

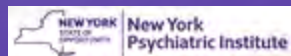
Zeroing In: Integrating Suicide and Overdose Prevention

Module 5: Means Reduction Counseling and Overdose Prevention Strategies

March 12, 2026

Presented by Christa Labouliere, PhD & Nick Szubiak, LCSW

*Please take a brief
pre-training survey:*



Zeroing In On Our Series

- Module 1: Foundations of the integrated Zero Suicide + Zero Overdose approach
- Module 2: Screening for suicide risk and substance use in every setting
- Module 3: Risk assessment & triage for suicide and overdose
- Module 4: Integrated safety planning
- **Module 5 (*today!*): Means reduction & overdose prevention strategies**
- Module 6: Monitoring, follow-up, and continuous quality improvement

Recap: Module 4

- ✓ Integrated safety planning is critical to creating a single, patient-centered plan
- ✓ Risk drives the starting tool, but the patient drives the final plan: begin by mapping the primary risk, using the decision matrix, and integrating other risks / adding plug-ins
- ✓ Addressing Social Determinants of Health may be necessary depending on the patient's current situation, regardless of primary risk or safety plan starting point

Overview: Module 5

- Means Reduction Counseling
 - Five Step Approach
 - Specific Strategies for Means Reduction
- Overdose Prevention Strategies
- Case Vignette
- Review & Next Steps

Safety Planning Intervention

Suicide Safety Plan

STEP 6: MAKING THE ENVIRONMENT SAFER (PLAN FOR LETHAL MEANS SAFETY):

1. _____

2. _____

The Stanley-Brown Safety Plan is copyrighted by Barbara Stanley, PhD & Gregory K. Brown, PhD (2006, 2021). Individual use of the Stanley-Brown Safety Plan form is permitted. Written permission from the authors is required for any changes to this form or use of this form in the electronic medical record. Additional resources are available from www.suicidal-safetyplan.com.

Stanley-Brown

Overdose Safety Plan

Step Two: Actions I can take to reduce my risk of overdose
(Consider steps that address the risks found in step one, example: Changing method of use)

• _____	• _____
• _____	• _____
• _____	• _____

A safety plan is **not complete** without:

Step 6 (Suicide):
Making the
Environment Safer

Step 2 (Overdose):
Actions to Reduce
Risk of Overdose

Means Reduction Counseling

What is it?

- A way in which clinicians can help suicidal individuals to **reduce their access** to the methods they are likely to use in a suicide attempt or self-harm
- Means reduction is a **voluntary** action plan developed between a clinician and a suicidal individual, sometimes with their supports, to remove dangerous objects from the home or put obstacles in place to their easy use; **The action plan must be feasible and acceptable to all parties**
- Negotiating a plan to reduce access to dangerous objects or places increases the **time and distance** between a suicidal person and their ability to commit a potentially-lethal action

Barriers

Clinician Barriers

- ✗ Perception that means reduction will not be effective (e.g., clients will not agree s or will just find something else)
- ✗ Discomfort discussing certain means or taking a more directive stance
- ✗ Fear of causing a rift in the therapeutic relationship
- ✗ Not knowing how much responsibility they have to make sure the plan is enacted

Client Barriers

- ✗ Doesn't have an understanding of the fluctuation of suicidal states
- ✗ Access to a method is a form of coping for the individual
- ✗ Thinks that means safety is “going overboard” or “infantilizing”
- ✗ Is ambivalent for other reasons (e.g., need for a gun for protection, removing means threatens autonomy or identity, etc.)

Why Does Means Reduction Work?

Most suicidal individuals have at least some **ambivalence** about killing themselves



Time Matters

- The longer someone's access to means is delayed, the more likely it is the crisis may pass
- **50%** of suicide survivors deliberated for less than 20m; **25% for less than 5m**
- More time = more opportunity to use strategies from a safety plan



Means Substitution

- Individuals often have a **preferred method** in mind
- If this method is not readily available, many people will not necessarily find an alternative
- If someone does seek an alternative method, it is often of a lesser lethality



Long-Term Survival

- Many attempts are impulsive
- The vast majority of people who have suicidal thoughts **DO NOT** go on to die by suicide
- Many individuals who attempt suicide **never** make another attempt and often regret their actions

