



# **Educational Enhancement on Weapons Safety at Fort Campbell, Kentucky**

CPT Carolyn Kehn, LSW

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# Agenda

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- Background Information
- Improvement Targets
- Project Implementation
- Assessment Measures
- Data Comparison
- Application to Other Installations & Agencies
- Questions & Feedback



# The Importance of Weapons Safety

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- Firearms are used in more suicide deaths in the US than all other methods combined, accounting for 51% of total suicides and 67% of suicides for active-duty service members.
- They are a highly lethal, irreversible, and easily accessible means.
- As a suicidal crisis can be difficult to predict and escalate rapidly, reducing access to lethal means before a crisis occurs can help save a life.
- Providing basic education and resources to every patient allows for individually tailored means restriction and encourages patient autonomy.



# Initial Problem

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- Prior to this project, there were no behavioral health providers on Fort Campbell who were instructed to include weapons safety during their intake assessments.
- Additionally, there were no resources provided to patients if they did not have locking mechanisms of their own for firearms.
- Fort Campbell is the third largest Army installation, with an active-duty population of 27,000 Soldiers. Historically, it has had one of the highest suicide rates in the Army.
- With this project, the Department of Behavioral Health sought to establish a standard protocol for weapons safety assessment, education, and resources.



# Improvement Targets

## Training

Increase the number of behavioral health providers trained in Counseling on Access to Lethal Means (CALM) to 100% of the Department of Behavioral Health.

## Patient Education

Increase number of gun-owning patients who are educated on lethal means restriction to 85% and improve quality of training provided to patients to at least 4/5 on the Likert Scale.

## Gun Locks Offered

Increase the number of gun-owning patients offered cable gun locks to 95%.

## Weapons Safety

Increase the number of patients accepting or already having a locking mechanism for weapons safety to 75%.



# Project Implementation

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**Initial Set-up**  
**April-May 2022**



# Factors Affecting Project Implementation

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- Difficulty coordinating 100% CALM Training due to patient care obligations and provider transitions.
- Data collection was processed through optional surveys following intake appointments with information provided by front desk staff.
  - Thus, responses were dependent on volunteer patients and the priorities of each clinic and front desk staff.
- Data was initially collected through a QR code to a digital survey but transitioned to physical copies due to low number of responses.



# Assessment Measures

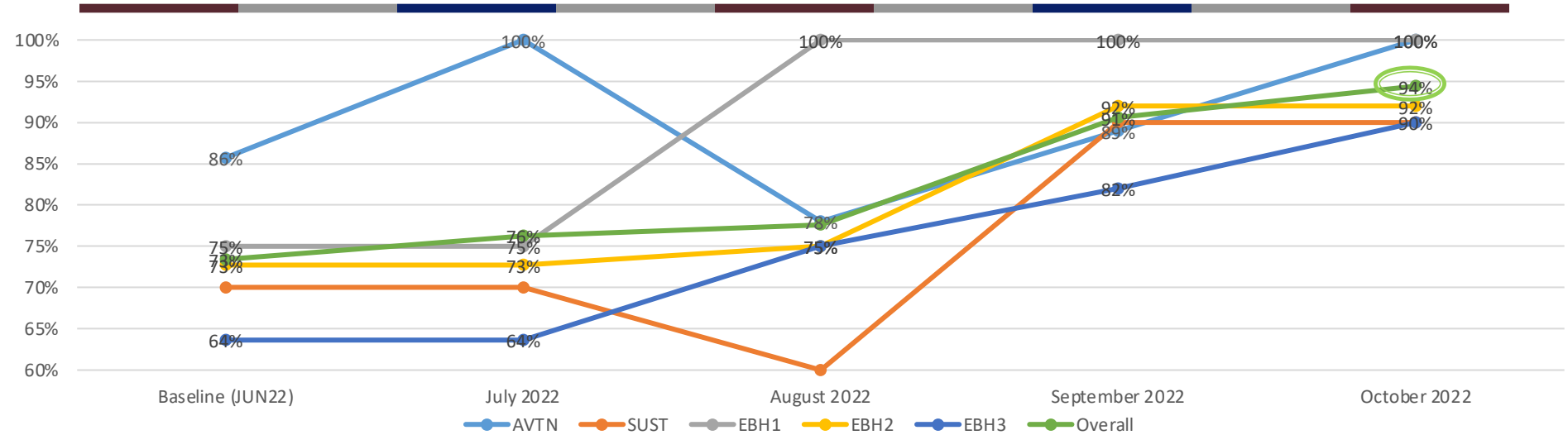
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- Data was gathered from the 5 Embedded Behavioral Health Clinics on Fort Campbell from August-October 2022 using hard-copy and electronic weapons safety surveys.
  - 96 total completed weapons safety surveys across the installation.
  - Phase I and Phase II used different collection methods.
  - Data was analyzed using Excel and compared between phases.
- The sample included the following behavioral health providers: LCSW, LPC, PsyD, and DO.





