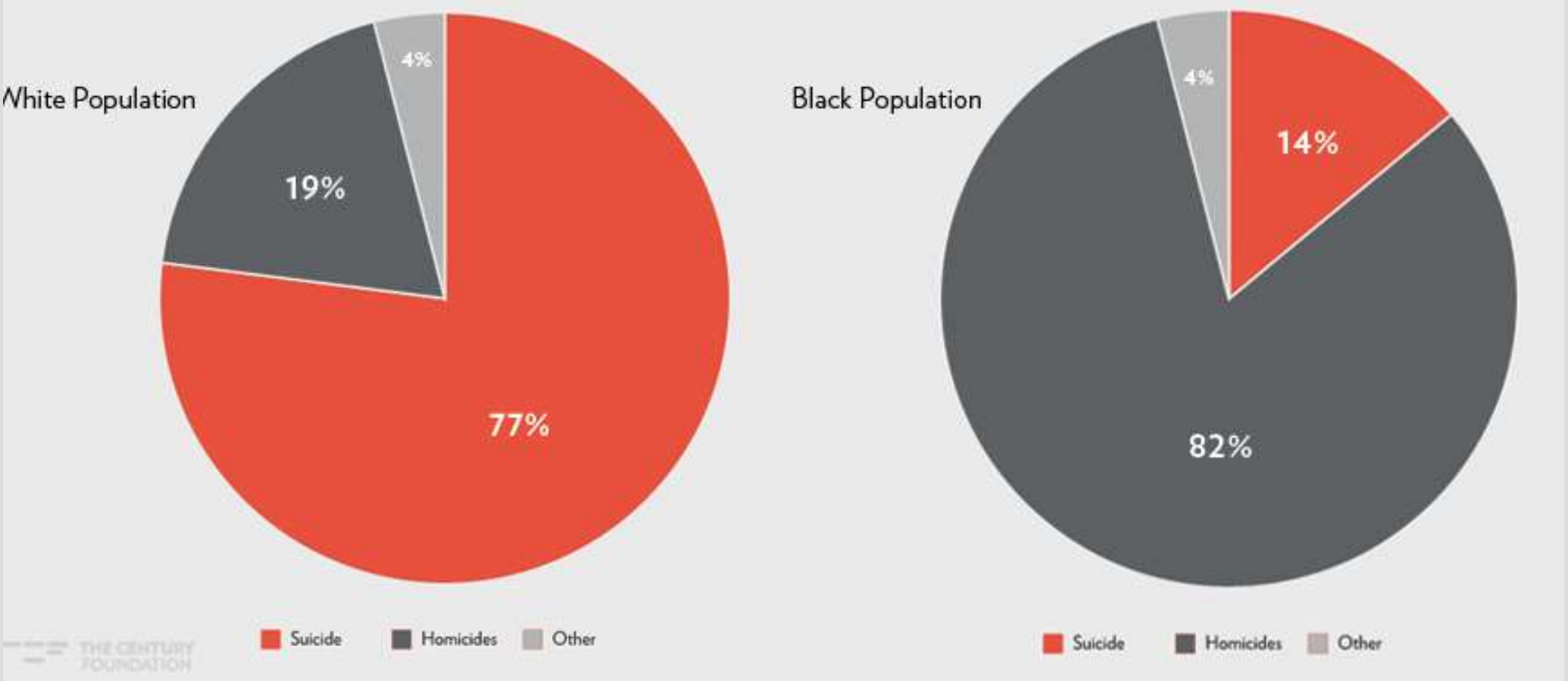
How gun-related deaths break down



Source: Centers for Disease Control, 2020

B B C

FIGURE 2. GUN DEATHS BY TYPE AND RACE



CDC Injury Prevention & Control Database, Compiled by Brookings, <http://www.brookings.edu/blogs/social-mobility-memos/posts/2015/12/15-auns-race-different-worlds-reeves>

