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Motivational Interviewing for Means Restriction Counseling With Patients at Risk for Suicide

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The restriction of potentially lethal means during periods of high risk has been identified as one of the more promising suicide prevention strategies. The purpose of this paper is to introduce clinicians to means restriction counseling and to describe a Motivational Interviewing (MI) based approach for use with ambivalent or challenging patients. This paper examines empirical support behind legislative efforts for means restriction along with the limitations. It explains the need for means restriction counseling with adults and requisite challenges. For patients who are reluctant, it describes an MI-based approach to means restriction counseling and provides a case example. By the end of the paper, readers should be aware of the potential importance of means restriction counseling and the possible use of an MI-based approach with challenging patients. Means restriction counseling is a promising clinical intervention for suicidal patients and research on MI-based and other approaches is sorely needed.

Suicide experts have identified means restriction as one of the most promising suicide prevention strategies (Mann et al., 2005). However, many clinicians do not fully appreciate the potential impact of means restriction counseling or know how to approach their patients or clinic populations to reduce access to lethal means. Many empirically supported suicide interventions include means restriction components and practical protocols addressing means restrictions have been developed for clinicians (Bryan, Stone, & Rudd, 2011; Linehan, 1993; Wenzel, Brown, & Beck, 2009). However, guidance and research focusing on overcoming both real and perceived barriers to implementing means restriction with general clinical or high-risk populations is scarce. In particular, many clinicians are unaware of the importance of means restriction in suicide prevention, and there is little guidance regarding how to successfully engage ambivalent or reluctant patients in discussions about restricting their access to potentially lethal means such as firearms. The purpose of this paper is to alert clinicians about the importance of means restriction, explore the rationale behind using motivational interviewing (MI) for means restriction counseling, and provide clinicians with a more detailed description of an MI-based approach to means-restriction counseling.

Keywords: suicide prevention; means restriction; motivational interviewing

Means Restriction

The argument for means restriction counseling is based upon a few key principles. The first principle is that moments of elevated suicide risk are often brief and fleeting. In a case-control study of 153 attempters, 24% decided to make an attempt less than 5 minutes before the event, and 70% less than an hour before (Simon et al., 2001). The short latency of risk is important because reducing risk during these brief periods has the potential for long-term effects as only 10% of individuals who make medically serious attempts make a subsequent attempt that results in death (Owens, Horrocks, & House, 2002). Of those who do die from suicide, almost 30% use the same method as the initial attempt (O'Donnell, Arthur, & Farmer, 1994; Seiden, 1978). The second principle is that the preferred method of suicide is often a function of convenience. Pesticides, for instance, are frequently used in rural China where they are regularly stored in living quarters (Eddleston & Phillips, 2004; Phillips et al., 2002), but rarely used in countries such as the U.S. where they are less common (Gunnell, Eddleston, Phillips, & Konradsen, 2007). Similarly, firearms account for the

majority of suicides in the U.S. with its liberal ownership laws, but are rare in the U.K. due to its more restrictive policies (Daigle, 2005). Third, while complete removal of access to lethal means is preferred, increasing the barriers between individuals and their preferred means may also reduce risk. When considering firearm-related suicide, eliminating access results in the greatest reduction of risk, but increasing barriers to access by storing guns unloaded, using trigger locks, locking gun cabinets, or storing firearms and ammunition separately has also been shown to reduce the odds of death by suicide (Conwell et al., 2002; Miller, Azrael, Hemenway, & Vriniotis, 2005; Shenassa, Rogers, Spalding, & Roberts, 2004). Thus, making an individual's preferred means for a suicide attempt more difficult to acquire during high-risk periods has potential to reduce suicide deaths.

