

**In-person**  
March 13-16, 2024

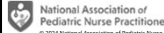
**Virtual**  
May - July 31, 2024

## 45th National Conference on Pediatric Health Care

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### Session 216: Lethal Means Restriction Strategies for Family Conversations and Action

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Experts in pediatrics, Advocates for children.

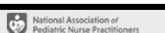
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### Speakers Disclosure

- Dr. Sisler, Dr. Hamilton, and Kari Weiss have nothing to disclose about this presentation. There are no conflicts of interest.

### Speakers Acknowledgment

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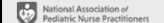


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### Learning Objectives

- Discuss the **most common means** of attempting suicide used by children and youth in the U.S. and those most likely to result in death by suicide.
- Utilize **motivational interviewing techniques** to navigate difficult conversations with families surrounding lethal means reduction to build confidence and efficacy during clinical encounters.
- Introduce potential local partnerships with public health organizations, law enforcement agencies, and businesses to **promote safe storage**, including both in-home solutions and out-of-home options.
- Collaborate and build clinical toolkits** to bolster lethal means reduction strategies and resources for immediate clinical application.



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### Live, Collaborative LMR Toolkit





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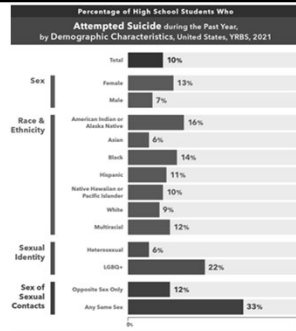
## Suicide: Fast Facts

A leading cause of death

- 2<sup>nd</sup> leading cause in adolescence
- 8<sup>th</sup> leading cause kids ages 5-11 (Curtin et al., 2018)

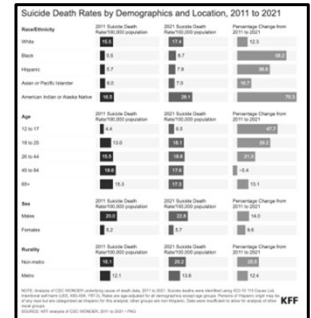
*Death by suicide, from 2011 to 2021*

- School-Age (↑48%, 4.4 > 6.5 per 100k)
- Adolescents (↑48%, 4.4 > 6.5)
- Young Adults (↑39%, 13.0 > 18.1)



## Increasing fastest among...

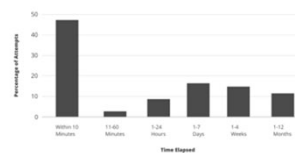
- People of color
  - AIAN people (70% increase, 16.5 to 28.1)
  - Black (58% increase, 5.5 to 8.7 per 100k)
  - Hispanic (39% increase, 5.7 to 7.9 per 100k)
- People identifying as LGBTQIA+ (Johns et al., 2019; Johns et al., 2020)
- People with un/under-diagnosed with mental health conditions
- Youth experiencing discrimination, racism, and bullying
- Youth in rural areas (structural access, culture) (Fontenella et al., 2010)



## Acute Suicidality

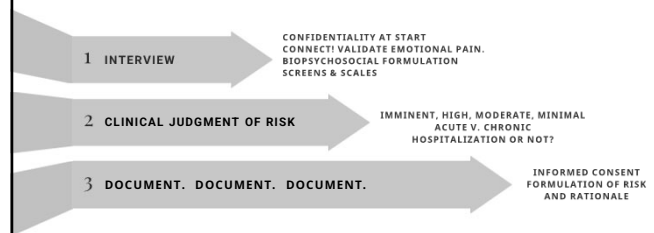
- Can come on rapidly
- Difficult to predict
- Can be triggered by external factors
- Usually time-limited

Time between suicidal thought and attempt<sup>1</sup>



9 out of 10 people who attempt suicide and survive will not go on to die by suicide at a later date (Owens, 2002)

## 100% Screened – AAP Blueprint (2022)



## Treatment Considerations



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## Safety Planning Components

(MySafetyPlan.org, 2023)

### WARNING SIGNS

What happens when you start to experience suicidal thoughts or feel overwhelmed?  
How do you feel physically before you begin feeling suicidal or like harming yourself?

### DISTRACTIONS

Which people/places help you take your mind off your problems?  
Who helps you feel better when you are with them?

### COPING STRATEGIES

What can you do, on your own, to help yourself stay safe?

