



# CSTS podcast series

## *Let's Talk About Your Guns*

### Episode 1: Dementia and Gun Safety

1.	NOTES	AUDIO
2.		<p><b>KAREN MEUSHAW:</b> My dad was always very safe with his guns.</p> <p>He did have guns throughout his whole life. He went hunting a lot. However, he was always very good about securing them.</p> <p>I never saw them except when he would go on his hunting trips.</p> <p>So I knew he had guns, my children knew he had guns, but he always kept them locked up.</p> <p>But as he approached his late 70s dementia really changed him.</p> <p>We then realized maybe the guns are not being stored how we think they're being stored.</p>
3.		<p><b>KAREN MEUSHAW:</b> My mother is not in the best of health and I was helping to take care of the home.</p> <p>One time I was changing the bed sheets and cleaning up his room. As I went into get his sheets to launder them, I found a loaded gun under his pillow.</p> <p>And that's when I started to find guns around the house.</p>
4.		<p><b>KAREN MEUSHAW:</b> They were everywhere. They were wrapped in an old box in a bag, in his closet in a shoe.</p>



		<p>One was hidden in a little crawlspace in the ceiling. Found another one in a bin of antique stuff that my mom had.</p> <p>He had a chair in his room, and next to it was like a little bookshelf, and he had a tissue box. And behind that, there was a loaded gun.</p> <p>They were just everywhere. They were not stored at all in a safe place.</p>
5.		<p><b>KAREN MEUSHAW:</b> We were involved with the Alzheimer's Association because he had been officially diagnosed at this point. So they were able to broach the topic with him.</p> <p>They had a direct conversation about guns and safety.</p> <p>They made it seem like it was just a conversation that they have with everyone that comes in.</p> <p>But it fell on deaf ears.</p> <p>He still believed he was fine.</p> <p>He would never mistake the police for a bad guy because they had a gun.</p> <p>He would never not know his family.</p> <p>So that point, I realized that there's a lot more to come.</p>
6.		<p><b>KAREN MEUSHAW:</b> Over the course of time, his dementia became much worse.</p> <p>Eventually, it became not only memory issues, but paranoia.</p> <p>And that's when we noticed the biggest change in him.</p>



		<p>He would go outside to shoot the gun in the air at night, if he heard a noise or if he thought there might be someone around because he was protecting himself and he was scaring things away. And that's extremely worrisome.</p> <p>And since we only lived down the road, we would come up at night to check on them. That could be us he could shoot.</p> <p>I felt at that point, very hopeless.</p> <p>If he did something wrong, that would be the worst thing he would ever want in his life.</p>
7.	Transition to new beat	
8.		<p><b>DR WEST:</b> Karen Meushaw's worry was not uncommon. Her father was one of the more than 81 million<sup>1</sup> Americans who own firearms. A third of them are over the age of 65<sup>2</sup>.</p>
9.		<p><b>DR WEST:</b> What happens when an older adult begins to develop dementia and they have firearms in the house? And what's the best way to help that person avoid a potentially dangerous situation? This is a tough conversation. But having it could save a life.</p>
10.		<p><b>DR WEST:</b> I'm Curt West: psychiatrist and scientist at the Center for the Study of Traumatic Stress at the Uniformed Services University. Today, in <i>NAME OF SERIES</i> we'll explore some of the challenges that Karen faced in trying to get her father to store his guns safely. We'll also talk to Dr</p>

<sup>1</sup> <https://americangunfacts.com/gun-ownership-statistics/>

<sup>2</sup> <https://www.pewresearch.org/social-trends/2017/06/22/americas-complex-relationship-with-guns/>



		Emmy Betz, an emergency-room physician and public health researcher who studies firearm safety in older adults.
11.		<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 should be stored in a separate locked container. Finally, firearm safety in the home involves having a plan in advance for storing guns in an alternate location during times of crisis.
12.		<b>DR WEST:</b> The conversation today is about how these principles may suffer when a firearm owner experiences cognitive decline. This might be a parent or grandparent, or a hunting buddy... really anyone in your life.  We'll talk straight about how to have tough conversations with friends and loved ones who might no longer be able to keep a firearm safely.  Because 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.
13.	Transition to new beat	
14.		<b>DR WEST:</b> So, Karen, tell me about your dad. Help me understand what kind of person he was.
15.		<b>KAREN:</b> The dad that I remember before dementia, was a man who was a hard worker.



