



## CSTS podcast series

### Episode 106: GATEKEEPERS

| 1. | NOTES | AUDIO   |
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| 2. |       | <b>REVEREND SETH STILL:</b> When I was in seminary a military chaplain came to talk to our class and told us stories about what they did.   |
| 3. |       | <b>REVEREND SETH STILL:</b> I had an uncle who served in Vietnam and had a Purple Heart. And both my granddaddies served in World War Two. And so, I pretty much immediately knew that's what I wanted to do.   |
| 4. |       | <b>REVEREND SETH STILL:</b> When I got done with chaplain school, it was probably three years before I deployed.  |
| 5. |       | <b>REVEREND SETH STILL:</b> I joined the National Guard in 2010. I'm the wing chaplain of the 172 Airlift Wing in Flowood, Mississippi.   |
| 6. |       | <b>REVEREND SETH STILL:</b> I volunteered for it because I was counseling so many people who'd been to Afghanistan. And I wanted to go there and be a part of what was happening so I could know what it's like to leave your wife and your kids and know what it's like to be in a war zone. That was just really important to me. |



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| 7.  | Transition to new beat |  |
| 8.  |                        | <b>REVEREND SETH STILL:</b> When I'd been there a month I really started to question how prepared I was.   |
| 9.  |                        | <b>REVEREND SETH STILL:</b> I was seeing sometimes 20 people in a day. Lots of lots of people in crisis, lots of people that did either spouses had left or were in the process of leaving, people that were suicidal, people who that had committed crimes, people just wanting to get stuff off their chest where they went back home. |
| 10. | Transition to new beat |  |
| 11. |                        | <b>REVEREND SETH STILL:</b> After I'd been there a few months, I started to realize I wasn't doing too well. I wasn't calling home as much or checking in with people. I was angry, cynical, starting to really just look at the world as this terrible place.   |
| 12. |                        | <b>REVEREND SETH STILL:</b> When I came home, I was excited and ready to get back to my family.  |
| 13. |                        | <b>REVEREND SETH STILL:</b> I had a month leave. And so we went down to the beach and that was great. But when we got back from that is when I started to realize I wasn't able to come back into any sense of normalcy.   |
| 14. |                        | <b>REVEREND SETH STILL:</b> I was having a hard time connecting with my wife, my kids. My daughter, she was a  |



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|     |                        | <p>year and a half at the time. And for months, she just acted like she didn't know me. I was afraid that it was always going to be like that, and I'd really messed her up. I was kind of spiraling down.</p>  |
| 15. |                        | <p><b>REVEREND SETH STILL:</b> Not long after I got back home. I became concerned about the firearms in our home.</p>   |
| 16. |                        | <p><b>REVEREND SETH STILL:</b> I had a Glock that I would keep in my drawer. Every time I would, I would look at it, I would just have a suicidal thought. At first I kind of brushed it off and didn't think about it. But as time went on, it started to really freak me out.</p>                                   |
| 17. |                        | <p><b>REVEREND SETH STILL:</b> After a few months, those dark thoughts became a lot stronger. I ended up telling my wife.</p>   |
| 18. |                        | <p><b>REVEREND SETH STILL:</b> I was really ashamed and really anxious about what she was going to think of me, but she handled it really well. It was powerful how when I talked to her it didn't go away completely, but it just wasn't nearly as strong as it was before I talked to her. It was a big relief.</p> |
| 19. | Transition to new beat |   |
| 20. |                        | <p><b>DR WEST:</b> Rev Seth Still is a “gatekeeper”. A trusted member of a community who has exposure to many people and in a position to offer care, empathy, and help.</p>  |



