CSTS podcast series

Let's Talk About Your Guns

Episode 2: Times of Crisis

1.	NOTES	SCRIPT
2.		**DAVID MCDANIEL:** September 1st started as kind of a normal day. I'm at my home office working, and my oldest daughter called me saying, Dad, call me. It's about Conor. She had said that she had just talked to Conor and he was talking about how he's how he's unhappy. He doesn't see the point of life. And he indicated he's going to commit suicide. His entire plan was to just go off in the woods and end his life.
3.	Transition to new beat	
4.		**DAVID MCDANIEL:** My wife and I hopped in the car and started driving.
5.		**DAVID MCDANIEL:** On the way down to his city, which was about an hour away, we talked to his girlfriend. His girlfriend was in conversation with Connor and convinced him to drop a pin on a map so that we could find his body. Of course, she shared that with us and we shared it with the police.

		I was very much hoping the police would be able to talk him down, talk him out of doing this.
6.	transition to new beat	
7.		**DAVID MCDANIEL:** When we arrived at the location, we saw his car. We looked in it and nothing was in there.
8.		**DAVID MCDANIEL:** We saw there was a kind of an uphill field leading to a plateau that was heavily wooded. So I started walking up the hill and I was yelling his name. And that's when the police showed up.
9.	transition to new beat	
10.		**DAVID MCDANIEL:** The police did send a mental health crisis counselor and she tried to make contact and Connor wouldn't even speak to her at all.
11.		**DAVID MCDANIEL:** Connor started shooting at deputies to provoke them. He only had one gun. His pistol. He had had quite a bit of ammo with him. Throughout the day, he shot a lot of rounds. At one point we did get contact and I was talking to him, trying to just tell him to put the gun down and we'll get all this worked out. And he was just saying, there's nothing you can say or do. This is it. I'm. I'm dying today.
12.		**DAVID MCDANIEL:** Connor was an excellent marksman.

		He had put himself in a spot where it was very difficult to get around him, get behind him, or get any kind of advantage. So the police felt like they couldn't necessarily contain Connor or the situation.
13.		**DAVID MCDANIEL:** When it got dark, the police sent us further away and they locked down the neighborhood. And Conor started shooting at officers and they returned fire and killed him.
14.	Transition to new beat	
15.		**DR WEST:** Conor McDaniel is one of the more than 114,000 veterans[1] that have died by suicide since 2001. His father David believes that if Conor had not had access to a firearm, he'd still be alive.
16.		**DAVID MCDANIEL:** Lots of people say that somebody that is intent on ending their life will find a way to do it. And maybe that's true. But without having a gun, I don't know what he could have done that would have caused the deputies to return fire.
17.	Transition to new beat	
18.		**DR WEST:** I'm Curt West: Associate Professor of Psychiatry and Scientist at the Center for the Study of Traumatic Stress at the Uniformed Services University. Today, in *Let's Talk about Your Guns* we'll learn about the

[1] https://stopsoldiersuicide.org/vet-stats

		challenges that David McDaniel faced in talking to his son Connor about his firearms.
19.		**DR WEST:** We'll also talk to Dr Michael Anestis, a clinical psychologist who studies the relationship between firearms, safety, and suicide.
20.		**DR WEST:** In this podcast, we want to emphasize that 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. That alternate storage plan may save the life of someone you love.
21.		**DR WEST:** Finally, we'll discuss some strategies for how to talk with someone in your life who may be at risk of using their gun for self-harm.
22.		**DR WEST:** 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. So now… *Let's Talk about Your Guns.*
23.	Transition to new beat	

24.		**DR WEST:** David, what kind of person was Conor?
25.		**DAVID MCDANIEL:** Conor was a very fun-loving person. More than anything, Conor loved to make people laugh. His main thing was bringing joy to other people, helping other people. He would do anything for anybody at the drop of a hat.
26.		**DR WEST:** Tell me about Conor's experience in the Army.
27.		**DAVID MCDANIEL:** He joined within six months of graduating high school, went to basic in Georgia and then was assigned to Joint Base Lewis-McChord outside of Seattle, Washington. The thing that really drove him was 9/11. Even though he was only six when it happened, just everything he learned about it was the driving factor for him joining the service. He really just wanted to go fight the bad guys.
28.		**DR WEST:** And did Conor do a combat deployment?
29.		**DAVID MCDANIEL:** Yeah. So he spent nine months in Kunduz province in Afghanistan attached to a special forces group. And they were assigned to protect villages in Afghanistan along that Tajikistan border.
30.		**DR WEST:** How was Connor changed when he came back from deployment?