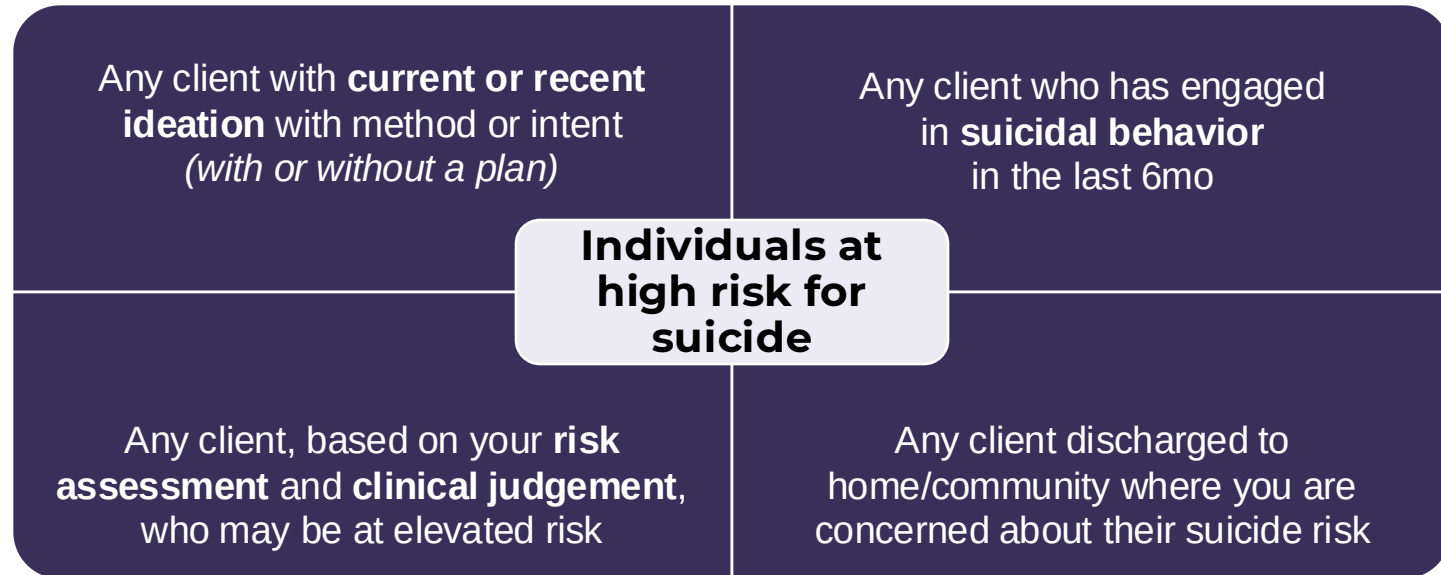
Time and Distance Matter

Whether dangerous items or areas are easily available during a time of high risk is a **critical factor** in whether a person acts on their urges during a time of high risk



Who is an Appropriate Recipient of Means Reduction Counseling?

If you are developing a safety plan, you should also be delivering means reduction counseling. **A safety plan is not complete without a means reduction plan!**



What are the goals of Means Reduction Counseling?

Identify: Identify the general method(s) or specific suicide plans that an individual has considered AND other dangerous items or locations available in their environment

Psychoeducation: Explain that having easy access to means puts the individual at greater risk for suicide; reducing access gives more time to think or try more adaptive coping before acting on urges

Plan: For each identified method, determine the individual's access and negotiate to find voluntary options that are: Acceptable, Feasible, and Reduced access to the lethal means



Means Reduction Counseling Approach

Means reduction counseling *can* be a standalone intervention, but is most often applied as part of safety planning. Means reduction is the 6th and most important step of **safety planning**.

1

Ask directly about suicide

2

Inquire about means

3

Provide psychoeducation

4

Collaboratively develop a means reduction plan

5

Follow-up

How to Begin

If you do not already have this information from your risk assessment or safety planning process, be sure to determine:

Ask directly about suicide:

- *Have you ever thought about suicide in the past?*
- *Are you thinking of suicide now?*
- *Have you had thoughts of ending your life recently?*
- *Have you ever made a suicide attempt?*
- *Have you ever done something to start a suicide attempt or prepare for a suicide attempt?*



Inquire About Means

Inquire

When you had these thoughts, did you think about how you would end your life? What would you do?

