**BulletPoints**

**JOURNAL CLUB: INSTRUCTOR GUIDE**

**Article**: Pallin R, Siry B, Azrael D, et al. "Hey, let me hold your guns for a while": A qualitative study of messaging for firearm suicide prevention. Behav Sci Law. 2019;37(3):259-269. doi: 10.1002/bsl.2393

**Keywords**: qualitative research; interviews; firearm owners; safe storage; lethal means safety; suicide; temporary transfer; health messaging

**Summary**: An analysis of qualitative interviews with firearm owners, and others affiliated with firearms, on framing and messaging for voluntarily reducing access to firearms for suicide prevention in situations of acute risk.

**Discussion Questions**

Introduction

1. **What are the authors' objectives?**

The authors seek to "bridge the culture gap" between clinicians and firearm-owning patients by collecting firearm owners' feedback about framing and content for messaging related to temporary and voluntary lethal means reduction in order to better support clinical discussions on these topics with acutely suicidal patients. This gap, identified in a previous study (Marino et al. 2016), is limited research on culturally-appropriate messaging and recommendations that is informed by firearm owners and shows a "clear understanding of gun owners' worldviews."

**Why is this research important?**

Gun violence is a public health epidemic that resulted in over 39,000 people dying from firearms in 2017, the year this article was published. This number has continued to rise and in 2020, 45,222 people died from firearms, including 24,292 people who died from firearm suicide, which is the leading cause of death from firearms in the US (CDC WISQARS). On average, of all suicide deaths, more than half are attributed to firearms (Conner, Azrael, & Miller 2019). There are nearly 400 million privately owned firearms in the US, meaning there are more firearms than people, and due to an unprecedented surge in purchasing in 2020, firearm access has only increased (Karp 2018, Schleimer et al. 2021). Learn more about the epidemiology of firearm injury and death here.

2. **What are evidence-based interventions for suicide prevention in the clinical setting?**

Suicidal crises are often brief and temporary. During this turbulent period when an individual may not be thinking clearly, access to lethal means of suicide, especially firearms, can be devastating.

Lethal means counseling (LMC), putting time and distance between an at-risk person and lethal means, can be lifesaving. This is particularly true for firearms since they are a highly lethal method of suicide,

resulting in a fatality in 90% of attempts (Conner, Azrael, & Miller 2019). The majority of people who survive one attempt do not go on to die by another attempt, meaning that if their attempt is thwarted, they do not go on to find another means of suicide later (Miller & Hemenway 2008).

Clinicians are uniquely situated to address firearm suicide risk with their patients through LMC. Clinicians can help reduce the risk of firearm suicide by implementing LMC in their practice, especially with patients who have risk factors for suicide and access to firearms. Depending on the level of risk and the patient's ability to collaborate, clinicians can work with patients and their support systems to choose appropriate interventions.

One potential intervention is temporary transfer of firearms. This is the voluntary, temporary removal of firearms from the home for the duration of a crisis. Options for temporary transfer vary by state but legal options may include temporarily transferring firearm(s) to a trusted friend or family member living outside the at-risk person's household, or bringing firearm(s) to a licensed retailer or local law enforcement agency for safekeeping. Learn more about temporary transfer here.

3. **What does previous research show about what both clinicians and the general population think about patient-clinician discussions about firearms and firearm injuries?**

Most clinicians feel that discussing firearms with their patients is important and within their scope of practice. However, few clinicians routinely have these conversations with patients (Betz et al. 2018), even when it is clinically relevant (Wintemute, Betz, & Ranney 2016). In past research, clinicians reported multiple barriers to having conversations about firearms with patients, including concerns about the legality of such conversations and about alienating patients, as well as gaps in training and knowledge about firearms, how to initiate these conversations, and what next steps to take in different scenarios (Grossman, Mang, & Rivara 1995, Pallin et al. 2022).

Patients – including firearm owners – are generally receptive to having conversations about firearm injury prevention with providers, especially when someone is at increased risk of firearm-related harm. In the 2015 National Firearms Survey and the 2018 state-representative California Safety and Wellbeing Survey (CSaWS), approximately two-thirds of respondents said that it was at least sometimes appropriate for clinicians to talk with patients about firearms. Levels of perceived appropriateness were higher (over 80%, including among firearm owners) when conversations involved a patient who had a known risk factor for firearm-related harm  (Betz et al. 2016, Pallin et al. 2019).

Methods

4. **Who were the participants and how were they recruited? How might the recruitment approach affect the generalizability of the results?**

Participants were recruited to a larger interview-based research project to develop a patient decision aid (PtDA) for adults at risk of suicide as well as their families or friends. Participants were recruited to the larger study through email invitations, flyers posted at gun shops and in emergency department staff areas, and online advertisements on social media, specifically Facebook and Twitter. The authors of this study only included interviews from the larger project with participants who were adults (≥18 years) without active suicidal ideation, who spoke English, and who were firearm owners or identified as

affiliated with firearms (i.e., employee at a range, participation in firearm activities, or firearm rights advocate).