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| 21. |                        | <b>REVEREND SETH STILL:</b> I would define a gatekeeper as protector, as somebody who is there to defend.  |
| 22. |                        | <b>DR WEST:</b> Seth was used to being a gatekeeper for others. But when he began to have suicidal thoughts of his own, he struggled to initiate a conversation that could lead to getting help.   |
| 23. |                        | <b>REVEREND SETH STILL:</b> I needed somebody to come in and protect me. Even though I didn't really know it. I told so many people already just to get this stuff out of the dark and tell somebody and here I hadn't done the very thing I told so many people to do.  |
|     | transition to new beat |  |
| 24. |                        | <b>DR WEST:</b> I'm Dr Curt West: Associate Professor of Psychiatry and Scientist at the Center for the Study of Traumatic Stress. Today, in <i>Let's Talk About Your Guns</i> we'll talk to Reverend Seth Still about his own experience with suicidal thoughts and guns in his home... and how that experience changed how he thinks about his role as a gatekeeper. We'll also talk to Dr. Rajeev Ramchand, psychiatric epidemiologist, about the role gatekeepers play in suicide prevention and firearm safety. |
| 25. |                        | <b>DR WEST:</b> Firearm safety in the home is built around five principles. Weapons should be stored unloaded. They should be taken apart or stored with a disabling device engaged. They should be stored in locked containers, and ammunition  |



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|     |                        | should be stored in a separate locked container. Finally, firearm safety in the home involves having a plan for storing guns in an alternate location during times of crisis.  |
| 26. |                        | <b>DR WEST:</b> In this episode, we'll discuss best practices for gatekeepers in having conversations about firearm safety. And we'll talk about how to overcome obstacles to having them.   |
| 27. |                        | <b>DR WEST:</b> This podcast isn't about whether you are for or against firearms. It's about how to have open and honest conversations about safe storage. Conversations that may save a life.<br><br><i>So now... Let's Talk about Your Guns.</i> |
| 28. | Transition to new beat |  |
| 29. |                        | <b>DR WEST:</b> Seth in this episode, we're talking about gatekeepers. Do you think of yourself as a gatekeeper?   |
| 30. |                        | <b>REVEREND SETH STILL:</b> Yeah, I would say so. When I think about my job for the 172, the spiritual care for 1400 members, and then my calling and the local church to care for those members. Yeah, I think that's a good, good word for it.   |
| 31. |                        | <b>DR WEST:</b> When did you first become familiar with that term?   |
| 32. |                        | <b>REVEREND SETH STILL:</b> I became familiar with the term gatekeeper through guard training. We have something called Wingman Day every year. That's our suicide prevention day.   |



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|     |  | And that idea of being a defender for others, especially when they're going through something that they can't handle.  |
| 33. |  | <b>DR WEST:</b> In your training in seminary, in pastoral counseling as a military chaplain? Did you ever receive information on guns and safety in people's homes?  |
| 34. |  | <b>REVEREND SETH STILL:</b> Never came up. I know a couple of people who had killed themselves with the gun, but still had never even thought about not having guns in the home.   |
| 35. |  | <b>DR WEST:</b> Why do you think that was?   |
| 36. |  | <b>REVEREND SETH STILL:</b> That was the culture I grew up in. Everybody had guns. You always had a gun in your house. Every man I knew growing up carried a gun on them or in their vehicle. That thought never occurred to me that there'd be a time in my life where I didn't have a gun. I don't think I'd ever heard of anybody giving a gun to somebody else to hold for them. Looking back, I remember feeling, yeah, a lot of shame around that of like, I'm too weak to even have my own gun in my in my home. But now, looking back at it and all the conversations I've had with people since, it seems like that is the most normal thing to do if you're struggling with something, hey, take this for me and let them handle it. |
| 37. |  | <b>DR WEST:</b> So when you were in crisis, you shared those thoughts with your wife. How did she react?   |



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| 38. |                        | <b>REVEREND SETH STILL:</b> She freaked out, which was good, because I wasn't freaking out about it. I just was pretty laissez faire about it. I was like, well, everybody has thoughts like that. You know, and part of that was how many people had told me about thoughts like that over the past six months.  |
| 39. |                        | <b>DR WEST:</b> In this case, your wife had that conversation with you. But if it was someone else who had initiated that conversation, do you think you would have listened?   |
| 40. |                        | <b>REVEREND SETH STILL:</b> I think I would have listened to them if I knew that they were really concerned for me and that it was about their care for me and not just, you know, a political viewpoint or this is right or this is wrong. Trust had a lot to do with why I was open to what she had to say, because I knew she wasn't attacking me. That was a pretty deeply ingrained worldview or belief, you know, that I, as a man should have this gun in my home. And just the way that she was able to get around that. And I think that's a hard thing to do. I think if you come straight out, somebody has long held belief they're going to get defensive. And I probably did get defensive what their some but that trust that I had in her I think allowed me to listen to what she was really saying. |
| 41. |                        | <b>DR WEST:</b> So what you're saying is that two very important qualities in the messenger are trust and caring.<br><b>SETH STILL:</b> Definitely.   |
| 42. | Transition to new beat |   |