Guns and Suicide

- ▶ Firearms are used in 5% of suicide attempts but account for 55% of completed suicides (Davis, Kim, and Crifasi, 2023)
- ▶ 90% of suicide attempts by firearms are fatal (Azrael and Miller, 2016)
- ▶ Access to firearms increases risk of dying by suicide 3x (Anglemyer et al., 2014)
- ▶ Veterans are 50% more likely to die by suicide compared to non-veterans (U.S. Department of Veterans Affairs, 2022)
- ▶ Rural counties have 2x higher rates of firearm suicide compared to urban counties (Davis, Kim, and Crifasi, 2023)
 - ▶ Limited access to mental health services
 - ▶ Higher rates of alcohol use
 - ▶ Greater ownership and access to firearms

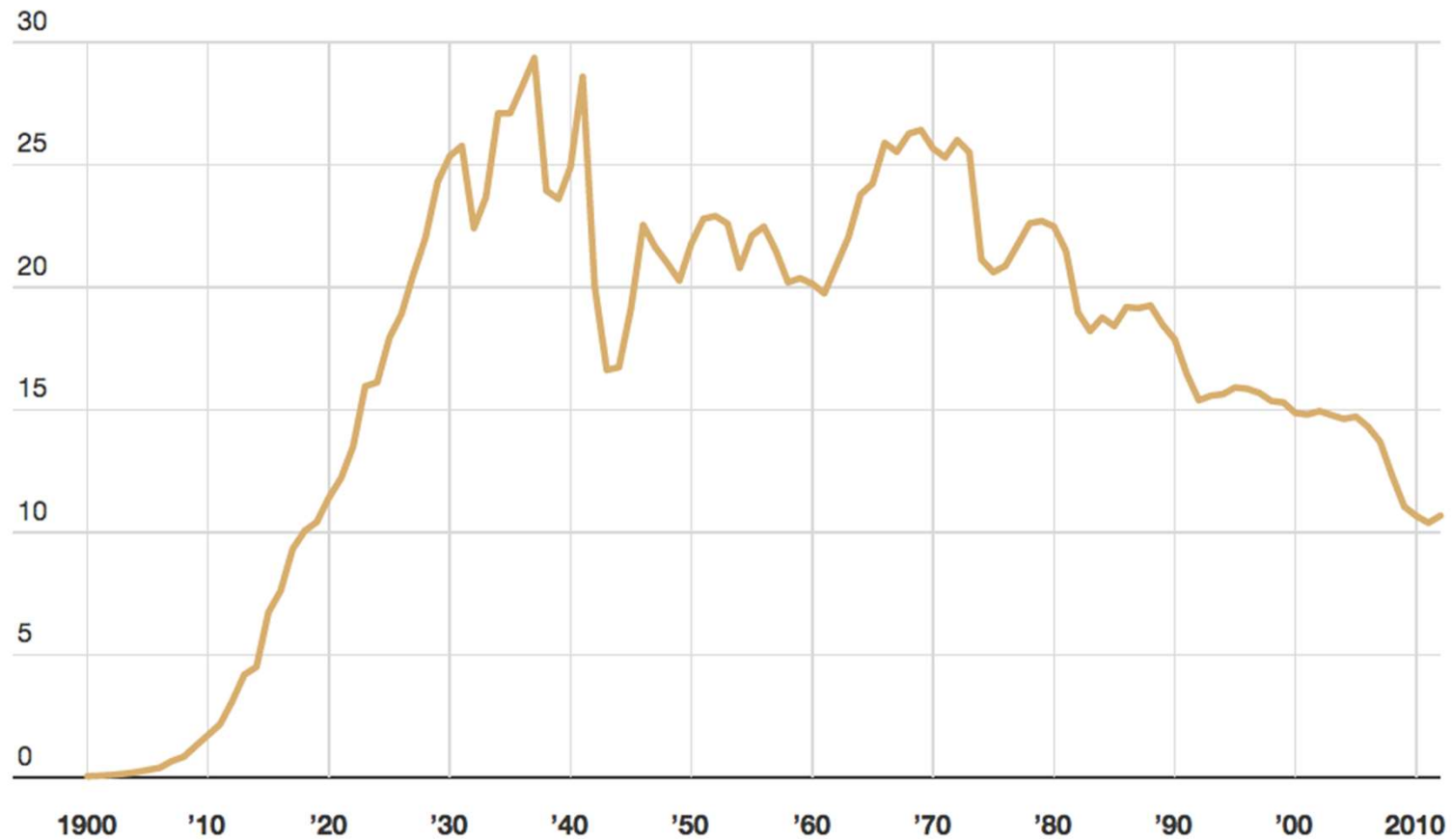
Personal Interest



Public Health Mindset

- ▶ “Health, safety, and well-being of entire populations” to “provide the maximum benefit for the largest number of people” (CDC)
- ▶ Prevention
- ▶ Data-driven
- ▶ Systemic factors
- ▶ Multi-disciplinary
- ▶ Ultimate goal: Protect lives, improve health and wellness

