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If you move your **cursor** to the **bottom** of **your screen** you will see a **menu**.

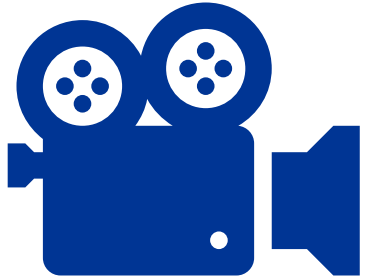


This menu allows you to **control**:

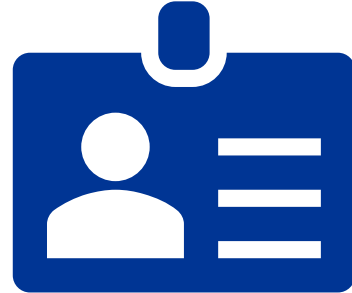
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Pose questions in the chat to **"Everyone"**.



Please complete the post-session **evaluation.**

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In support of improving patient care, this activity has been planned and implemented by the University of Pittsburgh and The Jewish Healthcare Foundation. The University of Pittsburgh is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME) and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. **1.25 hours is approved for this course.**

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Mutual Agreement

- Everyone on every Program Evaluation and Research Unit (PERU) webinar is **valued**. Everyone has an expectation of **mutual, positive regard** for everyone else that respects the **diversity** of everyone on the webinar.
- We operate from a **strength-based, empathetic, and supportive** framework – with the people we serve, and with each other on PERU webinars.
- We encourage the use of **affirming language** that is not discriminatory or stigmatizing.
- We treat others as **they** would like to be treated and, therefore, avoid argumentative, disruptive, and/or aggressive language.

Mutual Agreement (continued)

- We strive to **listen** to each person, avoid interrupting others, and seek to **understand** each other through the Learning Network as we work toward the highest quality services for Centers of Excellence (COE) clients.
- Information presented in Learning Network sessions has been vetted. We recognize that people have different opinions, and those **diverse perspectives** are welcomed and valued. Questions and comments should be framed as **constructive feedback**.
- The Learning Network format is **not conducive to debate**. If something happens that concerns you, **please send a chat during the session** to the panelists and we will attempt to make room to address it either during the session or by scheduling time outside of the session to process and understand it. **Alternatively, you can reach out offline to your PERU point of contact.**

Acknowledgements

- The COE project is a partnership of the University of Pittsburgh and the Pennsylvania Department of Human Services; and is funded by the Pennsylvania Department of Human Services, grant number 601747.
- COE vision: The Centers of Excellence will ensure care coordination, increase access to medication-assisted treatment and integrate physical and behavioral health for individuals with opioid use disorder.



Counseling on Access to Lethal Means (CALM)

April 8, 2026

Recommendations for Gatekeepers

The QPR Institute wishes to thank Elaine Frank and Cathy Barber of Dartmouth and Harvard Universities for their contributions to this QPR gatekeeper training program!

What you are about learn is an approved program from Means Matter and from Counseling on Access to Lethal Means (CALM) - an AFSP/SPRC Registered Best Practice training program.

Additional content has been added by the PITT PERU team.



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Learning Objectives

By the end of this module, you will be able to do the following:

- **Identify** people who could benefit from lethal means counseling.
- **Ask** about access to lethal methods.
- **Work** with the individual at risk and their families to reduce access to lethal means.