31.		**DAVID MCDANIEL:** Connor really struggled with finding his identity, his sense of purpose. So obviously the military takes great care and is very good at training their soldiers to be soldiers, take them from a civilian to a soldier. And in Connor's situation in particular, he was six months out of high school, had never lived on his own, never had to pay bills. So when he got out of the service, a lot of these things were foreign to him. He struggled with career choices. He struggled with relationships. He had a very few things that made him happy, but life in general was very tough on him.
32.		**DR WEST:** Tell me about Conor's experience with guns.
33.		**DAVID MCDANIEL:** Conor's experience originated in the service. When he was growing up, nobody in the family owned guns. It just wasn't a thing. But the military being a very gun-oriented community, it just grew in him, his love for shooting and he would go shooting, you know, target shooting every few weeks. As soon as he got back from deployment, he definitely had an affinity toward guns. Somehow he came across a Russian made AK 47. He had his Glock nine-millimeter. So over the next year or so, he built up four or five, six weapons that he owned. He was just a very, very strong proponent of owning guns.

		He just he liked, I guess, that ability, the thought of defending himself in a crisis situation.
34.		**DR WEST:** Were you aware of how he stored his guns or was there ever discussion about that?
35.		**DAVID MCDANIEL:** He had a gun rack. It wasn't a safe. It was more like a cage. But he did keep it locked. All his ammo as guns would be there, except his pistol, which he kept in his bedroom for self-defense.
36.		**DR WEST:** Was there ever a thought of talking to him about his guns?
37.		**DAVID MCDANIEL:** No, I don't think I would have had the ability to talk to him about his guns because he was so strident about being able to maintain possession of them. We never really had a conversation about any plans for if he was in a bad situation. That's just not something I thought of. There's a lot of regrets I have and that's one of them.
38.	Transition to new beat	
39.		**DR WEST:** Dr. Michael Anestis studies the role of firearms in both civilian and veteran suicide. He's heard many stories like David's, especially his feelings of regret.
40.		**DR MIKE ANESTIS:** From a father's perspective, it's a heartbreaking thing to think if this one simple thing, it

		changed, maybe everything that came afterwards would change as well. And I think there's truth to what his father said, which is that when individuals are less able to access a specific method they intend to use on a specific occasion there's a good chance they won't use any method on any occasion in the future.
41.		**DR MIKE ANESTIS:** What a lot of folks don't understand about suicide, if they haven't experienced it themselves, is that it's really difficult and it's really scary. And so when you take a firearm in a moment of crisis and you make it that much more difficult to access, you add that one more step you have to do that offers an opportunity for intervention. So safe storage does not eliminate the possibility of a suicide attempt and death, but it makes it less likely.
42.		**DR WEST:** But if someone is suicidal, won't they just switch to another method?
43.		**DR MIKE ANESTIS:** Generally speaking, individuals don't tend to just swap to another method when they're prevented from using the method they intended to use. 70% of folks who survive a suicide attempt never attempt again. So second chances matter a lot. Firearms, 85, 95% of the time when they're used in a suicide attempt, result in death. No other method really compares to that. So when folks use a firearm, they almost never get that second chance.

44.		**DR WEST:** One of the principles that comes to mind in safe storage is having an alternative storage plan in times of crisis. Can you talk a little bit more about that and how it how it could have applied here?
45.		**DR MIKE ANESTIS:** Certainly. So when we talk about safe storage in general, I often say, hey, let's move upstream. Let's not plan just for safe storage in a moment of crisis the same way you don't go buy a fire extinguisher when the house is on fire, right? Let's talk to someone before they're suicidal.
46.		**DR WEST:** Ok but a lot of people are going to say “I’m not suicidal. I’m not going to be suicidal”. So why is this relevant to me?
47.		**DR MIKE ANESTIS:** That's a tough sell because you know what, most folks are right. They are never going to become suicidal. The issue is that pretty much nobody thinks they're going to be suicidal until they are. And so you plan again ahead of time in case the world changes in a way you don't anticipate. So how can you make a modest change that protects against an unlikely sort of catastrophic outcome which is someone in your home, whether that's you or someone you love, becoming suicidal, often unbeknownst to you or unbeknownst to them.
48.		**DR WEST:** One thing that was interesting about Conor’s story is that he did store most of his guns safely. But it was

