

2022 FMEC Annual Meeting Seminar Sampler



April 18, 2023

Unleashing Our Family Medicine Superpowers

The Impact of Gun Violence on INDIVIDUALS, FAMILY, and COMMUNITY

Nguyet-Cam Lam, MD
Renata Carneiro, PhD

St. Luke's Family Medicine Residency Program- Bethlehem
Campus

Contact Information

Nguyet-Cam Lam, MD

Nguyet-Cam.Lam@sluhn.org

Renata Carneiro, PhD

Renata.Carneiro@sluhn.org

Faculty Disclosure

It is the policy of the FMEC that all individuals in a position to control content disclose any relationships with commercial interests upon nomination/invitation of participation. Disclosure documents are reviewed for potential conflict of interest (COI), and if identified, conflicts are resolved prior to confirmation of participation. Only those participants who had no conflict of interest or who agreed to an identified resolution process prior to their participation were involved in this CME activity.

All faculty in a position to control content for this session have indicated they have no relevant financial relationships to disclose.

The content of this material/presentation in this CME activity will not include discussion of unapproved or investigational uses of products or devices.

Learning Objectives

1. To present the statistics and effects of gun violence in the US and our own community
2. To present the mission statement from the AAFP, APA and guidelines
3. To provide practical screening guides and advice for our patients at preventive visits
4. To provide preventive strategies aimed at individuals, practices, communities and beyond
5. To demonstrate how to use Trauma Informed Care (TIC) as preventive strategies

September 17- National Physician Suicide Awareness Day

 @theNAMedicine

400
U.S. physicians take their own lives every year.

Let's talk about it.

Breaking the Culture of Silence on Physician Suicide

An NAM Perspective

Source: Andrew & Brenner, 2015

www.nam.edu/Perspectives



September 16-18, 2022

#fmec2022



Firearms are used in **more than 50%** of suicides.

- **Firearm** - 52.8% (24,292 total number of suicides)
- **Suffocation** - 27.2% (12,495)
- **Poisoning** - 12.0% (5,528)
- **Other** - 8% (3,664)

Introduction

- Gun violence is a national public health epidemic that has affected a significant portion of the population at individual, family and community levels.
- Family physicians are not only at front line to see the impacts of gun violence on patients, family, and community, but also at position to improve the safety and well-being of these groups.
- **Gun violence includes:**
 - Homicide
 - Violent crime
 - Attempted suicide and suicide
 - Unintentional death and injury

Statistics

A recent article in the May 2022 issue of the New England Journal of Medicine reported that death by firearm was the number one cause of death for children and adolescents.