		<p>There's a country song about daddy's hands and the hard working. And that was my father. He was always doing something. He got up very early in the morning to go to work. On weekends, he would pick up extra shifts at his job on Saturday, but come home, and gardening was the love of his life. He had a huge garden and was well known for his tomatoes. We used to laugh and say he was organic before organic was cool.</p> <p>He was able to provide a good home and a sturdy, steady um financial backing for his family. And that was something he took great pride in.</p>
16.		<p><b>DR WEST:</b> Why do you think the issue of guns was so difficult for your dad?</p>
17.		<p><b>KAREN:</b> Relinquishing the guns was a huge struggle for him because he was losing control over a lot of things.</p> <p>He wasn't able to drive anymore.</p> <p>And I was doing so much of the work around the house that he used to do.</p> <p>So the guns were something that I think made him feel more powerful, and more able to defend himself and take care of himself.</p> <p>He was always the man of the house. And even though he wasn't someone who carried guns to protect himself on a normal basis, in his older age, feeling weak, feeling vulnerable, having a bad knee, arthritis, I think that just gave him that power.</p>



18.		<p><b>DR WEST:</b> Thinking about the conversations that you tried to have with your dad about his firearms, about safety, what was the hardest part of it?</p>
19.		<p><b>KAREN:</b> Well, the hardest part of any conversation with my dad was trying to confront the fact that he had Alzheimer's without diminishing who he was as a human.</p> <p>He didn't want anyone to know. So by talking about this, you were making him less of the man he used to be. So you're not only losing your independence, but it's hurting your pride. Because now you're no longer able to make decisions, so your family says. But in your own mind, you feel perfectly fine.</p>
20.	Transition to new beat	
21.		<p><b>DR WEST:</b> Karen isn't the only person who has struggled with these issues. Dr Emmy Betz researches how older adults make decisions about guns for more than x years. She's heard stories like Karen's before.</p>
22.		<p><b>DR BETZ:</b> We know that about 30% to 35% of adults aged 60 and older own a firearm themselves, and then another 10% to 15% live in a home with a firearm.</p> <p>Then if you sort of overlay rates of dementia, a large proportion of older adults in the community, including those with early cognitive impairment, likely have access to guns.</p>
23.		<p><b>DR WEST:</b> Can we take a minute and think through what are some of the risks associated with older adults and impairment and firearms in the home?</p>



24.		<p><b>DR BETZ:</b> In the context of cognitive impairment, you have to think about unintentional or intentional harm towards others.</p> <p>We know many caregivers do experience some kind of assaults with a person with dementia who they care for. And so, if a firearm is present, that raises the risk certainly of a significant outcome. But many people don't realize that the majority of deaths related to firearms in older adults are suicide.</p>
25.		<p><b>DR WEST:</b> That's an interesting point. Suicides represent the greater risk... yet we worry about confrontations with perceived intruders.</p>
26.		<p><b>DR BETZ:</b> Yeah. And we've actually done some work, some surveys with caregivers who are gun owners themselves, trying to understand sort of what they perceive. And we saw that, that they thought accidentally harming other people was the most likely thing to happen and they saw suicide as a lower risk. But of all firearm deaths in older adults, 91% are suicide. So, suicide is by far the leading risk and the leading type of firearm-involved death in older adults.</p> <p>Suicide, particularly with a firearm is particularly traumatic for family members. And so, I don't think it's an outcome we should ever be wanting. Even if a family member says, "My dad never would have wanted to live this way," it's still important that we be talking about how to prevent those gun suicides because of the trauma that they can, you know, have on the whole community around them.</p>



27.		<p><b>DR WEST:</b> Thinking some more about Karen's story, she wasn't initially trying to get her dad to give the guns up. She was trying to get him to secure them and yet, she met with resistance is there success in getting older adults that are starting to develop impairments? Is there success in getting them to lock them up?</p>
28.		<p><b>DR BETZ:</b> We don't have great data, I think, on the actual outcomes in terms of how effective our interventions are. There's a lot of work still to do.</p> <p>What we hear from older adults is that they really wanna make the decisions themselves, which is why these conversations ideally would start early before there's impairment.</p> <p>Ideally, the process can start sooner rather than a caregiver suddenly being faced with a kind of small arsenal of weapons.</p>
29.		<p><b>DR WEST:</b> So, you know, this podcast series is about conversations about guns and safety. Thinking about older adults, who would you say are the people who should be having these conversations about firearms and safety?</p>
30.		<p><b>DR BETZ:</b> Very often, these might be conversations that people prefer to have with, say, their hunting buddies. You know, we heard a story from a man who goes hunting every year with the same guys and one year said to them, "You know what, I'm not gonna go this year. I don't wanna get up early and I also just feel like I'm not as safe with the gun as I used to be, but I'll meet you for beer afterwards," right, but</p>