Recruitment methods and participants skewed heavily towards people who work in suicide prevention and may not be representative due to self-selection bias, potentially affecting the generalizability of results.

In total, there were 15 participants in this study, with a median age of 47. The sample was largely male (67%) and non-Hispanic white (93%), with a significant percentage who are firearm owners or enthusiasts (87%) and who work in suicide prevention (67%). Additionally, 47% of participants reported familial experience and 20% reported personal lived experience with suicidal thoughts, attempts, or death.

**See Table 1 for a complete breakdown of participant characteristics.**

5. **What type of study was this? What research method was used? What themes and topics were discussed?**

This was a descriptive qualitative study. The research methodology was semi-structured interviews, which means that there was a guide with structured questions to ask each interview participant, but with flexibility to follow-up about additional topics or questions that emerged during the interview.

There were a total of 14 interviews (two participants were interviewed together). Participants were interviewed one-on-one, either remotely or in person, by a professional research assistant with a background in qualitative research and sociology. The interview guide asked about: experiences with decision support needs related to firearm storage and feedback on iterative versions of the patient decision aid (PtDA) for adults at risk of suicide. The average length of the interviews was 30-45 minutes.

Interviews were recorded, transcribed verbatim, and de-identified for analysis. Interviewers also took field notes about nonverbal cues and overall understanding of responses during and directly after the interviews.

Following completion of the interview, participants filled out a demographic questionnaire.

6. **How did the research team analyze the data from the interview transcripts and notes? Did they follow best practices?**

The research team followed several best practices for qualitative data analysis.

- Two study investigators analyzed the transcripts and notes from the 14 interviews. The inclusion of two or more team members in the analysis process reduces subjectivity in the process and allows space for discussion and consensus about how to best represent participants' views.
- For coding, investigators employed a combined approach of using pre-established deductive codes for themes and topics from the interview guide and inductive codes stemming from study participants' own words. In qualitative analysis, it is important to allow flexibility to include unexpected themes that emerge from participants.

- Investigators also used the best practice of a stepwise approach to analysis. First, both investigators separately coded 4 of the 14 transcripts. Next, they created the final codebook. Then, one investigator completed the coding for all remaining transcripts. Finally, all codes were considered together for similarities and differences. Any discrepancies were reconciled using an iterative and collaborative process.

Results

7. **What were the main findings of the study? What were the two main themes? Did the sub-themes accurately reflect the corresponding themes? Give an example.**

In the 14 interviews with 15 adults, two dominant themes were identified during the analysis: (i) general principles regarding acceptable framing of the issue of firearm suicide; and (ii) specific content elements to include or exclude in messaging.

The first theme, "framing," relates to how best to present the concept of reducing access to firearms during periods of suicide risk in a way that optimizes acceptability and increases the likelihood of adherence to recommendations. The four sub-themes identified were:

- **Identity:** It is important to recognize the prominent role firearms play in many owners' lives and appeal to the existing strong safety culture among firearm owners.
- **Trust:** Messaging and decisions regarding safer firearm storage and temporary transfer in times of risk are more likely to be well-received when coming from trusted sources, like family and friends, as well as those knowledgeable about firearms. This need for trust extends to facilities offering temporary firearm storage, with law enforcement agencies not seen as an attractive option.
- **Voluntary and temporary storage:** Focusing on the temporary and voluntary nature of firearm storage is key. Participants liked the proposal of real-life case studies, to give people the opportunity to see the practice in action and provide hope that it can be a successful, temporary intervention.
- **Context and motivation:** Firearms need to be put in the context of other lethal means. Just like pediatric discussions about home safety hazards like pools and water heaters, firearms in suicide prevention conversations can be contextualized as part of a larger discussion on lethal means.

The second theme, "specific content," dealt with suggestions about specific content for messaging around lethal means safety. The two sub-themes identified were:

- **Terminology recommendations:** Participants preferred use of the word "firearm" or "weapon" over gun and emphasized the importance of neutral language in messaging on this topic. They also said that positive messages about safe and responsible firearm ownership are acceptable.
- **Background checks and temporary transfers:** Participants stressed that it was important to consider how background check requirements might affect temporary firearm transfers as requirements vary by state. Given this, those who develop messages should think carefully about how and when to include background check language in messaging.