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| 43. |  | <b>DR WEST:</b> Dr. Rajeev Ramchand studies the role of gatekeepers in suicide prevention. He believes that confidentiality and trust is a crucial part of their success.   |
| 44. |  | <b>DR RAMCHAND:</b> Trust is so important because you're confiding in this individual a very intense thought that you have that you're thinking about harming yourself, that you're thinking about ending your life. You're providing this information. If somebody's asking me about this and I want to answer truthfully, I have to trust that they are going to treat that information as almost sacred. So I do believe that trust is perhaps the most important thing. Somebody needs to know that they'll trust an individual.  |
| 45. |  | <b>DR WEST:</b> The concept of a gatekeeper might be new for some listeners. Can you give me some specific examples of types of jobs where somebody could consider themselves a gatekeeper?   |
| 46. |  | <b>DR RAMCHAND:</b> There are these people who occupy positions of real importance within their communities. And I use that term communities very broadly. It could be a geographic community. It could be a socially defined community, it could be a community on social media that's very geographically dispersed. There are gatekeepers within each of those. A gatekeeper could be anyone from a chaplain to a priest but usually I think it's someone in the community who knows the pulse of the community, who understands the community, understands the resources are available. They're local. They're just, you know, somebody who's there and |





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|     |  | <p>who's trusted, who's well respected, and who you interact with, with regular frequency. But I also think a gatekeeper could be somebody who's in your community, but maybe a little bit removed from your community. So, for example, a bartender doesn't necessarily interact with your friends or is part of your social circle. And that might be where the trust comes in because they're not part of that network. So you might feel a little bit more comfortable disclosing something to them because they're not part of your network.</p>   |
| 47. |  | <p><b>DR WEST:</b> How is the relationship between a gatekeeper and somebody that they serve different from the relationship that, say, a therapist would have with a patient?</p>  |
| 48. |  | <p><b>DR RAMCHAND:</b> The gatekeeper differs from a therapeutic relationship in many ways. If I decide to see a therapist or if I refer someone to a therapist I expect that therapist to do a comprehensive assessment of the person and then to follow evidence-based guidelines on identifying what their symptoms are, what their diagnoses may be, and what evidence-based treatments are available to manage their symptoms through the course of treatment. That's a very structured and very defined relationship. Gatekeeper's a little bit looser and we're not asking for a comprehensive assessment. We're not thinking about a diagnosis. We don't want the person to go back every week and receive some type of check ins. The Gatekeepers relationship is very informal and it's just knowing how to listen, how to recognize when things seem a little bit distressful, critically important, having the confidence and the ability to recognize when you need to ask, hey, are you</p> |



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|     |  | <p>thinking about harming yourself or are you thinking about suicide? And then that follow up question, well, have you thought about how you might do that? Do you have, you know, do you have a firearm in the house? How is it stored? Do you think you might, you know, temporarily remove it from the house, give it to a friend? So I think that's the conversation. It's providing that immediate help so that, when you feel safe when you guys part ways and again it's a very informal relationship.</p>  |
| 49. |  | <p><b>DR WEST:</b> So tell me a little bit about your work specifically helping gatekeepers think about their role in suicide prevention.</p>  |
| 50. |  | <p><b>DR RAMCHAND:</b> So we started our work on gatekeepers because we. Really understood that a lot of effort was being placed on gatekeeper education. So we saw a lot of public campaigns that were directed towards gatekeepers so that were oriented towards suicide prevention. So California, for example, had a campaign called Know the Signs. So it was for gatekeepers to identify signs of suicide risk. We saw in the Army there was a lot of effort being placed on these gatekeeper campaigns and wanted to know, well, do these work? Are they effective? So we first started, by looking at the literature. What do we know about these campaigns and what do we know about these efforts. And we saw a lot of evidence that you could teach these things, that people learn these things.</p> |



