



Step	Behavioral Goal	Sample Language	Things to Consider
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Raise the Issue</p>	<p>Motivate the family to reduce access to lethal means at home.</p>	<p>“When a patient is struggling in the ways [client name] is, sometime suicidal feelings can emerge and escalate rapidly. There are a few steps we routinely recommend at home to make things safer.” “Guns are the most frequent method of suicide <i>death</i>, and pills are the most frequent method of suicide <i>attempt</i>, so let’s start with those.”</p>	<p>Guns: Means matter: guns are deadly, quick, and irreversible. 9 out of 10 times, a firearm <i>attempt</i> is a firearm <i>death</i>. Not so with other methods. Anything a person substitutes for a gun is less likely to kill – dramatically so in the case of meds or sharps. Putting time and distance between a suicidal impulse and a gun can save a life. Meds: While meds are far less likely to result in death, they are the go-to method for most attempts, and some medications are far more deadly than others.</p>
	<p>Assess how guns and meds are currently stored at home.</p>	<p>“What some gun owners in your situation do is temporarily store their guns away from home with someone they trust, at a self-storage unit, or a gun shop or police department. If you have guns at home, I’d like to talk over options like that with you.” “Let’s also talk over what sort of meds are at home and how they’re stored.”</p>	<p>Guns: Your goal isn’t to make people feel interrogated or worry that their guns may be taken from them; your goal is to let them know about voluntary steps under their control. Speak to the adult who knows the most about the household’s firearms. (Often one spouse—usually the wife—doesn’t know how all the guns are stored.) If a client splits their time between homes – like joint custody situations—assess both homes.</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Develop a Plan</p>	<p>Guns: The family stores any guns away from home until the client recovers, or, second best, secures them in-home such that the client has no access.</p>	<p>“Would storing the guns away from home until [client name] is better work for your family?” (See off-site storage options) <i>If the family is unwilling/unable to store guns away from home, discuss other options to increase safety:</i></p> <ul style="list-style-type: none"> • Would you be willing to lock the guns very securely (e.g. separate from ammunition) and ensure [client name] has no access to the keys or combination? • Ask someone away from home to hold the keys or change the combination for now? • OR remove a critical component of the gun so that it can’t fire? <p><i>If the family is unwilling to lock the guns away from patient’s access:</i></p> <ul style="list-style-type: none"> • What other options would you consider to increase safety? • How about locking the ammunition separately from the locked gun or not keep ammunition at home for now? <p><i>What about a self-defense gun?</i></p> <ul style="list-style-type: none"> • For right now, while [client name] is at risk, the gun may be more likely to cause harm than safety. • Can you think of any other way to provide home safety (lights, dogs, pepper spray)? • If you have to have a self-defense gun, keeping it “on your hip” or in a lock box that [client’s name] can’t get into will be safer than his/her having access. <p><i>If the gun owner is the person at risk</i></p> <ul style="list-style-type: none"> • Can someone else hold the key or change the combination for now? 	<p>Off-site storage is the safest approach. They may be stored with a: Relative or Friend (provided they aren’t prohibited from possessing firearms); Self-storage Rental Unit (unloaded); Police Departments (some offer this service; others do not – call first); Pawn Shop (in most states, for a small loan you can leave your guns at a pawn shop; repay the loan and monthly interest and go through a background check to get your guns back); or Gun Shop and Shooting Ranges (some offer storage services for a fee; may require a background check to get guns back, depending on storage type)</p> <p>If off-site storage is not possible, lock the firearms in a gun safe or tamper-proof lock box) and keep keys/combination from the person at risk; or disassemble the guns, and lock up a key component like the slide or firing pin. Lock ammunition in a separate location. Locking guns in a glass-fronted case, or a wooden case with external hinges, or with only a cable lock that can easily be cut is not as safe as in a sturdy gun safe.</p> <p>If no other options are possible, remember that a locked gun poses a lower suicide risk than an unlocked gun, no matter who holds the key. And an unloaded gun poses a lower suicide risk than a loaded gun. Hiding guns is not recommended. Family members – especially teens – often know one another’s hiding places.</p> <p>Self-defense gun - Raise the short-term comparative risk of suicide vs home invasion. Seek alternative means for self-defense. Quick access to a loaded firearm during a suicidal crisis adds much risk.</p>

	<p>Meds: The family reduces meds available to the client such that that even if taken all at once they would not do serious harm.</p> <p>Other methods: Discuss other methods if the patient's ideation has focused on them.</p>	<p>"Let's make sure there's nothing in the medicine cabinet that could do serious damage to [client name] if s/he took them all at once."</p>	<p>Meds - Families should safely dispose of meds they no longer use. They will need advice on storing those meds they do need. A general rule of thumb would be to keep only small quantities of over-the-counter meds on hand, lock abuse-prone meds (opioids, benzodiazepines, muscle relaxants, sedatives, barbiturates, amphetamines), and have them ask their doctor, pharmacist, or the poison control center (1-800-222-1222) for help in determining safe quantities for their prescriptions (e.g., for some a week's worth may be safe, for others a month's worth). Don't lock rescue meds like inhalers and epi-pens.</p> <p>Other methods - If the patient has thought about using other methods—particularly highly lethal methods—make a plan for reducing access to these. For example, if ideation focuses on crashing the car or using car exhaust, now isn't the time for the patient to have the keys.</p> <p>It is impossible to entirely "suicide-proof" a home; the biggest, simplest bang for the buck is to ensure the client can't get to a gun in a suicidal crisis.</p>
	<p>Agree on roles and timetable.</p>	<p>"So let's review who's doing what, and when... Dad will put the guns in the gun safe tonight and take them to his brother's house this weekend. Mom will put a week's worth of your son's antidepressants in the pill sorter and lock the rest; she'll dispose of expired meds and ask a pharmacist's advice tomorrow about the remaining meds."</p>	<p>Specific steps with names and timetables work better than a general plan like "family will secure the guns."</p>
<p>Document & Follow Up</p>	<p>Document the plan and next steps.</p>	<p>"I've written down the plan here, for you to take with you. We'll give you a call in a few days to see how things are going."</p>	<p>Document the plan for the family. And note the discussion and plan in the medical record so it is accessible to other providers.</p>
	<p>Confirm that the plan was implemented.</p>	<p>"Hi! I just wanted to check in and see how NAME is doing and also ask how the safety plan we talked about for gun and medication storage is going."</p>	<p>Post-discharge follow-up contacts are shown to increase the likelihood that a family will actually implement the safety plan and to reduce the likelihood of readmission.</p>