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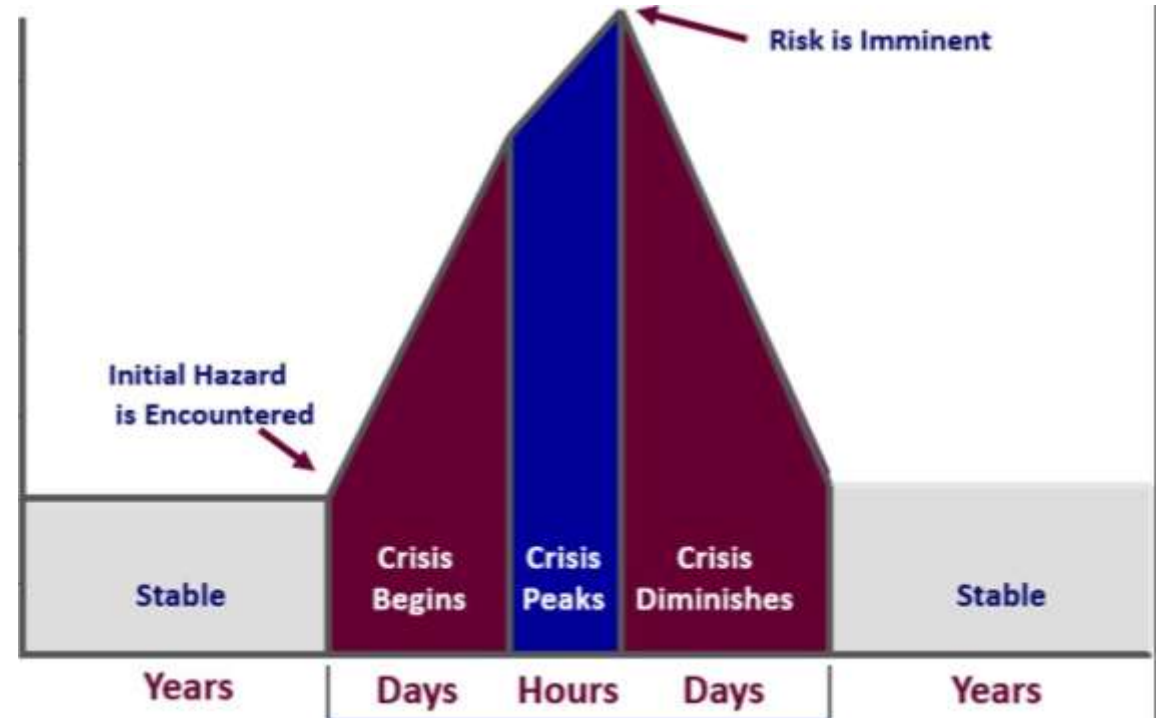
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Characteristics of a Suicide Crisis

- Can come on rapidly
- Can be difficult to predict
- Can lead to an unplanned suicide attempt
- Is often brief

Putting **time** and **distance** between people at risk and lethal methods **can save lives**

Acute Suicidal Crisis: The period when a person transitions from being at risk for suicide to being ready to make an attempt.



Long-Term Survival - Suicide Attempts

- Research shows that most people (**90%**) who attempt suicide **do not** die by suicide at a later date
 - **70%** have no further attempts
 - **23%** will make another nonfatal attempt
 - **5-11%** will die by suicide
- However, the majority of people who die by suicide (**60%**) die on their first attempt
- Reducing access to lethal means **decreases** the likelihood that an attempt will be fatal



Traditionally suicide prevention has focused on who takes their life, when, where, and especially why.