45,222 firearm related deaths in the US in 2020

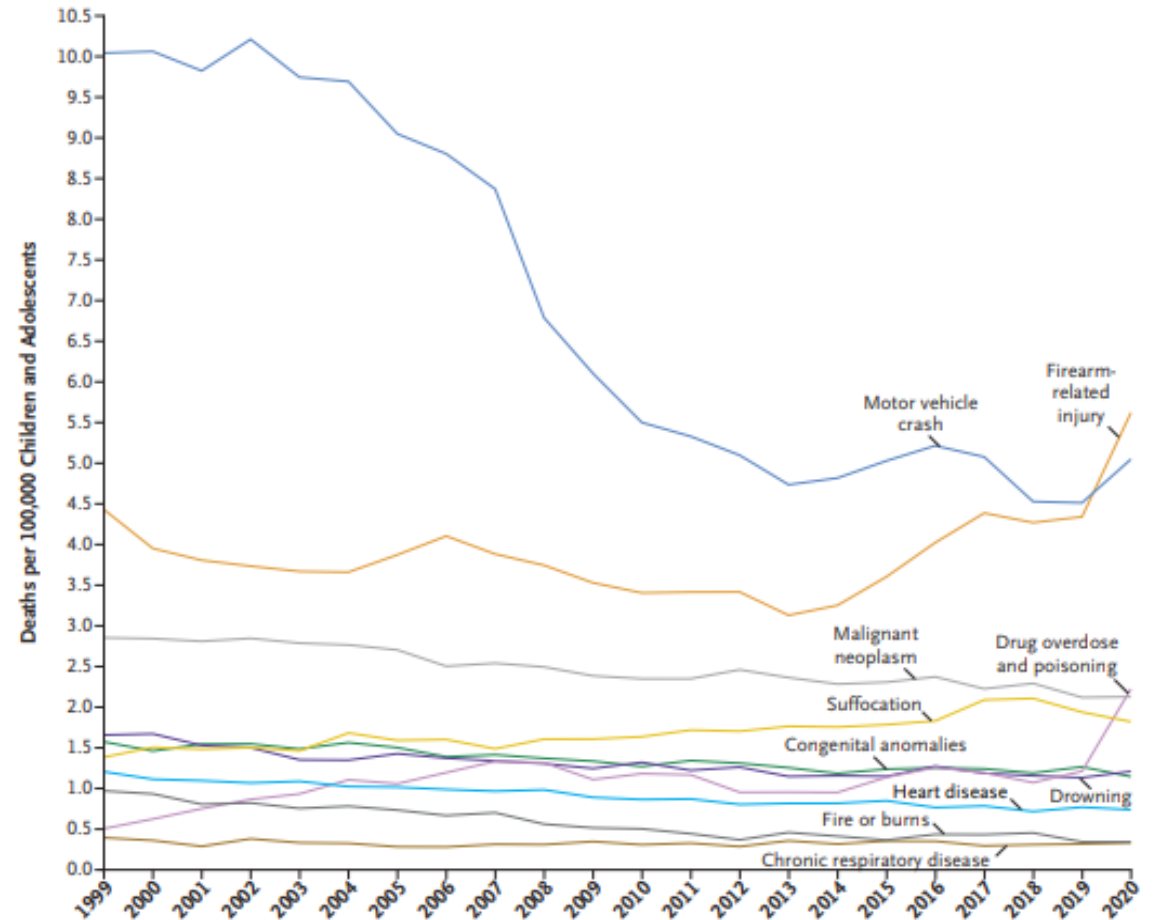


Figure 1. Leading Causes of Death among Children and Adolescents in the United States, 1999 through 2020. Children and adolescents are defined as persons 1 to 19 years of age.

Goldstick JE et al. Current causes of death in children and adolescents in the United State. N Engl J Med. 2022;386;20:1955-1956.

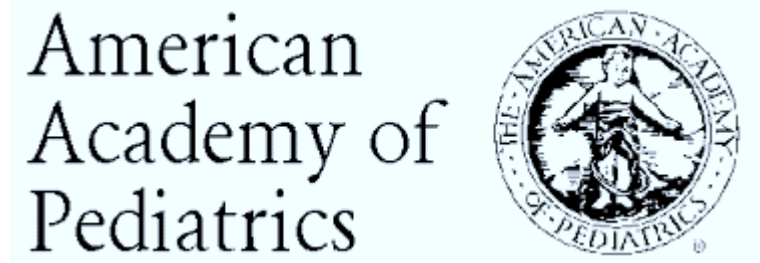
Call to Action Statement-AAFP

The American Academy of Family Physicians joined the American Academy of Pediatrics, American College of Physicians, American College of Obstetricians and Gynecologists, and the American Psychiatric Association urging the president and Congress to take the following three concrete steps to address gun violence:

- Label violence caused by the use of guns as a national public health epidemic.
- Fund appropriate research as part of the federal budget.
- Establish constitutionally appropriate restrictions on the manufacturing and sale, for civilian use, of large-capacity magazines and firearms with features designed to increase their rapid and extended killing capacity.⁵
- This call to action from physician groups emphasizes the need to treat gun violence as a public health epidemic.

American Academy of Pediatrics

- The most effective way to prevent firearm-related injury to children is to keep guns out of homes and communities.



American Academy of Pediatrics

1. Pediatricians and other child health care professionals are urged to counsel parents about the dangers of allowing children and adolescents to have access to guns inside and outside the home. The AAP recommends that pediatricians incorporate questions about the presence and availability of firearms into their patient history taking and urge parents who possess guns to prevent access to these guns by children. Safer storage of guns reduces injuries, and physician counseling linked with distribution of cable locks appear to increase safer storage. Nevertheless, the safest home for a child or adolescent is one without firearms.
2. The presence of guns in the home increases the risk of lethal suicidal acts among adolescents. Health care professionals should counsel the parents of all adolescents to remove guns from the home or restrict access to them. This advice should be reiterated and reinforced for patients with mood disorders, substance abuse problems (including alcohol), or a history of suicide attempts.

Mission Statements: APA

- Gun violence is an urgent, complex, and multifaceted problem.
- It requires evidence-based, multifaceted solutions focusing on **3 key areas**:
 - Prediction
 - Prevention
 - Policy