		the one that he kept on hand for self protection that was present when he died.
49.		**DR MIKE ANESTIS:** Yeah, there are several potential barriers that can complicate someone's decision to store firearms securely in the first place, or their response to a conversation where someone's trying to motivate them to do so. One of them is the drive to own a firearm, particularly for self-defense in the home. Right. And so if you think that the primary purpose of this tool, this firearm, is to protect myself or my loved ones then the idea is, I need to have this on the ready. That can be a difficult negotiation to just say, hey, even when you're feeling great, let's make that hard to access. And so let's assume for a second that's not what folks are are open to. Then an alternative plan for what to do when things get worse becomes pivotal.
50.		**DR WEST:** Any thoughts on how to start a conversation about this?
51.		**DR MIKE ANESTIS:** What that sort of comes down to is saying, look, if you or someone else who might have access to that firearm is having a difficult time? Not necessarily I've gone to a psychologist and I've been diagnosed with depression, but just I'm having a difficult time. I don't feel quite like myself. That's a moment to think about what can we do to reduce ready access even to that one that I'm keeping for home protection? And there are a lot of options that allow that firearm to remain in the control of that

		household, to maintain autonomy, to not feel like someone has come and taken a firearm. You can also do things like remove the firing pin and have your partner hold it so it is not functional, but you still retain possession of the firearm. I have heard stories about folks who have biometric safe or any sort of lock box that are key operated. And they either change the code so only their partner has it in those moments of stress or if it's key operated, you drill a hole in the lock box that's key size to give your partner a copy the key, and you drop your key in the box while it's locked. And so until your partner opens it up and gives you your key back, you temporarily don't have it, but it doesn't leave your home. So it's important to have a plan that meets your values and meets your life system, but also meets the moment. These conversations outside of an extreme imminent risk, dire moment, need not to be someone coming in and prescribing. Do this and do it now. It needs to be, how can we walk down this road together with you still driving the ship?
52.		**DR WEST:** It sounds like that approach would be useful, whether it is conflict between partners, concerns about children in the home, the idea that one one member of the household may view safety in a particular way and the other may not. And so finding that common ground to walk together, that's so valuable in having these conversations.

53.		**DR MIKE ANESTIS:** Ideally, what you're trying to do in this situation is say, hey, I'm here for you, I care for you. I'm not trying to violate your rights. I'm not trying to judge you for having a firearm. I just want you to be alive. And so what can we do just while we're in this moment that creates a little bit more time and space between you and this firearm, or at least between you and this firearm being operational and ready.
54.		**DR WEST:** You did with the Mississippi National Guard. I'd like to hear more about that. What was the purpose of that study?
55.		**DR MIKE ANESTIS:** Sure. So we did a project called Project Safeguard, and the purpose was to take a population of firearm owners with a good amount of experience with firearms and see if a simple 10-to-15 minute conversation could prompt meaningful and sustained changes in firearm storage behavior. We chose firearm owning members of the Mississippi National Guard and we chose that group for a couple of reasons. One is that we anticipated that being a group of folks who were going to be pretty skeptical of what we were doing because we wanted to not make this easy. We wanted to work with communities that might need this and not already be searching for it. But also they were recruited regardless of their current suicide risk.

56.		**DR WEST:** Why was that important?
57.		**DR MIKE ANESTIS:** The folks who are vulnerable to die by suicide, also have this tendency not to tell people about their suicidal thoughts ahead of time and not to use behavioral health care. And so the story so often is a family member left behind saying, I never saw this coming, and so we need to go upstream and see if we can get behavior changes amongst these folks before we know they're at risk. Because if we wait until we know the risk is there, we've often waited too late.
58.		**DR WEST:** What were the elements of that conversation?
59.		**DR MIKE ANESTIS:** The conversation was framed using an approach called motivational interviewing and was structured such that we had a conversation with someone sort of at an equal footing, not arguing with them and not forcing them to go one way, but essentially asking them to tell us about their firearms and their stories practices and why they choose those and not others, and under what circumstances they might consider making changes. And then ultimately towards the end of the conversation ideally, aspirationally, you write a written plan for what that individual is going to do either in the moment. So when they leave or under some specific hypothetical set of future circumstances where the environment changes and they feel like a storage change might be in order.

		We sort of let the service member drive the conversation where their momentum was, where they were most comfortable. The goal wasn't to get every single person to do the same thing, but rather to see where folks were willing to go and to get them to lean into their own intrinsic motivation to go there.
60.		**DR WEST:** So when you followed up with them three months and then six months later. What did you find?
61.		**DR MIKE ANESTIS:** What we found is people, got cable locks pretty quickly, started using cable locks at a much higher rate and sustained that across the six months. So that's all really good news. But what's maybe even more important is that 100% of the people they'd recommend the intervention to a peer. So a lot of people are really hesitant to have these conversations because they're worried they're going to alienate someone or it's going to turn to an argument. And we were concerned. We're going into the Mississippi National Guard. We're talking about firearms. They weren't coming in looking for help. They didn't even know they're going to talk about firearms. And here we are having this conversation. People might be like, no way, man. And certainly we had some contentious conversations but overall, people said, yeah, I'd recommend this.