# CALM Training Completion Data



	AVTN	SUST	EBH1	EBH2	EBH3	Overall
Baseline (JUN22)	86%	70%	75%	73%	64%	73%
July 2022	100%	70%	75%	73%	64%	76%
August 2022	78%	60%	100%	75%	75%	78%
September 2022	89%	90%	100%	92%	82%	91%
October 2022	100%	90%	100%	92%	90%	94%



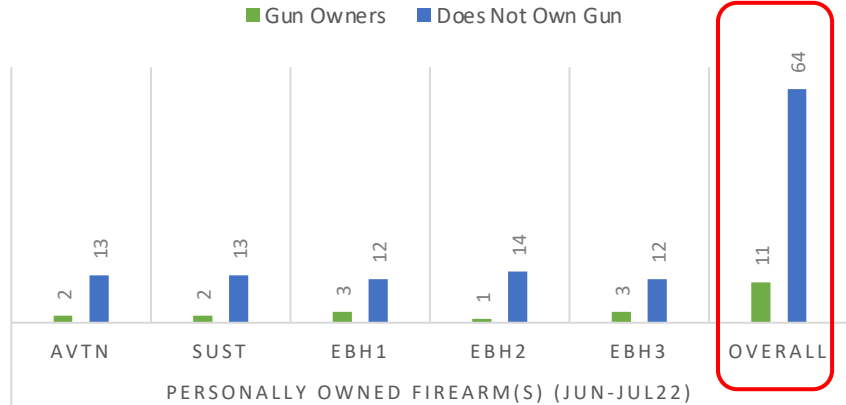
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# Firearm Owners Data

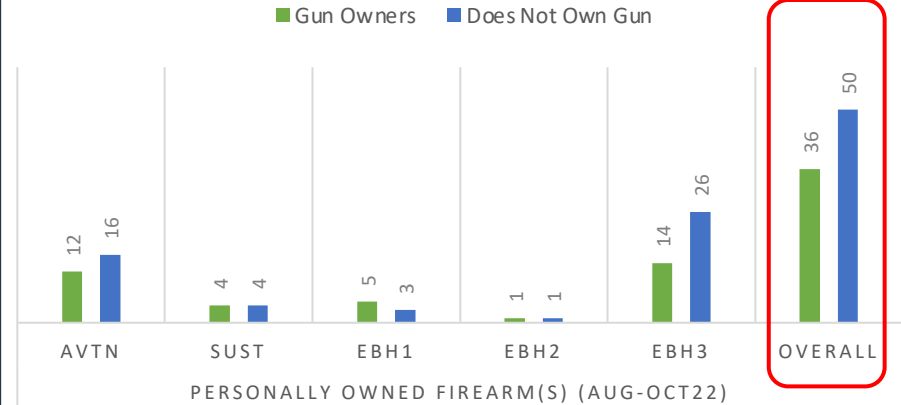
## Phase I

June – July 2022  
SAMPLE (JUN-JUL22)



## Phase II

August – October 2022  
SAMPLE (AUG-OCT22)



Personally Owned Firearm(s) (JUN-JUL22)

AVTN	SUST	EBH1	EBH2	EBH3	Overall
2	2	3	1	3	11
13	13	12	14	12	64

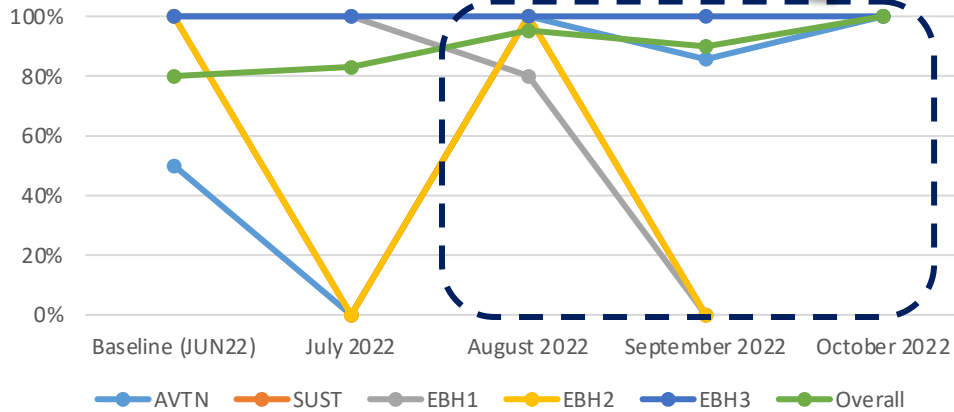
Personally Owned Firearm(s) (AUG-OCT22)