### SUPPORT STRUCTURE

Who can you talk to about what you are experiencing?  
Among your friends or family, who do you think you could contact during a crisis? (Prioritize.)  
Who are the mental health professionals you feel belong on this plan?  
What are the numbers and address of the closest urgent care, mobile crisis team, mental health clinic, or a crisis center?

### "MY SAFER ENVIRONMENT"

Do you or your family own a firearm, such as a gun or rifle?  
What other items do you have access to and may use to hurt or kill yourself?  
What would make it harder for you to access and use these items?

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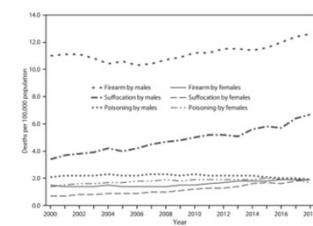
### Objective #1

Discuss the most common means of attempting suicide used by children and youth in the U.S., and those most likely to result in death by suicide.

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FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Age-Adjusted Suicide Rates,\* by Sex and Three Most Common Methods† — United States, 2000–2018

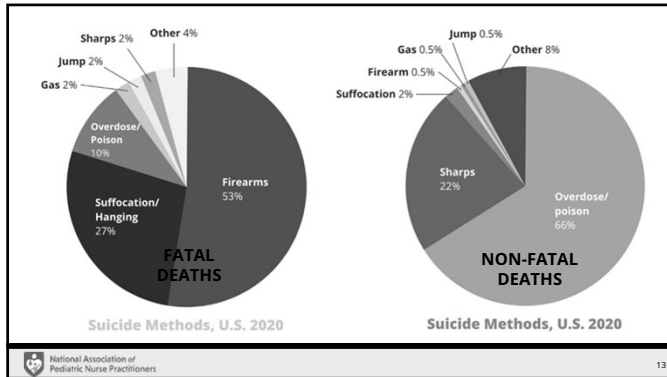


\* Age-adjusted rates per 100,000 based on the 2000 U.S. standard population.  
† The three most common methods of suicide are distinguished by numbers of deaths and are identified with International Classification of Diseases, 10th Edition codes X72–X74 (firearm), X75 (suffocation), and X80–X89 (poisoning). In 2018, among males there were 16,873 suicides by these three methods (93.3% of all male suicides), and among females there were 9,344 (96.7% of all female suicides).

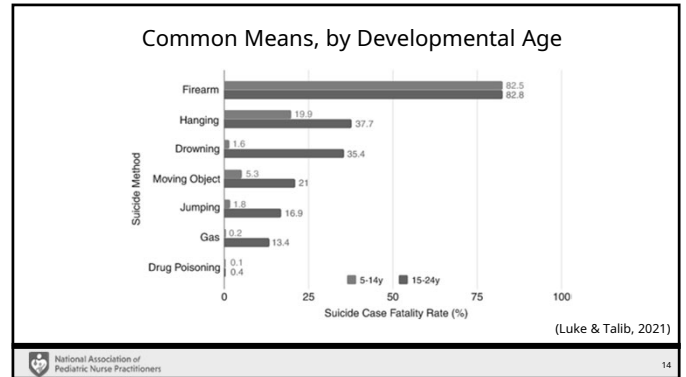
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### Method Lethality

	Summary				
	Number of Deaths	Lethality	Irreversibility	Accessibility	Acceptability
Cutting					
Jumping/Falling					
Gas Inhalation					
Poisoning/Overdose					
Suffocation/Hanging					
Firearms					

Legend: HIGH (black), MODERATE (gray), LOW (white)

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### "Means Matter"


Intervention strategies vary across different age cohorts, primarily influenced by:

- Access
- Developmental stage
- Socioenvironmental context

*"If highly lethal means are made less available to impulsive attempters and they substitute less lethal means, or temporarily postpone their attempt, the odds are increased that they will survive."*

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## Lethal Means

- Firearm suicide accounts for ~64% of suicides in YA (Wintemute, 2015)
- 9 of 10 people who attempt suicide and survived will not go on to later die by suicide (Harvard Injury Control Research Center, 2019)
- Firearm suicide accounts for nearly 64% of suicides in YA (Owens, 2002)
- One-half of survivors report <10 min. of deliberation between SI and SA (Deisenhammer et al, 2007)

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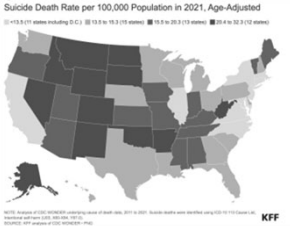
## Why the focus on firearms? (Means Matter, n.d)

