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Patients' perspectives on lethal means safety counseling

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Rocky Mountain MIRECC for Suicide Prevention
Veterans Health Administration

ROCKY MOUNTAIN MIRECC

Disclosures & COI

- The views expressed are those of the author and do not necessarily reflect the position or policy of the Department of Veterans Affairs

- No conflicts to disclose

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Outline

- Review what is known about the acceptability of counseling from large national survey studies
- How can we tailor our current and future efforts using findings from exploratory studies?

Lethal means safety counseling

- Recommended for at-risk patients by multiple medical societies and professional practice guidelines
  - VA/DoD Clinical Practice Guidelines
- Some consider discussions about firearms to be sensitive or even contentious
- Whether our patients consider firearm discussions to be acceptable impacts…
  - How often and how well we deliver them
  - Whether and how systems consider implementing them

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Clinicians…

- Generally report that firearm safety counseling is within clinical purview
- Wide range of comfort and belief in self-efficacy
- Wide range of training (though many report little training)
- Wide range in whether it's delivered (varies by practice setting)

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Roszko et al, *Epi Reviews* 2016

Clinician-reported barriers

- Time constraints
- Politics, and concerns about infringing on 2A rights
- Patients don't want it, or I'll upset my patient
- It will harm our clinical relationship

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Roszko et al, *Epi Reviews* 2016; Thai et al, *Fam Med* 2021; Yanger et al, *Pediatrics* 2018; Wintemute et al, *Ann Intern Med* 2016

The data

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National Firearm Survey

- Nationally representative survey of US adults
- Conducted online in 2015

- 66% of US adults
- 55% of firearm owners
- 50% of US Veterans

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Betz *et al, Annals of Intern Med*, 2016

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Betz *et al, Annals of Intern Med*, 2016

Context matters

Context matters

"I think that explaining why you're talking to the person about (firearm safety) is a good thing because if you don't…they're going to be like, 'Where is this coming from?

-Veteran

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Dobscha *et al, J Gen Intern Med,* 2021; Simonetti *et al*, *PLOSONE*, 2020; Richards *et al, Psych Services,* 2021

Measure: *"As part of routine care…*

…should physicians and/or other health care professionals talk with their patients about firearms and firearm safety if their patient or their patient's family member…"

- Is at risk of suicide
- Has mental health or behavioral problems
- Is abusing or addicted to alcohol or drugs
- Is a victim of domestic violence
- Has Alzheimer's disease or another form of dementia
- Is going through a hard time

Simonetti et al, VA/DoD Suicide Prevention Conference 2021

Measure: *"As part of routine care…*

…should physicians and/or other health care professionals talk with their patients about firearms and firearm safety if their patient or their patient's family member…"

- Is at risk of suicide
- Has mental health or behavioral problems
- Is abusing or addicted to alcohol or drugs
- Is a victim of domestic violence
- Has Alzheimer's disease or another form of dementia
- Is going through a hard time

Yes, always
Yes, sometimes
No

Simonetti et al, VA/DoD Suicide Prevention Conference 2021

% who said “Yes, always” OR “Yes, sometimes”

	Firearm owner	Non-owner in firearm household
	n=2,935 (67.5%)	n=1,076 (32.5%)
Is at risk of suicide	80%	87%
Has mental health or behavioral problems	88%	92%
Abusing or addicted to alcohol / drugs	85%	90%
Is a victim of domestic violence	85%	89%
Has Alzheimer’s / dementia	79%	80%
Is going through a hard time	74%	80%

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Simonetti et al, VA/DoD Suicide Prevention Conference 2021

Acceptability of potential interventions to increase firearm safety among patients in VA mental health treatment

- Mailed survey, 660 Veterans receiving mental health care
- 93% endorsed at least one health system-based firearm intervention
- 75% endorsed at least one intervention that would 'substantially limit' firearm access

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Valenstein et al, *Gen Hosp Psychiatry* 2018

Maybe it’s more complicated than that?

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LMSC is not a single intervention

- Lots of different risk populations
- Lots of settings
- Lots of potential messengers
- Lots of potential messages
- We know almost nothing about effectiveness

- It's critical to avoid monolithic thinking about (any community) the firearm community

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What else do we know?

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Qualitative literature

- An important methodology to explore the perspectives of our patients, and to test out potential messaging strategies
- Caveat: small samples, sampling biases
- Findings need additional validation to be applied definitively
- These are not recommendations; they are study findings

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"Hey, let me hold your guns for a while"

- 14 interviews with firearms owners or those affiliated with firearms (3 veterans)
- Feedback regarding messaging about voluntary reductions in firearm access among acutely suicidal individuals

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Pallin et al, *Behav Sci Law* 2020

IDENTITY

Appeal to identity of the gun owner: recognize both the strong safety culture within the community and also diversity of views.