AVTN	SUST	EBH1	EBH2	EBH3	Overall
12	4	5	1	14	36
16	4	3	1	26	50

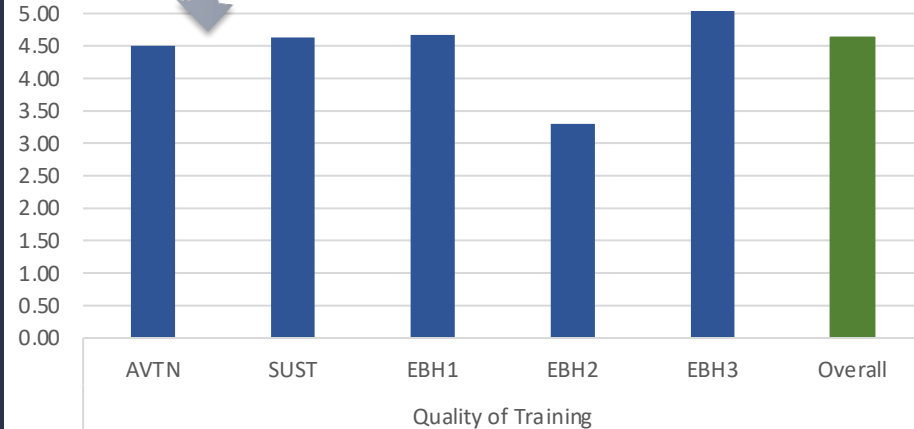


# Weapons Safety Education Data

Weapons Safety Education Provided



Quality (1 - 5 Likert Scale) [AUG-OCT22]



Gun Safety Education/Counseling

	AVTN	SUST	EBH1	EBH2	EBH3	Overall
Baseline (JUN22)	50%	100%	100%	100%	100%	80%
July 2022	N/A	0%	100%	N/A	100%	83%
August 2022	100%	100%	80%	100%	100%	95%
September 2022	86%	N/A	N/A	N/A	100%	90%
October 2022	100%	N/A	N/A	N/A	100%	100%

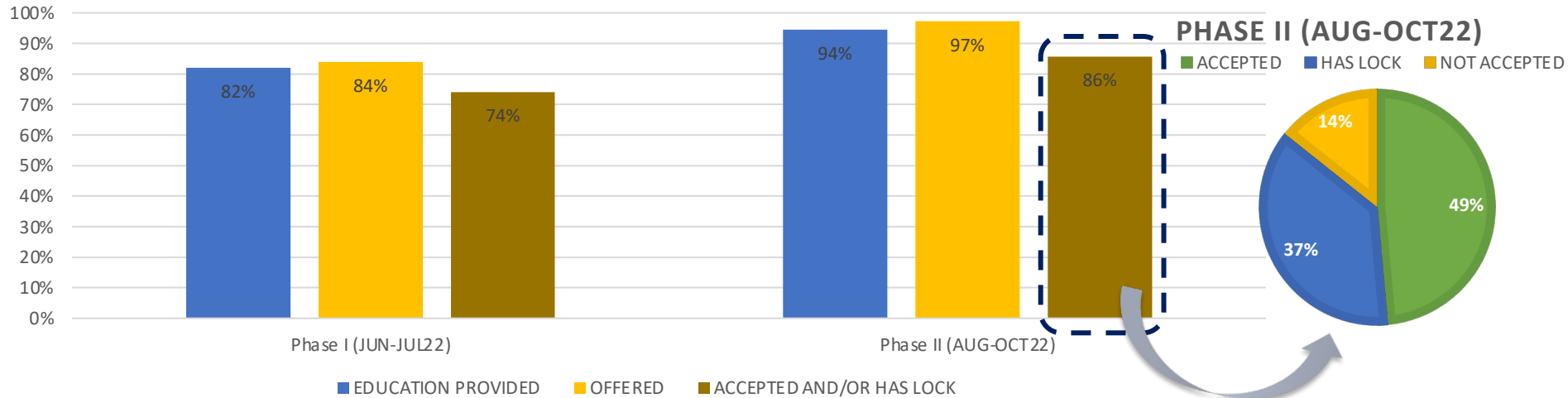
Quality of Training

	AVTN	SUST	EBH1	EBH2	EBH3	Overall
Quality of Training	4.50	4.63	4.67	3.30	4.64	4.63



# Weapons Safety Data (Overall)

Firearm Owner Overall Data



Overall Weapon Safety Stats ("Yes")

	FIREARM OWNED	EDUCATION PROVIDED	OFFERED	ACCEPTED AND/OR HAS LOCK
Phase I (JUN-JUL22)	11	82%	84%	74%
Phase II (AUG-OCT22)	36	94%	97%	86%

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# Overall Data Comparison

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- Baseline CALM training increased from 76% to 94% overall, with an original goal of 100%.
- Average score of CALM training (1 – 5 Likert scale) for DBH was 4.63% overall, with an original goal of 4 or higher.
- Baseline education provided increased from 83% to 100% overall, with an original goal of 85%.
- Phase I “locks in place and/or lock accepted” increased from 74% to 86% in Phase II.



# Application to Other Installations & Agencies

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- In August 2022, the DHA developed and mandated training on lethal means safety for all health care providers—those in behavioral health, as well as other specialties. This training was also a recommendation from the SPRIRC 2023 Report.
  - The potential for conversations about lethal means safety to extend beyond behavioral health, to primary care and other specialties could create a more comprehensive prevention measure.
- If your installation or agency has used different measures to approach weapon safety, I am happy to discuss it in the question-and-answer portion.



# Questions & Feedback

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## Contact Information:

CPT Carolyn Kehn, LSW

Social Work Internship Program, Fort Campbell, KY

[carolyn.m.kehrn.mil@health.mil](mailto:carolyn.m.kehrn.mil@health.mil)