Have you had thoughts of ending your life by any other method?

When you attempted in the past, what did you do?

Do you have access to these means in your home or neighborhood?

Would it be easy to obtain access to these means?

Determine

- Means they have considered using or have used in the past
- Means available in their home, at work, or in their community
- Means that may not be currently available but are easily obtainable
- Means owned by family members, friends, or housemates
- Access to and willingness to consider other commonly available means (i.e., bottles of pills, sharp objects, unsecured rooftops, etc.)

Check for Firearms

Always ask about access to firearms, regardless of the individual's endorsed method or plan

Ask directly: *"Do you have access to a firearm?"*

If yes: ask about number and type of firearms, where they are stored, if they are stored loaded, if they use gun safes and locks, if they store ammunition, etc.

Be aware of federal and state laws regarding firearm ownership and transfers

Involvement of Supports

Ideally, means reduction has the involvement of family, friends, partners, or other supportive individuals



- Family involvement is even more vital for adolescents and other vulnerable populations
- Can be complicated → issues of confidentiality, trust, divergent views, etc. may arise
- Discuss **options** for different levels of disclosure and **make a shared decision** together
- If you're not sure, **ask**: *Is there anyone you think should be involved that could help you with this?*

Psychoeducation

- Express concern about the individual's safety
- Explain that making the environment safer will help to lower risk of acting on suicidal feelings:
 - **Delays** acting on the urge/suicidal thoughts
 - Explain that the longer it takes to obtain or use a potentially lethal method, the lower the risk to impulsively act upon the suicidal urges
 - Means reduction can be **temporary** → Only until risk declines



Collaboratively Develop a Means Reduction Plan

- Remind the client that your **shared goal** is to keep them as safe as possible in the event of future suicidal crises.
- Acknowledge that it's not possible to completely eliminate risk, but that the goal is to add time and distance to make the environment safer
- For each method identified, ask *“What can we do to make the environment safer?”* and *“How likely are you to do this? What might get in the way?”*
- Be patient and give the person time to **brainstorm options**. If they are struggling, offer options.
 - ***If you suggest something, be sure to know how to use and where to obtain the items you suggest (i.e., gun locks, lock boxes, pill dispensers, etc.)***

Collaboratively Develop a Means Reduction Plan

Identify plan(s) that are ***specific***, ***realistic***, and ***adaptive***:

- ***Specific:*** The plan should be in the client's language, include a current action taken immediately to reduce access, and be detailed in describing the actions and who will do what
- ***Realistic:*** Is the plan acceptable to the individual? Is it feasible to maintain until risk drops?
- ***Adaptive:*** Is there a different plan that is acceptable/feasible that could be safer?

TIP: Step 6 of the safety plan should never say “no means available,” as ALL individuals in the community have access to some dangerous items or locations.

Collaboratively Develop a Means Reduction Plan

- **Remember, means reduction should be a negotiation**
 - Do not try to force what the plan “should” be – the safest means reduction plan is the one the client will actually do.
- **Use a collaborative, problem solving approach to discuss barriers, resolve potential roadblocks, and/or identify alternatives**
 - Some clients feel like means reduction is “going overboard,” like they’re being punished or treated like children; if these concerns are raised, discuss them openly and see if a plan can be enacted that addresses those concerns.
- **If doubt is expressed about limiting access, ask:**
 - *“What are the pros and cons of having access to this method?”* (“Possible death” is a pretty big con.)

Follow-up

- **Once the action plan is decided, make sure it is *written down in detail*.**
 - You want the plan to be implemented as soon as possible, preferably immediately.
- **Let the client know you'll to follow-up to *make sure the plan is implemented*.**
 - Ask: *"Is it ok if I call/text you later today to make sure the plan is put in place?"*
 - Discuss with the client what will happen if:
 - They don't enact the plan (*i.e., you can do it together on the phone, revise the plan to be more feasible, etc.*)
 - They don't respond to follow-up (*i.e., you'll reach out to their emergency contact, call mobile crisis, etc.*)



Tips for for Discussion of Lethal Means

What if a client or their family doesn't want to talk about or refuses to disclose ownership of lethal means?