US motor vehicle deaths per 100,000 people, 1900–2012

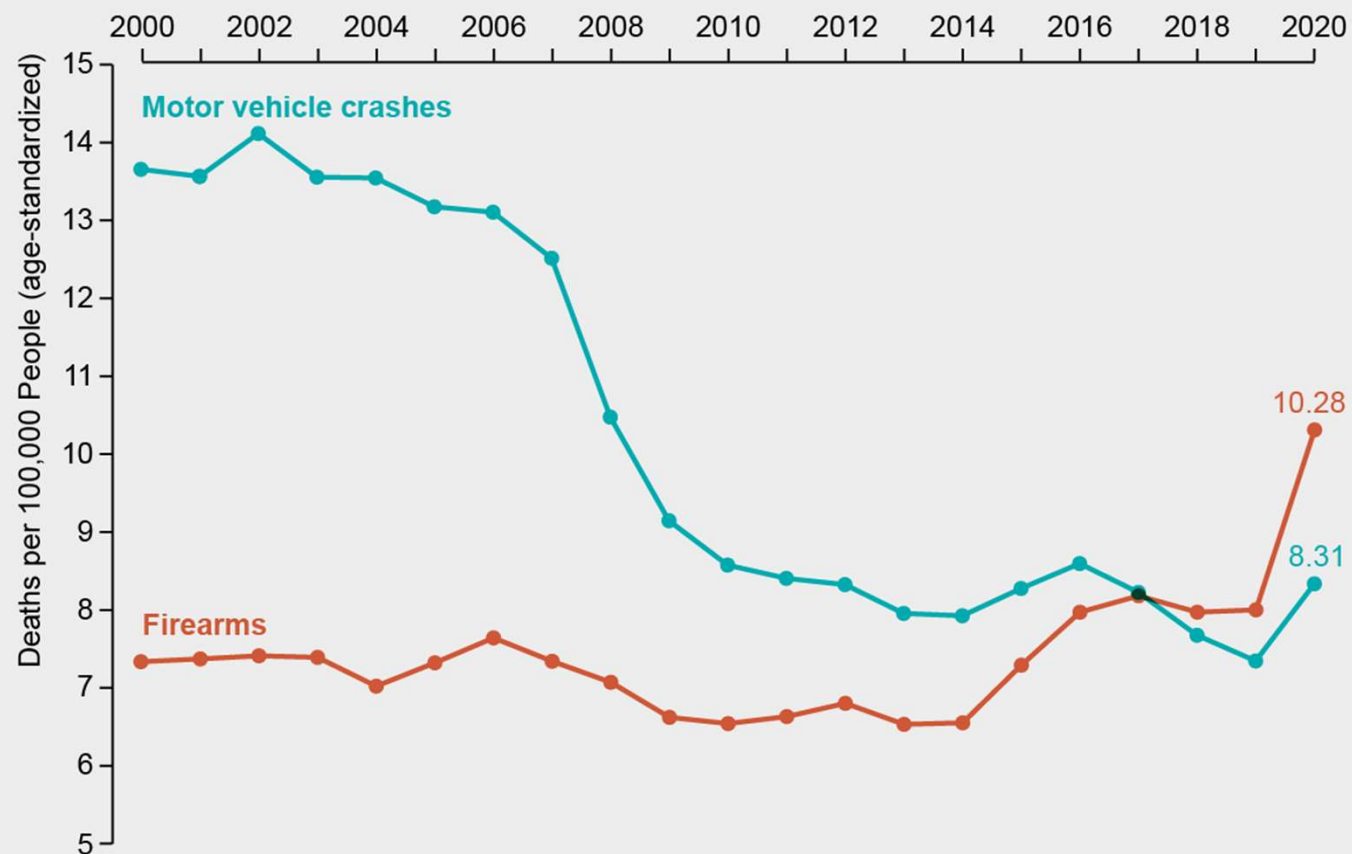


Created with [Datawrapper](#)

Source: US Department of Transportation, US Census Bureau, FRED



U.S. Death Rates from Motor Vehicle Crashes and Firearms, Ages 1–24



“Crossing Lines—A Change in the Leading Cause of Death among U.S. Children,” by Lois K. Lee et al., *New England Journal of Medicine*, Vol. 386, No. 16; April 21, 2022.

“How Can Psychologists Reduce Harm / Risk?”

- ▶ Reframe the problem: reduce and prevent harm; collaborative (“How might we...”)
- ▶ Empathy and curiosity (not blame and judgment)
- ▶ Cultural competence and data-informed perspectives (not assumptions, myths, overgeneralizations)
- ▶ Educate to establish new norms: dialogue, safety, ethical considerations (beneficence, integrity, respect)
- ▶ Specific modalities and interventions / “standard of care” (e.g. lethal means counseling)

Diversity of Gun Owners and Gun Cultures

Countertransference and Self-Management



What would you do?

Your adult client discloses they just purchased a handgun for personal protection. Someone very close to you had been injured or killed by gunshot. What ethical and transference and countertransference possibilities might be considered?



What would you do?

One of your clients mentions in passing that they have a license to carry a concealed firearm, and they carry everywhere that is not proscribed by law. You conclude that this means they carry concealed into your office. How do you address this, if at all?



Clinical Interventions: Lethal Means Counseling



Lethal Means Counseling for Suicidal Firearm Owners

Samuel Knapp¹ 

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Abstract