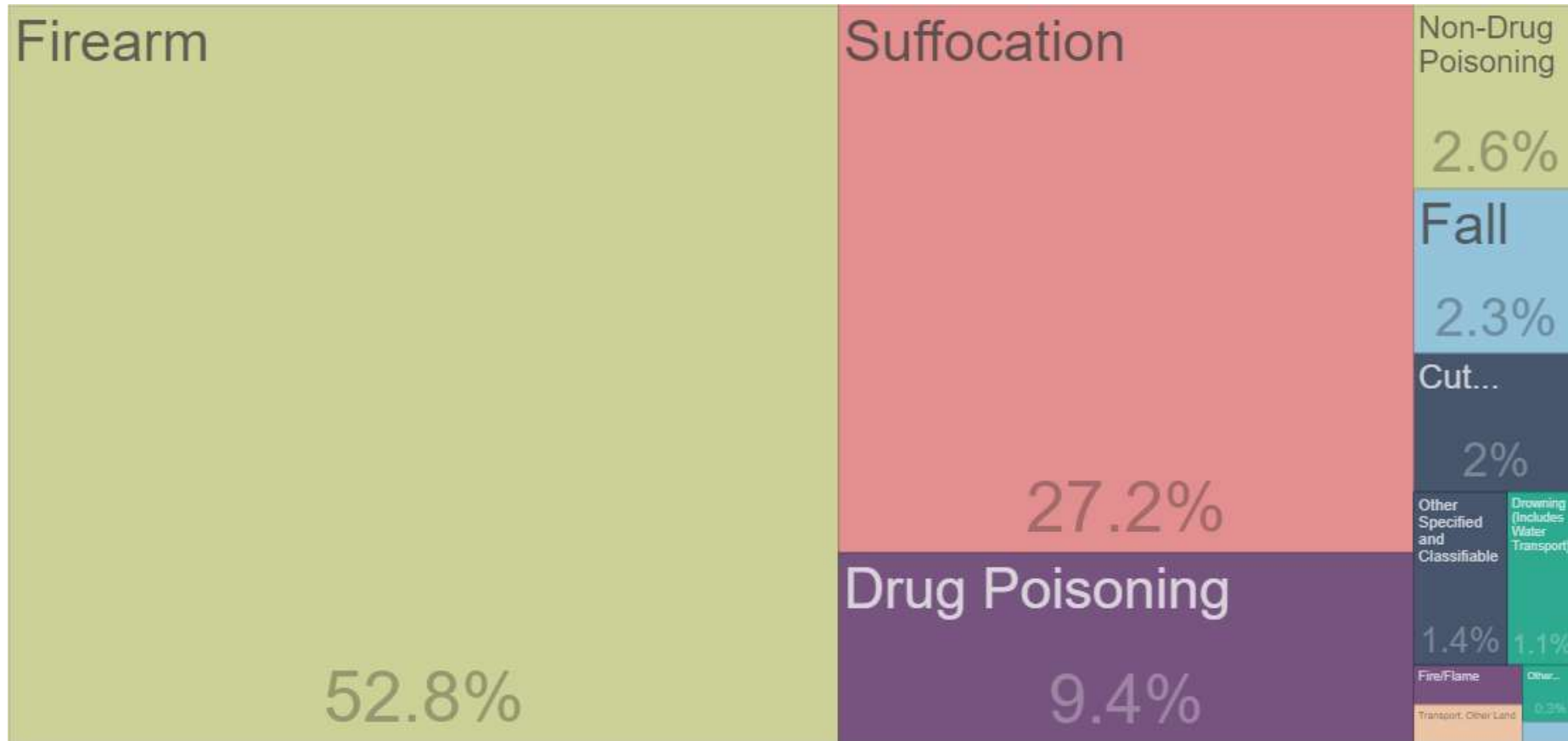




We are beginning to understand that how people attempt suicide plays a crucial role in whether they live or die.



Common Lethal Means



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Why Focus on Firearms

- Firearms are the **leading** suicide method in the U.S.
- Firearm owners and their families have a **higher risk** of suicide than non-firearm owners:
 - Firearm owners are **not** more likely to think about suicide or attempt suicide than non-firearm owners.
 - However, owning guns provides easy access to a **highly fatal** (85-90% fatality rate) method of suicide.

The Deadly Triad



Examples of Reducing Access to Lethal Means



Reducing Access to Firearms

- **Goal:** Maximize the individual's safety by reducing immediate access to firearms as much as possible while they are at risk for suicide.
- Safest option: Temporary storage away from the home

Offsite Safe Storage Options



At-Home Safe Storage of Firearms

- If off-site firearm storage is unavailable or not feasible, the following safety measures can be used in the home.
 - Safe or lock box (or change the combination/key)
 - Trigger lock
 - Removal of a key component (e.g., firing pin)
 - Removal of ammunition
- The safest at-home option is to store the firearm **locked, unloaded,** and with the **ammunition locked up separately.**