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|     |  | <p>We then went and our next kind of set of studies was to look at noncommissioned officers NCOs in the Army and the Marine Corps, as well as chaplains in the Army. And we really wanted to understand their role, their gatekeeper role. What we really were interested in looking at is did they know the resources to refer people? Did they have knowledge and awareness of suicide risk? Did they think it was important? Did they feel efficacious in referring people? And did they ever express any reluctance to do these things? And we actually had some really interesting findings, that they felt very they felt capable of doing these things, but they also felt reluctant to do them. So we had to untangle how could you be both comfortable, confident in doing something, but also reluctant about doing it?</p> |
| 51. |  | <p><b>DR WEST:</b> I realize this is probably speculation, but what could you imagine being the barriers to gatekeepers talking with the people that they interact with?</p>  |
| 52. |  | <p><b>DR RAMCHAND:</b> I think the number one barrier is for a gatekeeper about talking about guns and safety is talking about guns and safety. I think that for whatever reason, our culture, we've created a world in which that question, Do you have access to a firearm and how is it stored? Has become so wrought with emotion and politicized and the sense that this is an infringement on someone's rights to even ask that type of question is so pervasive that I think that that's the biggest hindrance currently right now. That question has become so loaded that that people are really afraid to ask it.</p>   |



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| 53. |  | <b>DR WEST:</b> Is there a way in your mind that we can overcome that barrier?  |
| 54. |  | <b>DR RAMCHAND:</b> Podcasts like this, opening up the discussion, elevating the importance of talking about it, is one step. I'm a researcher, so the first place I would go is to the research literature also and to see comparable examples. So even though we're talking about suicide right now, you know, there were efforts to educate parents of kids to ask when they go on play dates is there a firearm in the house? How is it kept stored? I think there have been educational efforts there and to see which of those have been successful and which haven't would be a starting point for us to be thinking about how we can educate gatekeepers to have these discussions about do you have a firearm available, how are you storing it right now? |
| 55. |  | <b>DR WEST:</b> Help me think through this. How does a gatekeeper transition from their role as the barber, the bartender, the librarian into the role of either I'm concerned about you or the role of can I talk to you about how to make your environment more safe? How might they do that?   |
| 56. |  | <b>DR RAMCHAND:</b> I don't know if it's a transition to a role, but rather integrating those practices into what they're already doing. And I think in some cases they're probably already doing that. So the bartender might be doing that by saying, Hey, you've had too much to drink. Let's call you a cab. That's intervening. That's kind of gatekeeping in a different way. So I do think that sometimes they're used to having those   |



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|     |  | <p>conversations. And when something gets at a threshold, kind of having that discussion. Let's take another example. The barber shop. Let's say you're having this conversation and somebody's telling you, you know, that sounds really stressful. How are you dealing with that? How are you making sure you're staying, you know, safe? What are you doing? What are you doing with your guns? Why don't we just, like integrate all these questions in part of our normal kind of dialog?</p>   |
| 57. |  | <p><b>DR WEST:</b> It might be awkward to go that deep with somebody. Especially if you don't feel that you're obligated to.</p>   |
| 58. |  | <p><b>DR RAMCHAND:</b> I think a lot of people are willing to do it. I think a lot of people can be equipped to do it. I think a lot of people if they just had the resources, would be really good at it. But it's not obligatory. It's obligatory for a social worker, a psychiatrist and a psychologist to know how to respond to somebody when they say that they're thinking about ending their lives or thinking about suicide. We could say that that's kind of a requirement for the job. Clergy, maybe. Maybe we could say you should have something in place, you should be trained. You should know what to do. When we start talking about some of these other gatekeepers, it's not an obligatory or a requirement.</p> |
| 59. |  | <p><b>DR WEST:</b> As you think about your experience with inquiring about suicide risk and gatekeepers. Did you encounter this concern about it being an expectation or a requirement?</p>  |