Legislation to eliminate access to preferred means or render them inconvenient supports the potential of means restriction. In addition to reduced suicide following changes in packaging in the U.K., the U.K. suicide rate also fell dramatically when nontoxic natural North Sea gas replaced toxic coal gas in domestic gas supplies (Kreitman, 1976). Similar findings have been observed following restrictions for gas-related poisonings in the U.S. and Japan (Lester & Abe, 1989; Lester, 1990), drug availability in the U.K., Australia, and Japan (Hawton et al., 2001; Hawton, 2002; Oliver & Hetzel, 1972; Whitlock, 1975; Yamasawa, Nishimukai, Ohbora, & Inoue, 1980), firearm ownership in Canada, New Zealand, and the U.S. (Beautrais, Fergusson, & Horwood, 2006; Bridges, 2004; Carrington & Moyer, 1994; Leenaars, Moksony, Lester, & Wenckstern, 2003; Loftin, McDowall, Wiersema, & Cottey, 1991; Rodriguez Andres & Hempstead, 2011), pesticides in Sri-Lanka (Gunnell, Eddleston, Phillips and Konradsen, 2007, Gunnell, Fernando, et al., 2007), and bridge access in the U.S. (Lester, 1993). The mechanism by which means restriction works is unclear, but reducing access to highly lethal means (e.g., carbon monoxide) may increase use of easily available but less lethal methods (e.g., medications), increasing the probability of survival (Hawton et al., 2004). Although these findings come from retrospective case-control studies or quasi-experimental studies, they provide compelling support for means restriction.

Means Restriction Counseling With Adults

Legislators cannot limit access to every possible means and clinicians must work with their patients and clinic populations to reduce access to lethal means during high-risk periods. The Harvard Injury Control Research Center (www.hsph.harvard.edu/means-matter) advises clinicians to (a) assess whether individuals at risk for suicide have access to lethal means such as firearms, and (b) work with them, their families, and support systems to limit their access until they no longer feel suicidal. Unfortunately, clinicians are often unaware of the importance of means restriction or do not believe in its efficacy, and many fail to assess patients' access to potentially lethal means (Price, Kinnison, Dake, Thompson, & Price, 2007; Slovak, Brewer, & Carlson, 2008). A recent investigation of emergency department providers found that less than half believed that the majority of suicides were preventable (Betz et al., 2013). In a survey of emergency department nurses, only 28% reported engaging in means restriction counseling and only 18% reported working on units where means restriction counseling was standard practice (Grossman, Dontes, Kruesi, Pennington, & Fendrich, 2003). A survey of social workers showed that only 22% believed that means restriction counseling was important (Slovak et al., 2008).

The Example of Firearm Ownership

The widespread reluctance by clinicians to conduct means restriction counseling may be particularly problematic when they are faced with high-risk patients with access to firearms. In 2009, firearms were used in 51% of U.S. suicides, slightly more than all other methods combined (Centers for Disease Control and Prevention, 2012). Both case-control and ecological studies confirm that firearm ownership is associated with increased risk for suicide (Hemenway & Miller, 2002; Miller, Azrael, & Hemenway, 2002; Miller & Hemenway, 1999), and suggest that risk extends to all family members (Brent, Perper, Moritz, Baugher, & Allman, 1993). In fact, in 2009, U.S. citizens were over 1.5 times more likely to die by firearm through suicide (SMR = 5.92 age-adjusted) than homicide (SMR = 3.77 age-adjusted; Centers for Disease Control and Prevention, 2012). One reason for the high rate of firearm suicides is that firearm attempts are the most lethal of standard methods. In one study, 92% of firearm attempts resulted in death, compared to 78% of carbon monoxide poisonings and hangings, 67% of drownings, and 23% of drug overdose attempts (Chapdelaine, Samson, Kimberley, & Viau, 1991). However, there are ways to reduce firearm-related risk, such as eliminating access or reducing it through utilizing safe storage practices (Conwell et al., 2002; Miller, Azrael, Hemenway, & Vriniotis, 2005; Shenassa, Rogers, Spalding, & Roberts, 2004).

Despite the risk associated with firearm access, clinicians are often reluctant to approach patients about means restriction that extends to firearms. In a recent investigation of emergency department providers, 67% of nurses and 44% of physicians believed that means restriction would not prevent the majority of firearm suicides (Betz et al., 2013). Although 67% of providers reported assessing firearm access when a suicidal patient voiced a firearm plan, only 21% to 22% reported assessing access when a suicidal patient did not. In a survey of emergency department personnel, 52% reported rarely or never asking suicidal