Reducing Access to Medications

- Safe disposal of unneeded or outdated medication through drug disposal or take-back programs.
- Keep limited quantities of necessary medications accessible to the person at risk.
- Lock up medications with high lethality (e.g., opioids) or that have a higher likelihood of misuse (e.g., prescription painkillers, sedatives, amphetamines). Enlist support from a family member to help dispense pills to the person at risk.
- Prescription Drug Monitoring Programs (PDMP)



Bridge Barriers

- Can be a **deterrent** to an individual at risk, providing **more time** to get through the intense, often brief, suicide crisis.
- Examples:
 - Barrier removal associated with spike in suicides (Auckland, New Zealand)
 - Little or no displacement to other jumping sites after installation on an iconic bridge (Montreal, Canada)
 - Substitution to other lethal methods not likely (Switzerland)
 - Safety Net on Golden Gate expected 2023 (San Francisco)

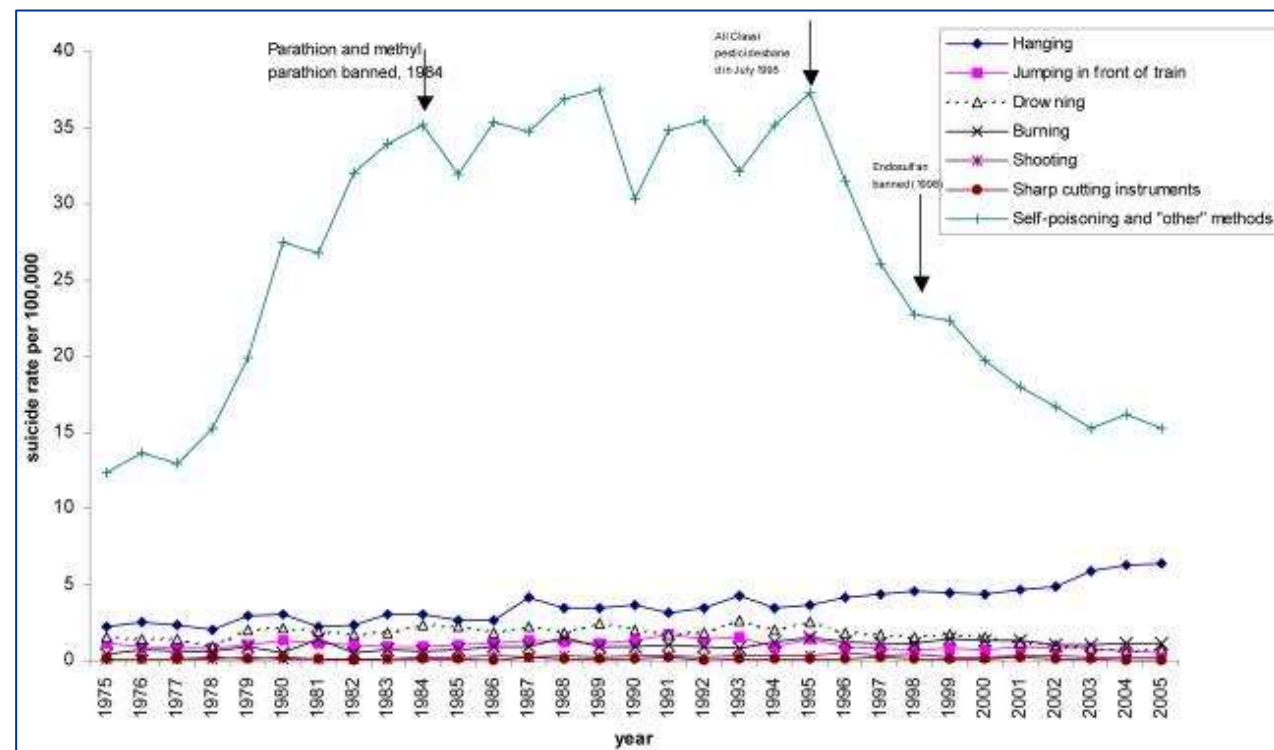
Rendering of the Netting on the Golden Gate Bridge



<https://www.goldengate.org/district/district-projects/suicide-deterrent-net/>

Sri Lanka & Pesticides

- Pesticides are the leading suicide method in Sri Lanka.
- Restrictions were placed on sales of the most highly human-toxic pesticides in the mid-to-late 1990s.
- Suicide rates dropped **70%**
- Nonfatal poisonings and suicide by other methods did not drop.