The death of a patient by suicide is one of the professional events most feared by psychotherapists and firearms are the most commonly used means of suicide. However, as the number of firearm owners within the United States has increased in recent years, so has the risk of firearm-related suicides. Suicidal patients with easy access to their firearms may give in to the wish to die and end their life with little opportunity for reflection or forethought. Furthermore, because the topic of gun control has become so polarized, patients may not always be open to discussing barriers between themselves and their firearms. Nonetheless, psychotherapists using non-judgmental, respectful, and collaborative lethal means counseling can substantially reduce patient suicides.

Keywords Suicide prevention · Lethal means counseling · Means safety counseling · Firearms

Lethal Means Counseling (Knapp, 2023)

- Attempts to create a barrier between patients and their preferred means of suicide
- Addresses the acute (time-limited but critical) nature of suicidal thoughts
- Objective: Keep patients away from their means of suicide for only a brief period of time until their suicidal crisis dissipates

Lethal Means Counseling (Knapp, 2023)

- Fact: Suicidal persons who stored firearms safely had fewer suicide attempts than those who did not store their firearms safely.
- Fact: Suicide attempters usually have one preferred method of suicide.
- Fact: evidence contradicts the folk theory of *means substitution* which holds that suicidal persons will only find another way to kill themselves if access to their preferred method of suicide was blocked (Yip et al., 2012).
- Fact: While (non-collaborative) suicide contracting has no evidence supporting it (Edwards and Sachmann, 2010), crisis planning that includes client input has been shown to reduce suicide by 43% (Nuij et al., 2021).

Lethal Means Counseling – 4 Steps

Ask

- About access to lethal means

Discuss

- How to make home safer, especially in regards to accessing lethal means

Involve

- Client should develop the plan for reducing easy access to lethal means

Document

- Client ideally can take home and reference. Should be in chart.