- Firearms account for half of all suicide, and rates have risen by ~33% over the past 20 years (WISQARS, 2019)
- More **lethal and irreversible** than all other means
  - 85-90% attempts are fatal, most others <5% (Spicer & Miller, 2000)
  - Time is critical (reconsidering mid-attempt, find help, get rescued)
- Over 80% of youth used a firearm belonging to a family member; 19% used their own firearm
- ~1/3 of U.S. households own guns, upwards of 60% in the Mountain West.
  - x5 risk of death by suicide (Kellerman et al., 1998), risk extends to entire family (Anglemyer et al., 2014) → Inadequately "hidden" gun at home

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## Accessibility: Geographic Comparison



**Suicide Death Rate per 100,000 Population in 2021, Age-Adjusted**

10.0 to 15.0 (lightest) 15.0 to 20.0 20.0 to 25.0 25.0 to 30.0 (darkest)



**PERCENT WHO OWN GUNS**

5.0-20% 20-30% 30-40% 40-50% 50-61.7%

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## A Note on School- Age Youth (Ruch et al., 2021)

- Most death occurred in family home (95.5%), in kid's bedroom (65.6%).
- Most common means was by suffocation (78.4%) and firearm (18.7%).
  - In almost all cases with the firearm, the firearm used was not stored safely.
- Parent was home at the time of the child's death (58.4%)
- Hx of MH concerns in 31.4%, most commonly with ADHD or depression
- Children who attempt suicide are 6x likely to attempt again (Brent et al. 1999)
  - Hx of suicidal behavior (11.9%), SI (24.3%) of children who went on to die by suicide.
  - Few children made a suicidal statement on the day of death (11%), but 76.6% had made a past statement.

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### What can we do as pediatric providers?

- Universal screening for suicide risk (see AAP Blueprint)
- Offer injury prevention education to reduce access to lethal means (Borowsky, 2002)
  - Temporary relocation of household firearms out of home
  - Safe storage at home (if relocation not possible)
  - Engage stakeholder re: messaging about gun storage
- Formal training programs
  - AMSR (solutions.edc.org)
  - Suicide Prevention Training & Risk Assessment (<https://cams-care.com/>)
  - CALM Training

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### Objective #2

Utilize motivational interviewing techniques to navigate difficult conversations with families surrounding lethal means reduction to build confidence and efficacy during clinical encounters.

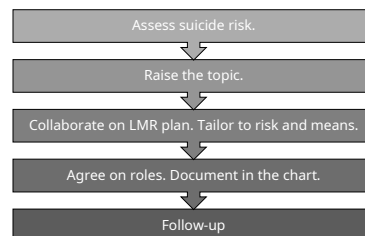
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### Lethal Means Counseling (LMC)

- 9 out of 10 providers reported having had little or no training in LMR counseling for suicide prevention (Betz et al., 2013).
- Currently, we do not routinely screen for firearms or employ LMC when a patient may be at-risk for suicide
  - Rooted in political and cultural contention, individual biases, and assumptions

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### LMC Steps



#### Documentation example:

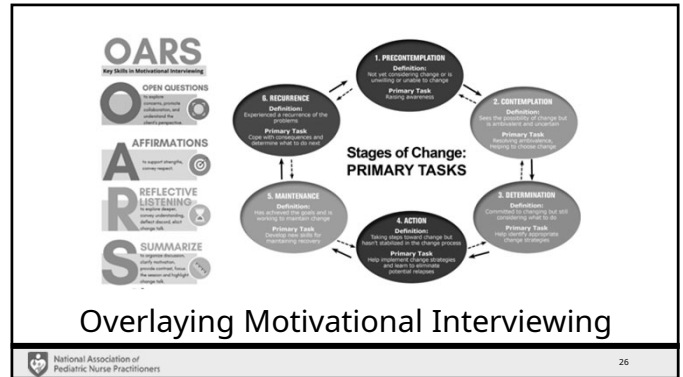
"Pt's mother is holding onto the gun locks tonight and their friend - Greg - is stopping by tomorrow morning to pick up the guns. The family will message me when its completed."