19,769 fewer suicides occurred in 1996-2005 as compared with 1986-1995



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United Kingdom & Domestic Gas

- Before 1960, domestic gas was the leading method of suicide in the United Kingdom (UK).
- By 1970, almost all domestic gas in the UK was made non-toxic.
- Suicide rates **dropped by nearly one third**.
- This decrease was driven by a decrease in gas suicides; non-gas suicides increased slightly.



Identifying Individuals at Risk



Who Would Benefit from Lethal Means Counseling?

- Lethal means counseling should take place **before** a suicidal crisis occurs.
- It's beneficial to discuss lethal means with individuals:
 - Who are currently experiencing suicidal thoughts
 - Who have attempted suicide in the past and are currently in distress
 - Who have mental health and/or substance use disorders, especially if they are also experiences distress



Tips for Asking about Suicide & Lethal Means

- Ask **direct** questions about suicidal thoughts, behaviors, and plans
- If the person is reluctant, be **persistent**
- Talk to the person alone in a private setting
- Allow the person to talk freely
- Give yourself plenty of time
- Have resources handy
- **Remember: How you ask the question is less important than that you ask it!**



Tips for Asking about Suicide & Lethal Means

If the person discloses suicidal thoughts or behavior, you can ask:

- Tell me about a couple of times in the past few months when things were the worst for you—did you think about suicide?
 - **If yes:** Did you take any specific steps toward an attempt? What methods did you think about? What kept you alive?
- Have you thought about how you'd kill yourself?
 - **If yes, then ask:** Have you thought about when or where you'd kill yourself?
 - **If they mention a specific method of suicide, then ask:** What other methods are you thinking about?
- Is there a specific scenario where you think you would attempt suicide?
- Have you ever attempted suicide in the past, or started to?



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Tips for Asking about Suicide & Lethal Means

- It can be helpful to enlist the support of family members or significant others to reduce access to lethal means for the person at risk
- Focus on the (hopefully) temporary nature of both the mental health crisis and the need to reduce access to lethal means
- Be sensitive to all types of cultural differences, recognizing that gun owners tend to prefer language that emphasizes options and autonomy
 - Use language that indicates acceptance of gun ownership without judgment



Tips for Follow-Up



Make follow-up calls

Call to check on progress and assess how the client is doing. Or ask the client or family member to contact you when they've carried out the tasks in the plan.



Continue to assess suicide risk

Assess and monitor your client's risk of suicide on an ongoing basis. Things can improve or deteriorate rapidly. Return to discussions of means reduction as needed.



Adapt plan

Make any necessary changes to the plan if the client's situation changes. For instance, if a client moves out of their current home and in with a friend, the plan would need to be updated for the new living situation, and the friend would need to be collaboratively engaged in the plan.



Encourage close supervision

Encourage family, relatives, and friends to provide closer supervision since clients may struggle with their moods or have episodes of suicidal thoughts interspersed with stretches of feeling okay.



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Resources

- Lock to Live Safe Storage Decision Aid: <https://lock2live.org/>
- Harvard Means Matter: <https://www.hsph.harvard.edu/means-matter/>
- Zero Suicide: <https://zerosuicidetraining.edc.org/course/view.php?id=20>
- Hold My Guns*: <https://www.holdmyguns.org/> *Pitt PERU Off-Site Firearm Storage Partner
- Columbia Suicide Severity Rating Scale Training: <https://cssrs.columbia.edu/>
- Suicide Prevention Resource Center: <https://www.sprc.org/>



Let's Practice!



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