Lethal Means Counseling: *Ask*

- Raise the question and concern (short-term, crisis focused)
- Focus on strategy and safety
- Ask about all firearms
- Ask about other means
- Assess each relevant household
- Address the gun-owning parent (if working with a minor)

Lethal Means Counseling: *Discuss*

- Educate: rationale, dangers, myths, benefits of temporary barriers
- Learn: “Tell me about the firearms you own?”
- Build / establish rapport: caring, authentic, non-judgmental
- “I’m asking because I care, and I don’t want to see you end up hurt.”
(Dobscha et al., 2021)

Lethal Means Counseling: *Involve*

- Develop a plan together; “your plan, not mine”
- Discuss and review options
 - On-site: trigger lock / biometric lock / cable lock / locker / case / safe (costs: \$10 - \$2000)*
 - Off-site: trusted relative or friend / gun shop / shooting range / rental unit / pawn shop / law enforcement**
- Discuss and review barriers
 - Cost
 - Legal issues: custodial issues / background checks
 - Distrust of police or government
 - Worry about reduced personal safety

*Everytown for Gun Safety: Secure Gun Storage (<https://www.everytown.org/solutions/responsible-gun-storage/>)

**T.H. Chan School of Public Health, Harvard University: Recommendations for Clinicians (<https://www.hsph.harvard.edu/means-matter/recommendations/clinicians/>)

Lethal Means Counseling: *Document*

- Collaborate
- Use the patient's own words
- Be specific: timeline, roles, follow-up
- Document in clinician's notes (risk management)

Barriers and Derailers

- Insufficient rapport, trust
- Perception of an attack on identity, culture, way of life
- Privacy and personal autonomy
- Negative consequences of disclosing unsafe storage
- Cascade effect: involuntary hospitalization, “red flag” revocation



What would you do?

Your new adult male client comes in wearing a 2nd Amendment ball cap. When you review lethal means and safe storage of firearms as part of your usual suicide screen at intake, the man stiffens and asks what your credentials are regarding firearm safety. If you have less training and experience with firearm safety than he does, he asks, why should he take advice from you on that topic? How might you respond to this client's behavior?

Advancing the Conversation

- Keep the focus on safety and strategy
- Inquire with curiosity and care; open-ended and non-judgmental questions
- Discuss professional obligations, limits, and ethics
- Limited and prudent self-disclosure
- Lay the groundwork to revisit in the future

“Lock to Live” (Betz et al., 2019)

Lock to Live: <https://lock2live.org/#>

- Decision tree to help clients (and their therapists) navigate how to best secure firearms, medications, and other dangers during times of crisis
- Pros and cons of each method of storage
- Education and support resources
- Does not save any user information

“Hold My Guns”

Hold My Guns: <https://www.holdmyguns.org/>

- Firearms storage options (off-site, voluntary, network of partner gun shops and FFL holders)
- Crisis awareness training for gun owners and firearms professionals
- Mental health advocacy

Case Vignettes

Alex (age 8, Dx: ADHD)

You just evaluated Alex, age 8, for ADHD. He has been having difficulty at school due to being out of his seat a lot, acting impulsively by pushing things over and not being engageable when he gets in a “playful” mood, having a very messy desk, and having difficulty with daily tasks such as cleaning his room.

In the assessment it was revealed that the family maintains an unsecured pistol in the drawer by the front door as security. The parents report they do not believe that Alex knows about the gun there, and he “knows not to touch things that aren’t his.”

Alex has not expressed any suicidal ideations, nor hostile ideations towards others. The parents say he is a good kid, who just needs to work on focus.

Questions for Alex case:

- What conversations would you want to have with Alex and/or his family?
- What would be the biggest clinical concerns in regards to firearms in this case?
- What would be some possible moves towards firearms safety in this situation?
- What are some possible clinical events (conversations, encounters) you could foresee emerging in working with Alex and his family on this issue?



