



PERSONAL FIREARM SAFETY COUNSELING FOR PRIMARY CARE PROVIDERS

Background

There are approximately 30,000 firearm fatalities in the United States each year. The majority of these deaths are due to suicide or accidental firearm death. However, evidence suggests that adopting safe storage practices can reduce the likelihood of deaths due to firearms. For example, in a study of suicide attempters aged 15–34, nearly 25% of participants reported that the time between the decision to complete suicide and the attempt was less than five minutes.¹ Establishing barriers between an at-risk individual and their firearm can act as an effective means of preventing suicide or accidental firearm death.

Primary care providers are in the unique position to promote safe firearm storage practices as a means of health promotion and reducing health risk behaviors. Although studies to date indicate that counseling is effective and *most*

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patients are receptive to it, most clinicians do not engage in means-restriction counseling. In one study, even though clinicians estimate that less than half of gun-owning patients would take active steps to store their guns locked away and unloaded, 63% of counseling recipients reported

taking steps to secure firearms when recommended by a medical provider.^{2,3}

Complete removal of firearms is preferable, but motivating the patient to increase the number of barriers between themselves and firearms is also effective. Motivational interviewing is a useful technique to help the patient “create and engage” their own reasons to restrict firearm access. This fact sheet provides useful information for primary care providers to consider in discussions with their patients about safe firearm storage practices.

Who can benefit from this intervention?

Any individual who...

- Maintains personal firearms, especially handguns.
 - » Handgun owners are twice as likely to keep their guns loaded at least some of the time.⁴
- Stores guns unlocked in the house.
- Stores guns loaded in the house.
 - » Especially those who owned their weapons primarily for protection from crime (since they are more likely to keep guns loaded than those who owned guns for other purposes).
- Lives in a home where children live or visit.
- Is experiencing a personal crisis that may put them at risk for suicide.

What are the main steps to Motivational Interviewing?⁵

- **Engage:** Establish a balanced and trusting relationship with your patient. Learn and understand their current practices and beliefs about firearms and safety without immediately applying correction. *“While we are talking about health behaviors, we should discuss any weapons you keep in your house and your reasons for keeping them.”*
- **Focus:** Guide the patient to the target discussion. Some patients may need to address an underlying problem in order to better focus on their firearm safety. *“It sounds like hunting and caring for your guns have been a part of your life for some time. Can we talk about safety practices?”*
- **Evoke:** Reflectively listen to your patient and ask open ended questions. Help the patient identify their own motivation to change their firearm safety practices. Reinforce this motivation. *“I see that you are concerned about ensuring your home is protected, but at the same time you worry that your daughter might find your pistol and hurt herself or her friends.”*
- **Plan:** Help the patient identify concrete steps that will increase safety by setting reasonable barriers between an individual and their firearm. *“Let’s discuss some ways that you might consider to make your home safer if you plan to keep your gun in the house.”*

Continued

Key Elements of Dialogue

- Discuss whether your patient maintains personal firearms.
- Inquire about current storage practices and discuss safe firearm storage methods.

Safe storage practices include:

- » Storing the firearm in a locked cabinet.
- » Storing the firearm with a locking device installed.
- » Storing the firearm unloaded.
- » Storing the ammunition in a separate, locked location.

- Ensure gun owners teach age-appropriate safety practices to children in their home.

For children:

1. Stop.
2. Don't touch.
3. Leave the area.
4. Find an adult.

For adolescents:

1. Never handle a gun without the permission and supervision of an adult.
2. Assume every gun is loaded.
3. Never point a gun at another person.

- Discuss alternative storage plan.
 - » If the patient should experience a personal crisis that puts them at risk for suicide, ask if there is another person or organization who would take custody of their firearm.



Continuing the Dialogue

- Remember to follow up with your patient in subsequent visits to provide support and encouragement to execute the plan agreed upon.
- Work with the patient to identify and overcome barriers to safe storage (e.g., lives in an unsafe neighborhood).

For more information:

<http://www.projectchildsafe.org/talking-to-kids>

<http://pediatrics.aappublications.org/content/130/5/e1416.full.pdf+html>

<http://www.centerforthestudyoftraumaticstress.org/assets/media/documents/PFSManual12.5.14.pdf>

Notes

1. Simon, R. I. (2007). Gun safety management with patients at risk for suicide. *Suicide and Life-Threatening Behavior*, 37(5), 518-526.
2. Kruesi, M. J., Grossman, J., Pennington, J. M., Woodward, P. J., Duda, D., & Hirsch, J. G. (1999). Suicide and violence prevention: Parent education in the emergency department. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38, 250 -255.
3. Bryan, C. J., Stone, S. L., & Rudd, M. D. (2011). A practical, evidence-based approach for means-restriction counseling with suicidal patients. *Professional Psychology: Research and Practice*, 42(5), 339.
4. Weil, D. S., & Hemenway, D. (1992). Loaded guns in the home: analysis of a national random survey of gun owners. *JAMA*, 267(22), 3033-3037.
5. Britton, P. C., Bryan, C. J., & Valenstein, M. (2014). Motivational interviewing for means restriction counseling with patients at risk for suicide. *Cognitive and Behavioral Practice*, doi:10.1016/j.cbpra.2014.09.004.