TRUST

Both messenger and message must be credible. Engage friends and families, and recognize that individuals may not want to involve law enforcement.

VOLUNTARY & TEMPORARY STORAGE

Emphasize agency and responsibility. For many people, times of risk are temporary.

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Pallin et al, *Behav Sci Law* 2020

"It needs to be recognized that this population of people don't want these things out of their possession, and if they do, it needs to be – it's gonna be for temporary period of time, and it's gonna be somebody they trust, and that's it."

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Pallin et al, *Behav Sci Law* 2020

CONTEXT & MOTIVATION

Put firearms in context of reducing access to other lethal means (like medications) to establish legitimacy and motivate action.

SPECIFIC CONTENT

TERMINOLOGY

Use neutral language.
Consider "firearm" or "weapon" over "gun".
Include positive statements about safe and responsible gun ownership.

BACKGROUND CHECKS

Sensitive topic but may need to mention if it affects local storage/transfer options

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Pallin et al, *Behav Sci Law* 2020

"What will happen if I say yes?"

- 37 primary care patients with depressive sxs, including SI (some veterans)
- Experiences being screened for suicidality, including standardized questions about firearm access

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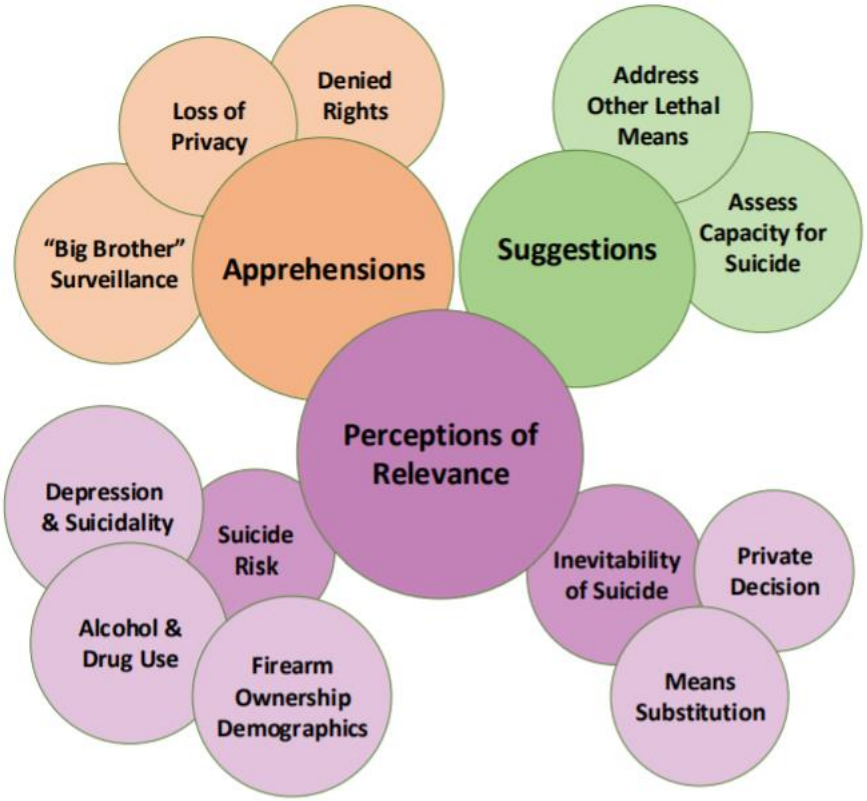
Richards et al, *Psych Services* 2021



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Richards et al, *Psych Services* 2021

"When you just see it on this form, and you don't know what they're going to do about how you answer this form, for someone who is concerned about the government infringing on their rights, it gives you the feeling of, 'Maybe I should just answer no.' "

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Richards et al, *Psych Services* 2021

"I think "guns" is a more pedestrian term, and it's just they're firearms. It's firearm safety. It's firearm storage*, but then you're calling them guns everywhere…. They should be referred to as firearms…I think "guns" is a bit more – it's a little bit more immature way to refer to it."*

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Richards et al, *Psych Services* 2021

VHA primary care

- 27 VHA primary care patients with +PTSD or depression screen who participated in semi-structured interviews
- 68 veterans across 4 focus groups & 6 interviews

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Findings

- Firearm safety discussions are acceptable and necessary

It doesn't bother me coming from them, because I trust them. It seems to me, it's nobody's business but mine. Then again, I also understand we're losing a bunch of guys every day to suicide…so I understand the question, beyond my personal feelings.
–(Vietnam era)

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Dobscha et al, *J Gen Intern Med* 2021; Newell et al, *Am Board Fam Med* 2021

Findings

- Firearm safety discussions are acceptable and necessary
- Context, trust and rapport matter
- Avoiding judgment

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Dobscha et al, *J Gen Intern Med* 2021; Newell et al, *Am Board Fam Med* 2021

Findings

- Firearm safety discussions are acceptable and necessary
- Context, trust and rapport matter
- Avoiding judgment
- Concerns about 2A rights

"I don't trust the State in not confiscating my weapons."