Jerome (Age: 32, Diagnosis: Depression, PTSD)

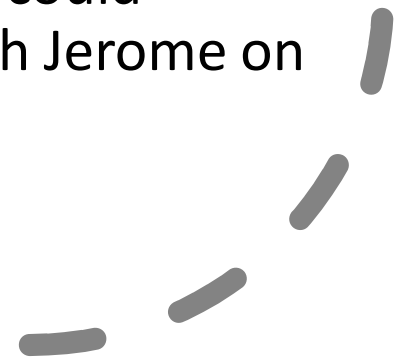
Jerome, a decorated veteran, found himself grappling with mental health challenges, including intense suicidal ideation. His darkest moments were accompanied by the knowledge that his firearms, stored in an unlocked cabinet, offered an 'escape' from his pain.

During a therapy session one day, Jerome said "There are days when I feel like I'm standing on the edge, and the only thing stopping me is the fear of the consequences. But knowing that I have access to my firearms... it's a constant reminder that I have a way out."

Jerome lives with his wife, Simone, and their two young children. She feels a mix of fear and deep concern for both Jerome's well-being and the safety of their family. Their children, although unaware of the full extent of John's mental health struggles, have sensed the tension in the household.

Questions for Jerome Case

- What conversations would you want to have with Jerome? How about his wife? How about his children?
- What are the biggest concerns about firearms access in this case?
- What would be some possible moves towards firearms safety in this situation?
- What are some possible clinical events (conversations, encounters) you could foresee emerging in working with Jerome on this case?



Questions / Discussion

Poll



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Appendix

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Personal Safety Plan for _____

DOB: _____ Phone: _____ Alternative Phone: _____

Email: _____

Address of residence: _____

*(For a support person reading this plan: **Thank you for caring about me.** While I do understand that unforeseen circumstances may arise, I ask that you speak with me directly if possible and explain your cause for concern (for example, "I noticed you are skipping meals"). Please help me identify through asking questions what is going on (for example, "What's feeling heavy right now?") and make suggestions from my Plan. I value the opportunity to have agency in my personal wellness, and to make informed decisions. If I am unable to communicate clearly, please attempt to reach out to my trusted Emergency Contact listed below.)*

Emergency Contact:

Name: _____ Phone: _____ Email: _____

Indicators I may need to refer to my safety plan:

When I am feeling stressed or upset, I tend to exhibit or experience the following signs:

Physical indicators (such as headaches, shortness of breath, digestive issues, insomnia):

Behavioral indicators (such as pacing, self-harm, skipping work or school, checking things over and over, self-medicating with substances, changes in eating habits):

Relational indicators (such as working longer hours, avoiding people, difficulty communicating, arguing):

Emotional indicators (such as irritability, talking rapidly, crying, wanting to be alone, difficulty concentrating, feelings of panic):

Understanding why I feel this way:

Please understand that these warning signs tend to be set off by these stressors (social situations, responsibilities, being reminded of a life experience or stressful situation, concern about something happening):

When there are warning signs, here are ways I would like to:

Care for my basic needs (take a nap, eat favorite foods, stay hydrated, take prescribed medications, etc.)

Seek Comfort (such as ways to relax, things I want to surround myself with that bring me happiness, receive physical touch such as a hug or holding a pet):

Seek Change (such as a change of surroundings, change of sensations like take a shower or go for a run, phrases or grounding thoughts that help change my perspective)

Ready to Confront (Problem-solve specific concerns, finding reasonable expectations, tasks, and next steps):

Here are some other things that I like for people to say, do, or suggest that help me to gently refocus on positive things that are important to me (such as remind me of a favorite verse or quote, song, affirm values, etc.):

If I need a friend to talk to, I will call/visit with:

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Lethal Means:

If needed, I will help keep myself safe by temporarily reducing access to/securing the following items to these specifications:

Firearms:

Medications/Substances:

Household items:

Sharp or other dangerous objects:

People/places that can help keep these items safe / securely stored:

Name: _____ Phone: _____ Email: _____

Firearms (or barrel, firing pin, etc.) off-site storage location address: _____

Additional contacts:

Medical Doctor: _____ Phone: _____ Email: _____

Therapist/Counselor: _____ Phone: _____ Email: _____

Pastor/Priest: _____ Phone: _____ Email: _____

_____ Phone: _____ Email: _____

National Suicide Prevention Lifeline (Call any time day or night!) : 988

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