62.		**DR WEST:** You mentioned contentious conversations. Was there anyone who just completely rejected that approach?
63.		**DR MIKE ANESTIS:** We had a guy who came in very early on in the trial and spoke to the clinician and said, Look, this is all ridiculous. This does there's no point in this and I'm not going to do any of it. And the clinician very skillfully, you know, thanked that individual for their honesty and forthrightness. And we didn't expect to hear from that guy again in three months later you know, lo and behold, he showed up for his follow up and said, you know, I told you before I wouldn't do this. And guess what? I didn't because it's it's, you know, stupid. It's it's just not worthwhile. And again, the clinician very skillfully said, look, I really appreciate you coming back. We don't want to just be told what we want to hear. We want to know what's happening. And then he came back at six months. And he said, you know, since our our last meeting, I broke up with my fiancee and I thought about that conversation we had and I gave my firearms to my brother to hold, and I'm pretty sure I'd be dead otherwise.
64.		**DR WEST:** Why do you think it worked for the gentleman that you just spoke about? Why do you think it worked?
65.		**DR MIKE ANESTIS:** I think it worked for that individual because the conversation was handled in a way that was about humility and acknowledging the perspective of someone. So, again, when someone doesn't want to make

		a change, you can't force them to make a change. Or if you do, you can't force them to make a change that lasts. And so we didn't try to do that. We said, we see you and we hear you. And, you know, I'm glad you heard our perspective, too. And we may part ways still viewing the world very differently. But we heard each other. And that's not how these conversations are expected to go. It's not how these conversations often go about highly politicized topics like firearms. But when you can do that, you can get someone to maybe think about it differently. You can again plant that seed. And I just think that's what that clinician did. And the you know, the ironic thing is that clinician left feeling very unskillful and took a lot of time to get that person realized. No, you handled that just right. You didn't have to get that person to agree with you. Conversations aren't always about getting someone who sees the world differently to see it the same way as you. It's just getting the person to maybe look through your lens for a moment before returning to their own, so that in a moment where their lens doesn't feel quite right to them, they've got another option.
66.		**DR WEST:** It does sound like that this aspect of humility and perhaps letting the gun owner teach you some things is a very useful approach.
67.		**DR MIKE ANESTIS:** Absolutely. Again, having a conversation with someone about something you don't know much about but where you share a common goal of safety, again, doesn't require you to come in and move that

		person around and teach them. And in a conversation where the concern on the part of the firearm owner might be a loss of autonomy or someone coming in and taking something from them, providing an opportunity for them to be doing some teaching and some leading, I think can disarm that concern as well to if like, I'm not here to tell you what to do, in fact, you can teach me a lot about stuff as well. I think authenticity is vital to credibility. Don't pretend to know more than you know. You don't have to tell the firearm owner what to do. You don't. Most of these conversations aren't about saying, Hey, pick A, B or C and do it. It's saying, Hey, what makes sense to you? And working with them and say, Hey, why does that make sense? I don't even know what that is. Tell me about it. I think just sort of radical authenticity helps people take you seriously. And if you come in trying to pretend that you know more than you know. I think you're going to get dismissed out of hand anyway. No one likes to talk to a fake expert.
68.		**DR WEST:** Sounds like shortcuts actually get in the way of conversations like these, and that conversations like these actually take time and trust.
69.		**DR MIKE ANESTIS:** I think it's really important for folks to conceptualize this as planting seeds and not picking flowers. If you can vary sort of in a humble way, talk about this with someone in a moment when they're okay down the road, when they're less okay, it might yield the flower. You might not get it right away. And that's okay. This isn't about

		immediately changing someone's position. It's about getting someone to create a menu of options so that when the moment comes, they think about it differently than they otherwise would have.
70.	Transition to new beat	
71.		**DR WEST:** David McDaniel has advice for other parents with a child who might be struggling.
72.		**DR WEST:** What would you say to that soldier who has come on a rough patch in their life. And, you know, they have a collection of guns at home. What would you say to that soldier?
73.		**DAVID MCDANIEL:** First, what I would say is accept the help, because there are people that will help and obviously do something to have your gun safely stored because there's nothing good that's going to happen from using your guns when you're in the situation. With Connor, if he didn't have that gun, he wouldn't have been able to provoke the deputies and maybe he would still be alive today.
74.	Transition to new beat	
75.		**DR WEST:** Thank you to David McDaniel and Dr. Michael Anestis for participating in this discussion.
76.		**DR WEST:** 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

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