		<p>had that conversation with the people he really trusted. Certainly, family members... I would love to see these conversations also in things like estate planning with lawyers. And then the last one I'll mention is health care providers. I think health care providers absolutely should be bringing up these topics with families and older adults. So, in one study we did of caregivers, 80% said physicians should be talking about firearm safety in dementia but only 5% said they had ever had one of those conversations. So, absolutely, doctors and other providers should be bringing these things up. Also recognizing they're not looked at as the experts on the topic and that's okay. Like, I think, it's important for doctors to provide some other context around when is it time maybe to make some decisions and then recognize that people may look to family, friends, communities, retailers, and so forth to get the actual advice about what to do.</p>
31.		<p><b>DR WEST:</b> You mentioned the components of meeting them where they are and then gently nudging them in the direction that helps them make safer choices. Can you talk a little bit more about that and the types of pieces that are an important part of these conversations?</p>
32.		<p><b>DR BETZ:</b> Absolutely. I see the goal of these conversations ultimately in my view as a physician. The goal is to prevent injuries and deaths and emotional trauma surrounding all of that. So then, we need to recognize there are a lot of ways to get to that point, and that's where I think we can allow and encourage choice and autonomy in individuals and in their families. So, I think it means helping someone, you know,</p>



		<p>think about their own values and preferences. So, do you still want guns in the house? Do you still feel like you need one? Why? Is it for protection? Well, could we get you an alarm system instead? What are your fears? What are your concerns? You know, how do you think about passing these on? Do you wanna pass them on to family members? Are you interested in selling them because they're worth money? You know, what is it that you would like to see happen with your firearms?</p>
33.		<p><b>DR WEST:</b> One of the things that you've suggested that people consider in having these conversations about firearms and safety in older adults is using what's called a Firearm Life Plan. Can you talk a little bit more about that?</p>
34.		<p><b>DR BETZ:</b> Yeah. The Firearm Life Plan is something that we developed based on our work with older firearm owners and family members, based on what they told us that they wanted and needed.</p> <p>It's a two-part process. So, the first part is what's called a Firearm Inventory, which is basically a worksheet you fill out for yourself to have a record of your firearms, where they are, how they're stored, but as importantly, what you want to happen to them and when.</p> <p>So, you know, maybe it's I want this hunting rifle to go to my grandson when he turns 18, I wanna donate this historic antique to the local museum, I want these ones taken to law enforcement so they're out of circulation...</p>



		<p>That's sort of the practical part. And then step two is the also important emotional part, which is what's called a Legacy Map, which is a document that has prompts for you to think about what do firearms mean to you, what has it meant to be a firearm owner to leave some of those memories for your family or for future generations.</p> <p>We heard over and over again from older adults that for many of them, firearms have been a big part of their life. And so, the Firearm Life Plan is basically an acknowledgment, a recognition that planning ahead and being ready for the negative things in life is part of what being a responsible gun owner means. And so that sort of planning for the future and planning for things, even the things you hope never will happen, like dementia, is part of being responsible.</p>
35.		<p><b>DR WEST:</b> So, a life plan is really a tool to start a conversation and structure that conversation.</p>
36.		<p><b>DR BETZ:</b> Yeah. And having some things documented about what you want to happen. One of the other things, the reason it's not called...it doesn't have aging in the title or older adult in the title is because we also heard loud and clear from older adults that it's not about age, it's about function. And we hear that in many other areas too, like driving and so forth. There are people in their late 90s who are very competent to do things still and there are people in their 30s who probably maybe had a brain injury or something else and should not be driving or should not have access to firearms. So, it's an acknowledgment that things can change over our lifetime.</p>



		<p>And yes, these conversations become more important for older adults given, again, unfortunately, that we all die someday. But they can be useful really across the lifespan in terms of thinking about what it means to be responsible.</p>
37.		<p><b>DR WEST:</b> How do you know when it's time to start to invoke this life plan or start to execute it. Is there good guidance on how to, you know, how do you have...how do you say, "Okay, remember that life plan that we made, I think it's time to go?"</p>
38.		<p><b>DR BETZ:</b> So the question when to do this and how, I think there's a lot of parallels between firearms and driving, in terms of thinking about activities that potentially could harm other people but become more difficult with age. It's like, "Okay, you're 65, it's time to, talk about are you gonna retire and talk about your guns and sort of talk about what you're gonna do in 10 years if you can't drive." And that's sort of looking really far in the future.</p> <p>I think there are other things that certainly should bring the conversation up sooner. A diagnosis of cognitive impairment, a diagnosis of another significant medical condition. The cognitive piece is the biggest worry because people often don't have the insight to self-restrict in the way they need to. So, we see that in driving as well, that they may not realize they shouldn't drive anymore and they start driving and then, you know, forget where they're going. So, if family are seeing clear impairments like significant memory problems and particularly behavioral symptoms, so agitation, not recognizing people, those are the kinds of things that are, like,</p>