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Dobscha et al, *J Gen Intern Med* 2021; Newell et al, *Am Board Fam Med* 2021

Findings

- Firearm safety discussions are acceptable and necessary
- Context, trust and rapport matter
- Avoiding judgment
- Concerns about 2A rights
- Veterans have a unique relationship with firearms
- Mixed findings on how to deliver
  - Personalized vs. standardized?
  - Direct questioning or not?

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Dobscha et al, *J Gen Intern Med* 2021; Newell et al, *Am Board Fam Med* 2021

Firearms & life experiences among Veterans

- 17 male (16 cis) and 16 female (all cis) veterans
- Examined firearm experiences throughout their lifespans
- Some examination of firearm safety discussions

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Simonetti et al, *PLOS ONE* 2020; Monteith et al, *J Clin Psychol* 2020

Findings

- Agreement that firearm access can be a risk, and that not all individuals should have firearm access
- Many keep firearms for protection, although experiences differed between male and female participants
- Trust and context matter
- Preference for family members to be involved

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Simonetti et al, *PLOS ONE* 2020; Monteith et al, *J Clin Psychol* 2020

"It was okay. I mean I've been having this doctor for a long time. You know. So, me and her really got a good working relationship, where she's one of the doctors that doesn't hold her punches. She's going, here it is. This is how it's going to be whether you accept it or not. That's the best medical advice for you."

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Simonetti et al, *PLOS ONE* 2020; Monteith et al, *J Clin Psychol* 2020

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"*It's like here with the primary care physician*, *I've had five different ones this year… I'd tell them it's none of their business*."

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Simonetti et al, *PLOS ONE* 2020; Monteith et al, *J Clin Psychol* 2020

Not so fast?

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Preferences and credibility

- Survey, national sample, 1,939 respondents
- "Listed below are 14 different types of individuals and groups who could teach firearm owners about safe firearm storage for the purposes of [suicide / homicide / accident] prevention. Who do you think would be the best and worst messengers or teachers?"

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Anestis et al, *Prev Med* 2021

1	Law enforcement
2	Hunting/Outdoors organizations
3	Veterans
4	Military personnel
5	NRA
6	Firearm manufacturers
7	Firearm dealers
8	Family
9	Hunting/Outdoors magazines
10	Casual acquaintances
11	Friends or coworkers
12	Gun show managers
13	Physicians / health care professionals
14	Celebrities

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Anestis et al, *Prev Med* 2021

Can we reconcile this?

- 2019 NFS study: 80% of firearm owners said health care professionals should sometimes or always discuss firearm safety when patient or their family member is at risk of suicide
- Methodologic differences
- What is being asked?
  - “Who would be a good messenger or teacher to teach about safe storage?”
  - “Should healthcare professionals talk about it?”

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Anestis et al, *Prev Med* 2021

Summary

- Overall, national surveys show broad acceptability
- A lot more work needed to understand how best to deliver LMSC across various settings, patient populations, available media, and potential messengers and messages
- Qualitative methodology is invaluable in informing this work
- Findings need to be validated and tested
- Probably prudent to let them inform our practice before then

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FYI: We've done this before…

Primary health care nurses' and physicians' attitudes, knowledge and beliefs regarding brief intervention for heavy drinkers

MAURI AALTO[1], PETTERI PEKURI[1] & KAIJA SEPPÄ[1,2]

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Primary health care nurses' and physicians' attitudes, knowledge and beliefs regarding brief intervention for heavy drinkers

MAURI AALTO[1], PETTERI

EARLY INTERVENTION FOR ALCOHOL USE: FAMILY PHYSICIANS' MOTIVATIONS AND PERCEIVED BARRIERS

Brian R. Rush, PhD; Lysbeth Y. Powell, MA; Todd G. Crowe, MSc; Kathleen Ellis, MSc

The general practitioner's role in individual, professional and systemic barriers

ANN M. ROCHE[1], ELIZABETH D. HOTHAM[1] & ROBYN L. RICHMOND[2]

Training Medical Providers to Conduct Alcohol Screening and Brief Interventions

Thomas F. Babor PhD, MPH, John C. Higgins-Biddle PhD, Pamela S. Higgins MS, MPH, Ruth A. Gassman PhD & Bruce E. Gould MD

Pages 17-26 | Published online: 10 Oct 2008

Tackling alcohol misuse: opportunities and obstacles in primary care.

A Deehan, E J Marshall, and J Strang

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Thank you

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