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| 60. |  | <p><b>DR RAMCHAND:</b> In the military. We did. I think that in the military context, there was a level of expectation. In the sense that. Okay. So we'll train you. We'll give you this training and suicide prevention. What are the signs of suicide prevention? What are the resources? So everyone gets trained in this and then somebody in your unit dies by suicide. So then the question isn't so it's not what can we learn from this? How can we do better? It's what did you miss? Because we gave you a training. What did you miss? What did you not do? Right. Because we gave you this training. It may have been an hour in a lecture hall or something with the dark lights, but we did give you this training. So that's what I'm worried about is holding people accountable if something goes wrong.</p> |
| 61. |  | <p><b>DR WEST:</b> It's not about being at fault If you missed it. It's taking that opportunity to promote the healthier choices, to promote the healthy behaviors.</p>   |
| 62. |  | <p><b>DR RAMCHAND:</b> That's right. While it's great to have bartenders and people in these roles serve as gatekeepers, it's not part of their job responsibility. People may be ill equipped, because they may have had experiences themselves that are too recent, that they're coming to terms with or maybe they just don't want to assume that role. I don't think we necessarily need to say everyone who's a bartender, everyone who's a barber needs to be equipped. So we need to make sure that when we're empowering them, we're not also creating a holding them accountable for everything, everything that happens after.</p>  |



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| 63. |  | <p><b>DR WEST:</b> When we talked with Seth, one of the things he brought up was that he talks about his own experience when he's counseling people. Is that something that is helpful for gatekeepers to share their own experience with people that they're trying to help?</p>  |
| 64. |  | <p><b>DR RAMCHAND:</b> When it comes to gatekeepers sharing their own experiences, that can always be helpful. It is not the same relationship as somebody has with a psychologist where it's just a one-way relationship. This is somebody where you expect at least some two-way relationship with. You expect when you go to the barber to hear about their kid's birthday party the weekend before, you know, you expect to be there more of an exchange. So I do think when they say, you know, I had a really stressful time and you know what I did? I took my gun and I gave it to my brother and he held it for a few months until, you know, we got through this as a family or whatnot. The harm comes when somebody thinks so strongly that this thing works so well for them that it's going to work for you. Like for somebody fly fishing might be the perfect thing to do to calm their nerves. So they're referring, you've got to start fly fishing. You've got to start fly fishing. That's not really a great gatekeeper because you have to meet the person where they're at. You have to say, you know what, fly fishing, work for me. Let's find out what might work for you. So becoming too strongly held in your convictions that what worked for you is going to work for everyone.</p> |



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| 65. |  | <b>DR WEST:</b> I like that. Listening to people and then meeting them where they are.   |
| 66. |  | <b>DR RAMCHAND:</b> To be a gatekeeper, you've got to be a good listener. You just have to. That's part of the that's part of the responsibility. It's not about you. It's almost like being a good friend, to be honest. You know, it's not always about you. You sometimes have to be there for the other person and not turn it into the you know, in my case, it's not the Rajeev story at this point.   |
| 67. |  | <b>DR WEST:</b> If I'm listening to this show and I'm wondering, well, how do I know if I'm a gatekeeper? That would be a good question to answer. How? If I'm not sure...   |
| 68. |  | <b>DR RAMCHAND:</b> Then you are. That's my attitude. I think that if you aren't sure if you're a gatekeeper, you probably are. You probably occupy some role that you could be empowered to serve in this role. And so what do you do? You find the resources that are available, you know, for you. There are trainings offered by Livingworks called Assist that are that are gatekeeper trainings. There's one called QPR. There's more on the Suicide Prevention Resource Centers website training sites. So if you think that you could be in the position to help somebody go through a some type of crisis where they might be at risk of suicide, then I would encourage you to kind of get that training so that you know what to do and you know what questions to ask, because I really think that if you think that you're in that role, you could potentially have the opportunity to save a life. |