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## LMR Communication Strategies

Support	Motivational interviewing (MI)
	Identify warm support services
	Follow-up with all referrals and family
Communicate	Clear boundaries
	Role playing
	Shared decision-making
DOCUMENT	

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## Overlaying Motivational Interviewing

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## LMC Steps

- Listen for 'change talk'
  - *I want, I wish, I could, I can, I need, I have to*
  - *I swear, I am ready, I am going to*
- Ask
  - *"If you decide to make this change, how might you go about it in order to succeed?"*
  - *"What are the three best reasons for you to do it?"*
  - *"On a scale of 1 to 10, how important is it for you to make this change?"*
- Then ask
  - *"What do you think you'll do?"*
- Then listen with interest

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## Conversation Tips

- Ask the patient about their access to gun, specifically and in neutral tone.
- Speak with the parent or guardian without the child present.
- Is the parent in front of you the one who makes gun storage decisions at home? If not, one option is to include the other parent by phone, unless there are contraindications (e.g., IPV)
- If the youth lives in more than one home (e.g., joint custody), make plans for both homes.
- At times, one parent wants more restrictive storage than the order.

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## GOAL: Create safety, emphasize hope, and identify and underscore their support networks

- Unconditional support
  - *"This isn't something you must navigate alone."*
- Work on your comfort level.
- Maintain confidentiality
- Value collaboration! Use a shared decision-making approach, weighing the potential risks against the benefits as a team.

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## Introducing LMC

*"What some people in your situation will do is store their guns away from the home or make them inaccessible in some other way until they're feeling better. If you have guns at home, what do you think about an option like that?"*

*"Putting time and distance between your child and a method that could do serious harm is a good way to protect everyone. Since medications are the most common method of suicide attempt and guns are the most dangerous, let's address those..."*

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## Obstacles to LMR

- *"I know you care about Sara and want to keep her safe, and that hunting is important to you. Let's work on a plan that keeps her safe and works well for your family."*
- Personal reflections
  - Approach
  - Communication strategies
  - Working with ambivalence
  - Action items

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## Introducing LMC: Potential Script

*"I understand that protecting your home and family are very important. Can we talk about ways to keep your child and family safe?"*

*"Let's talk about some storage options to make sure your child can't access your gun while he is struggling."*

*"I know you care about \_\_\_\_\_ and want to keep your family safe, and that \_\_\_\_\_ is important to you."*

*Let's work on a plan that keeps your kid safe and works well for your family, too."*

*Other ideas?*

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Objective #3

Introduce potential local partnerships with public health organizations, law enforcement agencies, and businesses to promote safe storage, including both in-home solutions and out-of-home options.

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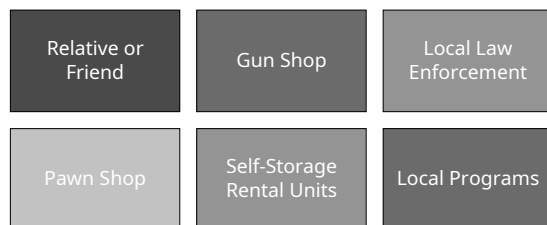
### Introducing Out-of-Home Storage Options

- Ask about all firearms.
- Assess each relevant household of the child.
- Try to speak with the gun-owning parent.
  - Brainstorm all perspectives
  - Employ shared decision-making and motivational interviewing strategies, as relevant.

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### Out-of-Home: Gun Storage Options



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### Out-of-Home: Talking Points with Firearms

- Raise the topic of guns at home.
  - Don't minimize the sacrifice of the family.
  - Reinforce that everyone is on the same page about the need for safety.
- Advise that the safest option is storing firearms away from home until the situation improves.
  - *"What some families in your situation do is store their guns away from home until the person is feeling better, for example with a relative or at a gun shop or self-storage rental. If you have guns at home, I'm wondering if you've thought about a strategy like that."*

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## In-Home Safety: Firearm

- **Time and distance** = primary message
- “Lock and Protect” – Lock guns in a gun safe or lock box that the patient cannot unlock.
- Disassemble the guns. Store the slide or firing pin away from the home or locked in a secure location.
- Keep ammunition out of the home for now or locked separately.
- Trigger locks, cable locks, and clamshells locks aren't as secure. Can be used in a gun safe for extra security.

*Reminders: Hiding unlocked guns is not advised, and self-defense is not an excuse.*



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## Firearm storage (cont.)

- Firearms should be stored locked and unloaded when not in use.
- Store firearms disassembled and store ammunition separately if possible.
- If using a key lock, keep the keys on your person or inaccessible to the person at risk.
  - Create a habit of always unload and securely store your firearms immediately after returning from a hunting trip or a day at the range.
- A gun lock should be used as an additional safety precaution and not as a substitute for secure storage.
- Educate everyone in your family about firearm safety and preventing unauthorized access.