**View Figure 1 for a summary of key recommendations.**

Discussion

**8. What avenues for future work in clinical practice and research were identified by the authors? What other research could help inform clinical approaches and decision making?**

This study focused on voluntary limits to firearm access for those at high risk of firearm suicide, but there may be cases where voluntary options do not adequately address this risk. Study authors introduced Extreme Risk Protection Orders (ERPOs) for cases in which involuntary restriction of firearm possession and purchasing may be warranted to prevent suicide in high-risk cases until the crisis passes. Learn more about ERPOs and other civil protective orders here.

Due to the heterogeneity of firearm owners, the authors of this study also call for additional research, including testing of the constructed messaging, with different subgroups of firearm owners based on geographic or other cultural variables. While this study concentrated on voluntary interventions for at-risk adults, the framing and messaging may be different for parents of at-risk adolescents, another area for potential study to advance efforts to reduce access to lethal means during periods of suicide risk.

There was significant discussion and disagreement among participants regarding messaging on background checks, with some calling for no mention at all. Additional research into the best approach and timing for introducing background checks into these conversations about temporary firearm transfers is important for satisfying legal requirements for such transfers.

**9. Did the findings identified accurately represent the perspectives and experiences shared by participants?**

One helpful tool for critically reviewing qualitative articles is the COREQ (Consolidated Criteria for Reporting Qualitative Research) guidelines, a checklist used by many journals. COREQ was developed based on a review of 22 other checklists to "improve the rigor, comprehensiveness and credibility of interview and focus-group studies" (Tong, Sainsbury, & Craig, 2007).

One of the COREQ domains, data analysis and findings, asks the following about the reporting of results: "*Were participant quotations presented to illustrate the themes/findings?, "Was each quotation identified? e.g. participant number, " and "Was there consistency between the data presented and the findings?"* These reporting-related questions boost the transparency and validity of the researchers' interpretation of the quotations shared by the different study participants.

**We would invite you to revisit the Results section of the manuscript with these COREQ checklist – reporting of results questions in mind.**

- Question 1: *"Were participant quotations presented to illustrate the themes/findings?"*
  - Yes, participant quotations were presented to illustrate the themes/findings.
- Question 2: *"Was each quotation identified? e.g. participant number."*
  - No, this article did not differentiate between participants when presenting quotes. Thus, there is no way of knowing which quote is attributable to which participant or what percentage of the quotes come from the same or different participants. In this regard, findings and recommendations may not be reflective of the entire sample.
- Question 3: *"Was there consistency between the data presented and the findings?"*

- o To answer this question, we suggest revisiting each sub-section of the Results:
- o Read the participant quotations again, without reading the researchers' interpretation. Ask yourself, "what does each participant quote express?"
- o Now read the researchers' interpretation again. Are the participants' perspectives well-represented in the researchers' interpretation? Are there other perspectives in the quotes that could have been included in the themes or findings? Are there aspects of the researchers' interpretation that weren't present in any of the quotes or that may misrepresent the quotes?
- o Readers should be able to find consistency between participants' quotations and the study's findings across the themes and sub-themes.
- o ** We haven't provided yes or no responses throughout this section since this exercise is intended to serve as a general tool for critically reading study findings of this and other qualitative articles.

10. **What were the limitations of this study?**

Both the depth of exploration of the topic and the generalizability of results were limited in this study:
- Firearm owners are a heterogenous group, which may not be accurately reflected within this small sample of only 15 people. Additionally, there may be selection bias in the study. Participants self-selected for involvement by responding to the posted advertisements, so may represent those who are more interested in this topic and more open to the discussion of lethal means in a clinical context than those who did not participate. Thus, the results may not be generalizable to the overall population of firearm owners in the US.
- Since the authors interviewed participants in the context of a larger study about messaging for the development of a specific suicide prevention decision aid, they were limited in their ability to explore other issues that are relevant to this paper's objectives, such as "how perceptions of risk or identity affect everyday firearm storage behaviors." These and other issues could have important implications for future messaging in firearm suicide prevention efforts.
- Since interviews took place in the context of an emergency department-based intervention, this setting could have skewed participant recommendations and limited discussion about recommendations for other contexts.

Conclusion

11. **So now what? How do the results of this study inform your clinical practice?**

The findings of this study inform clinicians about how to have open, honest, and culturally appropriate conversations with firearm owners about reducing access to firearms during periods of high suicide risk. The study highlights the importance of prioritizing appropriate framing and content informed by firearm owners into related conversations and messaging. The themes and participant quotes identified in this paper provide concrete examples that may be applied to tailor interventions and messaging for firearm owners. This study also sheds light on how the "culture gap" between clinicians and firearm owning patients can be better addressed in the clinical setting through provider education, trust-building, and collaboration.

**BulletPoints**

**Additional resources:**
Firearm Injury Prevention Counseling
Firearm Suicide
Temporary Firearm Transfers
Civil Protective Orders
Free Continuing Education Course- Preventing Firearm Injury: What Clinicians Can Do

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