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| 69. | Transition to new beat |   |
| 70. |                        | <b>DR WEST:</b> Reverend Seth Still is one gatekeeper whose own experience with suicidal thoughts and gun safety allowed him to have deeper conversations with the people he serves.  |
| 71. |                        | <b>REVEREND SETH STILL:</b> I think I'm just a lot more aware now of what people are trying to hide or trying to or ashamed to talk about. It doesn't have to be that they've told me they're having suicidal ideations or anything like that. But if they're going through a really difficult time, I'll ask them about their guns and just tell them my own story and ask them if that's ever a thought to them. I usually tell people to either lock them or store a clip and the gun separately or sometimes just to say, hey, it helped me a lot just to be out of sight, out of mind. |
| 72. |                        | <b>DR WEST:</b> And how do people respond to that?  |
| 73. |                        | <b>REVEREND SETH STILL:</b> I haven't had anybody come back and say that, you know, I wouldn't be here if we hadn't had that conversation. But I've definitely had some people come back and say how much it gave them a lot more headspace to not have to have that thought that, you know, I got this gun in my house and now that it's out, it's just I don't think about it anymore.  |
| 74. |                        | <b>DR WEST:</b> Do you have words of wisdom for other gatekeepers that might be dealing with somebody in crisis?  |



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| 75. |                        | <p><b>REVEREND SETH STILL:</b> Words of wisdom for other gatekeepers. When it comes to guns, I would say to have the conversation. I know where I live and our culture in Mississippi. That is not something that is on the table. And I would like for it to be I think it needs to be. I've seen way too many accidents and too many people who have gone ahead and committed suicide that I think could have been stopped if they didn't have that easy access to guns. So, yeah, having the conversation is really important. I would also say as far as words of wisdom on being a gatekeeper, telling your own story and not being afraid to, that you're going to look weak or vulnerable. I think that that has helped more people, me being able to share my story of what happened. And so I would encourage people to do that.</p> |
| 76. | Transition to new beat |   |
| 77. |                        | <p><b>DR WEST:</b> In this episode of Let's Talk About Your Guns, we opened up the conversation to think about people in our communities, gatekeepers, people who come into contact with many of us, sometimes in times of stress. It's my hope that after listening to this podcast, gatekeepers will feel more confident talking to those people they help about firearms and safety in their home. This conversation is not specifically about preventing a suicide. It's about creating an environment where there's time and space between a suicidal thought - even if you think you'll never have it - and that fatal act. We can all create time and space in our lives to stay safe.</p>   |



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| 78. |  | <b>DR WEST:</b> Thank you to Reverend Seth Still and Dr Rajeev Ramchand for participating in this discussion.  |
| 79. |  | <b>DR WEST:</b> You've been listening to Let's Talk about Your Guns. This podcast is made possible by The Henry M. Jackson Foundation for the Advancement of Military Medicine. It's produced by Podville Media for the Center for the Study of Traumatic Stress at the Uniformed Services University.       |
| 80. |  | <b>DR WEST:</b> Be sure to subscribe to the show on your favorite podcast app and leave a five-star review.<br><br>Thanks for listening.   |
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## Let's Talk About Your Guns episode 106: GATEKEEPERS **SOCIAL SNIPPET**

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| 1. |  | <p><b>DR RAMCHAND:</b> A gatekeeper could be anyone from a chaplain to a priest but usually I think it's someone in the community who knows the pulse of the community, who understands the community, understands the resources are available. The Gatekeepers relationship is very informal and it's just knowing how to listen, how to recognize when things seem a little bit distressful, having the confidence and the ability to to recognize when you need to ask, hey, are you thinking about harming yourself or are you thinking about suicide? And then that follow up question, do you have a firearm in the house? How is it stored?</p> |
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**Let's Talk About Your Guns**  
**episode 106: GATEKEEPERS**  
**EPISODE TITLE AND DESCRIPTION**

**EPISODE 6**

**EPISODE TITLE: Gatekeepers**

**EPISODE DESCRIPTION:** Each year thousands of ordinary Americans have a chance to say "Yes" to saving the life of a colleague, neighbor, or acquaintance. How? Simply by having a conversation about firearm safety. In this episode, we explore how trusted members of a community act as gatekeepers in suicide prevention. We hear from Reverend Seth Still, whose experience with his own guns in a dark time changed the conversations with the people he serves. We'll also hear from Dr. Rajeev Ramchand, an epidemiologist who discusses how gatekeepers can make a difference.

Resources, transcripts and more at

<https://www.cstsonline.org/suicide-prevention-program/podcasts>