- Talk through the **value of even a few moments of delay**
- Remind them that means reduction is **temporary**, only until risk drops
- **Nonjudgmentally explore their concerns** (i.e., issues of autonomy, identity, etc.)
- **Consider a full range of options** and explore the pros and cons of each option to come to a shared decision

Specific Strategies for Means Reduction

Firearms

Most common method of suicide in the US

- Store in a locked space
- Remove ammunition from household

Hanging/Suffocation

#1 method in NYS (driven by NYC) and common among youth

- Minimize ligature points
- Avoid unsupervised access to items in mind

Cutting or Stabbing

For all but the most acute patients, it is hard to restrict access to all sharps

- Switch to plastic utensils
- Use a lockbox for knives and store on a high shelf

Jumping

Many dangerous locations cannot be removed from the environment

- Take routes with barriers
- Travel with a friend
- Secure windows/balconies

Specific Strategies for Means Reduction

Overdoses are the leading method of suicide attempt

Medication Safety

- Dispose of excess medications
- Leave out only one or two doses, and store bigger bottles out of sight
- Have an adult give out doses one at a time
- Use a weekly pill box or medication dispenser to reduce easy access to large quantities
- Shorter refill periods
- Put 988, safety plan, or “reasons for living” on the pill bottle

Substance Use Safety

- Reduce alcohol/substance consumption
- Remove alcohol/substances from house
- Avoid high-risk scenarios, people, and environments for relapse

Overdose Risk Formula

Effect of Drug on the Body



Mindset



Setting

Amount: The volume of opioids the body processes

The emotional state of person when using drugs, as well as the purpose

Elements of the environment, where the person is, who and what is around

Route: How quickly and intensely a drug enters the body

Tolerance: How a person's body has adapted to a drug due to repeated use



Risk increases when high-potency or unpredictable drugs intersect with reduced tolerance, health vulnerabilities, and unsafe use conditions.

Overdose Prevention Strategies

Effect of Drug on the Body



Mindset



Setting

- Bring test strips (fentanyl, xylazine, benzodiazepine)
 - Identify pills and strength
 - Use only one substance at a time; don't mix substances with alcohol
 - "Start Low & Go Slow"
 - Take medications only as prescribed
 - Use a slower onset route
 - Take extra precautions after periods of abstinence or reduced use
- Have help/crisis lines saved on phone and within reach
 - Call 988 if having thoughts of suicide
- Never use alone → Never Use Alone hotline
 - Designate a safe person
 - Carry narcan

NARCAN® (Naloxone)



- NARCAN® Nasal Spray is a treatment designed to rapidly reverse opioid overdoses, often within minutes
- Available as an over-the-counter medicine with no prescription needed
- May also be available in schools, libraries, police and fire departments, and community organizations
- Easily administered by anyone using the **Lay > Spray > Stay** method

Case: James

James is a 34-year-old man who is recently unemployed. He moved back in with his parents and is struggling to stay motivated. He has a past history of major depressive episode and is currently on medication.

James' parents live downtown, with easy access to a pharmacy and police station. His mother is recovering from major surgery, and his father is avid hunter.

Does James need Means Reduction Counseling?



Case: James

Let's move through the five steps of the Means Reduction Counseling Approach together to build a plan to help keep James safe.

1

Ask directly about suicide

2

Inquire about means

3

Provide psychoeducation

4

Collaboratively develop a means reduction plan

5

Follow-up

Review of Module 5

- ✓ Means reduction is a voluntary, collaborative effort included in safety planning that aims to temporarily reduce access to lethal means during periods of highest risk
- ✓ Plans must be specific, realistic, and adaptive in order for individuals to stick to the plan
- ✓ Medication safety and overdose prevention strategies can be critical as part of either suicide or overdose safety planning, given high degree of risk overlap

Join us for Module 6



SIPPS Module 6:
Monitoring, follow-up, and
continuous quality improvement

Thursday Apr 9, 2026
12:30pm – 2:30pm ET



Post-Training Survey:
Please complete this brief survey. Your
responses help us evaluate and
improve our programs. All data is
confidential and reported in aggregate.

Q&A

Appendix

How Means Reduction Works