		<p>big red flags that really need more urgent or emergency kind of action.</p> <p>And then talking about death, talking about suicide also should raise concern for suicide risk. It is normal to anticipate or think about death as one ages or becomes ill, but a sort of preoccupation with death is not a normal part of aging. And so, we need to recognize that depression, etc., are treatable in older adults as well, and suicide prevention is important.</p>
39.		<p><b>DR WEST:</b> So, there may actually be an inflection point at which time as the cognitive impairment proceeds where it is maybe less of a conversation and it's just about following through on the plan. And how is that communicated in an effective way, in a caring way?</p>
40.		<p><b>DR BETZ:</b> It's such a hard question and I think blaming things on the disease process instead of the person can be really important. So, acknowledging, for example, mom, dad, you've always been the protector or you've always been really safe, but the dementia is getting to the point where we really feel like you can't be safe anymore. Putting it in that context about that it's, again, not the person and acknowledging how hard it is.</p> <p>Another thing that will vary family to family is what the plan actually is obviously, especially if a family or a caregiver doesn't wanna keep the firearms or isn't comfortable with them. Those might be very different sort of conversations about what's happening. And, for example, if a family has decided to keep the firearms and they say, "Hey, dad, I'm</p>



		gonna go store these at my house now because we really need them or we wanna use them," that might feel better to the older person with dementia than, "Hey, dad, we're gonna sell these all."
41.		<b>DR WEST:</b> What makes it hard to have this conversation with someone that's important to you?
42.		<b>DR BETZ:</b> I think it's a mix of the logistic nightmares, like, oh, my God, what do we actually do legally? Where are the guns stored? What are we gonna do with them all? Am I allowed to do anything? Sort of all those, like, I put in the logistics bucket. And the incredibly huge emotional piece of this is uncomfortable, I don't wanna bring this up, I don't wanna offend my parent. How am I supposed to know if they're safe or not? He's gonna be mad. Like, he's my dad, how do I talk... I mean, it's sort of just layer upon layer of complex emotions. And so, I think when you get those things together, it's not surprising to me that people are really hesitant to have these conversations, even if they recognize that they need to.
43.		<b>DR WEST:</b> One of the things that I also was just interested to get your thoughts on was that Karen related pretty clearly that she had to take it upon herself to be, I guess, the bad person in this whole scenario.
44.		<b>DR BETZ:</b> Oh, it's so hard. And I will just say my heart goes out to Karen and all of the individuals in situations like hers. I remember we heard from one of the family members who we had in a focus group saying what if I took away her gun and



		<p>then someone broke into her house and hurt her? I could never live with myself if I had taken away her means of protection. And so, how do you work around that to support the family member and the older adult to have safe outcomes but also emotionally feel good about it so that there's not the guilt or anger or regret or any of those things.</p>
45.	Transition to new beat	
46.		<p><b>DR WEST:</b> For Karen Meushaw, the years of emotion and worry finally ended when she moved her parents into a smaller home.</p>
47.		<p><b>KAREN:</b> When he moved from the larger house to the smaller house, I just had to be tough. I just had to say, "You know what, he can't reason. He's not listening. We just need to take the guns." And then my mother, he was back in his room, and my mother went back and said, "She's taking them one way or the other. And I think she's gonna take them by force. And if you don't give them up, she's calling the police." I know that very much hurt him. It didn't just anger him, but it was hard to do because you're really taking another part of his independence, a part of something that he valued.</p> <p>At first, he was constantly looking for the guns, but over the course of time, his dementia became much worse where he completely forgot he had guns. The next doctor's appointment the doctor asked, "Do you have any guns in the home?" Which they always do with the geriatric visits. And he said, "I don't know, ask my daughter. I'm not really sure if we do or not." So by that point, he had completely forgotten about it.</p>



48.		<b>DR WEST:</b> And so there was no more confrontation after that.
49.		<b>KAREN:</b> There was no more confrontation about guns.
50.		<b>DR WEST:</b> And so, is there some key piece of advice that you have for someone else who finds themselves in this situation?
51.		<b>KAREN:</b> Probably the most important thing I would say to anyone in this situation is, trust your own feelings. You know your parents or you know whoever, your grandparent, better than other people do. And you need to stand up and do what's right for everyone else and for them. And don't be afraid to make decisions that are hard. Think about what that person would want you to do before their brain aged or before their brain became cognitively impaired, whatever the situation would be. Do what they taught you, live by the example they set for you prior to that.
52.	Transition to new beat	
53.		<b>DR WEST:</b> Seeing people we care about go through cognitive decline is hard. Worrying about them having access to guns is even harder. Having that conversation with them about making safe storage decisions or even passing their guns on to someone else is a tough conversation... but it's one that can save someone's life. Thank you to Dr Emmy Betz and Karen Meushaw for participating in this discussion.
54.		<b>DR WEST:</b> You've been listening to Let's Talk about Your Guns. This podcast is made possible by The Henry M.





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