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## In-Home Safety: Medication

- Safely dispose of unused, expired, and unwanted medications.
  - Checklist at <https://www.aapcc.org/prevention/medication-safety>
- Lock abuse-prone medications (e.g., opioids). Keep keys inaccessible to the person at risk.
- Remove medicines, chemicals and alcohol from the home as appropriate.
- Limit accessible medicines on-hand to a quantity that minimizes harm.
- Consult with a pharmacist if questions on specific medications and quantities (i.e., refill strategies, interactions, etc.)
- Ensure all family members with access take serious precautions to re-secure items after use.

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## In-Home Safety: Other

- Keep your vehicle keys with you at all times or consider locking them in a lock box when not in use.
- Lock all toxic household cleaners, pesticides, and industrial chemicals away.
- Consider limiting ropes, electrical wire, and long cords within the home or lock them away.
- Secure and lock high-level windows and access to rooftops.

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## Reintroducing Means

- Temporary transfers: ERPOs, Red Flag Laws
- Acknowledge the uniqueness of every family's case.
- From the start, outline with the guardians/parents the process of reintroduction and the conditions that need to be met. Strategies may include:
- Know the legal liability.

*Goal: always to safeguarding the patient/family from potential harm.*

Type of Temporary Transfer Law	States With the Legal Provision
Background check requirement for private transfer	CA, CO, CT, DC, DE, HI, IA, IL, MA, MD, MI, NC, NE, NI, NM, NY, OR, PA, RI, VT, WA
Temporary transfer exception	CA, CO, DE, HI, IA, IL, MD, NE, NM, NY, OR, PA, VT, WA
Specific provision on liability of firearm owner for temporary transfer	CO
Law addressing liability for returning firearm to a person who temporarily surrendered it	None

(Gibbons, et al., 2020).

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## Where are we now

- Biden administration issued an executive order pushing for safe gun storage education in early 2024.
  - As part of the executive order's plan, principals will instruct departments to share educational materials and advocate for safe storage.
- In 2023, DOJ announced that schools could apply to promote safe storage awareness
- Separate DOJ granted funds for law enforcement agencies to distribute gun locks and storage devices)
- State initiatives
  - Michigan will go into effect requiring gun owners to choose from options to store and lock their firearms when a minor is likely to be present on the property — whether their own property, or someone else's.
  - California legislator is proposing a bill that requires firearms must both be stored in only a DOJ-approved lock box or safe.
  - Connecticut legislators introduced a federal bill, S. 173 in 2023 —Ethan's Law — that would create federal requirements for safe gun storage.

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### Objective # 4

Collaborate and build clinical toolkits to bolster lethal means reduction strategies and resources for immediate clinical application.

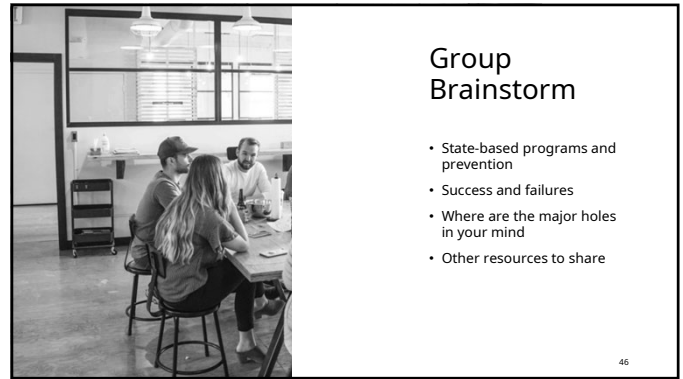
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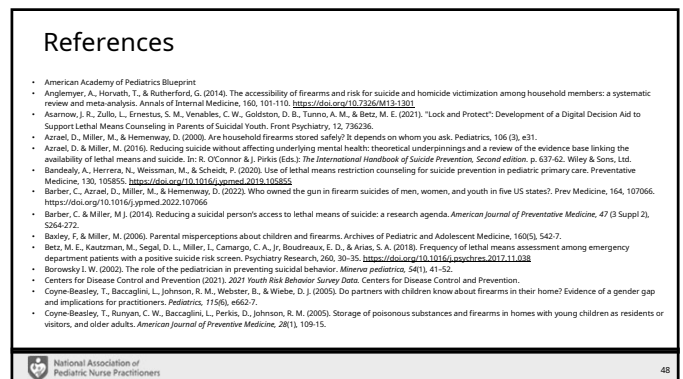
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