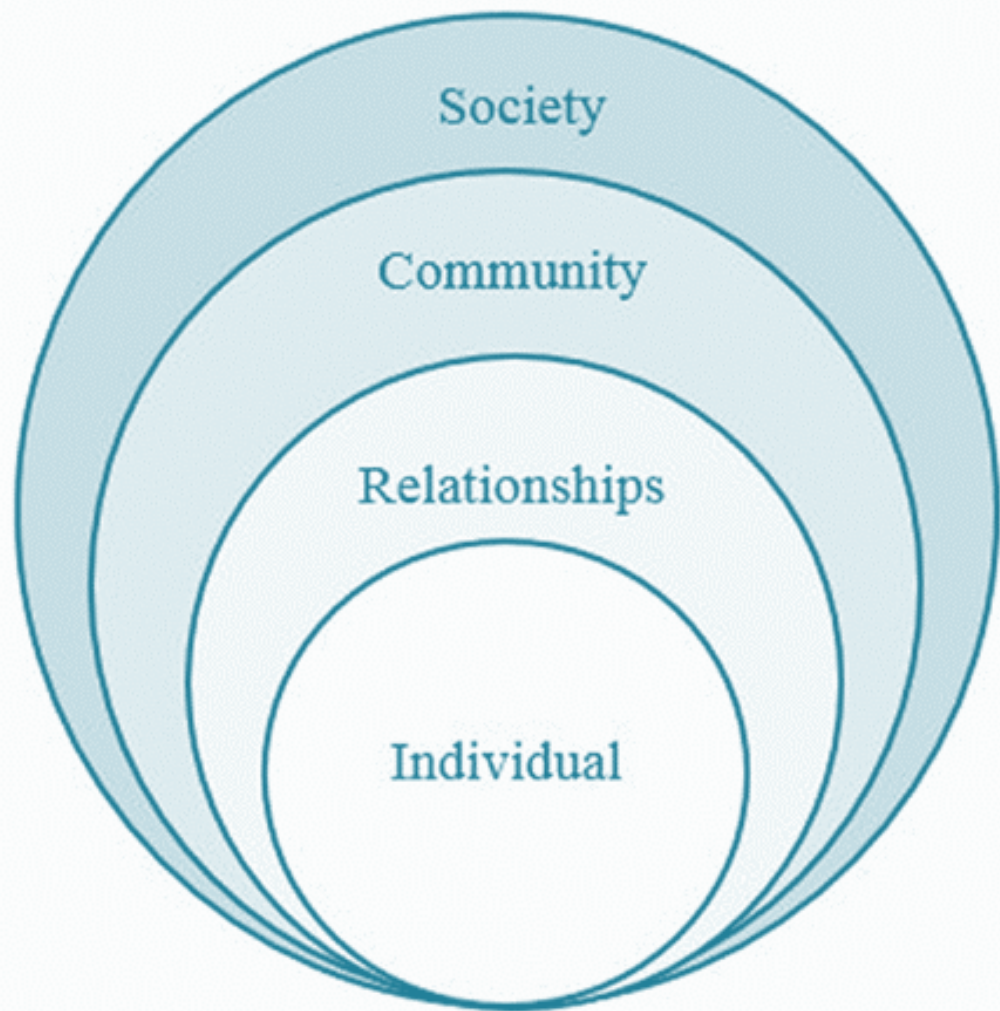
**AMERICAN
PSYCHOLOGICAL
ASSOCIATION**

Antecedents to Gun Violence: Developmental Issues

A complex and variable constellation of **risk** and **protective** factors makes persons more or less likely to use a firearm against themselves or others.

For this reason, there is no single profile that can reliably predict who will use a gun in a violent act. Instead, **gun violence is associated with a confluence of individual, family, school, peer, community, and sociocultural risk factors that interact over time during childhood and adolescence.**

Thus, the focus should be on **prevention**, and the introduction of firearms education in families, schools and communities.



Individual	Individual characteristics that influence behavior, such as biological, knowledge, attitudes, beliefs, and perceptions.
Relationships	Interpersonal interaction and primary groups including family, friends, classmates, co-workers that provide identity, support and role designators.
Community	Community settings such as health department, media, non-profit organizations. Influence of organization system that include such groups as schools, workplace, etc.
Society	Social/cultural norms, along with health, economic and educational policies along with local, state, and federal laws.

Case 1 Impact of Gun Violence on Community

Case 1

40 years old African -American female patient, a woman of color, recently discharged from psychotherapy. Patient came to office with increased anxiety associated with mass shootings. Patient reported not feeling safe outside of her house. Patient also reported being afraid of taking her children to school.

Systemic View- questions to consider

Society: how does cultural norms, society, policies and laws may influence her anxiety?

Community: how does community setting may influence her increased anxiety?

Relationships: how do relationships may influence her anxiety?

Individual: how do her individual characteristics may influence her anxiety?

Impact of Gun Violence Individual

Case study 2

30 years old male patient presented for therapy to managing back pain and the anxiety associated with such pain. Patient also revealed history of complex trauma, and his experiences had turned to rage. Patient is also a perpetrator of gun violence.

Systemic View- questions to consider

Society: how does cultural norms, society, policies and laws may influence his anxiety?

Community: how does community setting may influence his anxiety?

Relationships: how do relationships may influence his anxiety?

Individual: how do his individual characteristics may influence his anxiety?

Impact of Gun Violence Families

Case study 3

70 years old female patient presented to clinic with increased depression. Patient revealed that both of her sons had been murdered. Patient was recently diagnosed with bipolar disorder and was receiving therapy. However, patient's trauma and grief have not been addressed.

Systemic View- questions to consider

Society: how does cultural norms, society, policies and laws may influence her depression?

Community: how does community setting may influence her depression?

Relationships: how do relationships may influence her depression?

Individual: how do his individual characteristics may influence her depression?

Case 4?

- **Society:** how does cultural norms, society, policies and laws may influence patient's mental health?
- **Community:** how does community setting may influence patient's mental health?
- **Relationships:** how do relationships may influence patient's mental health?
- **Individual:** how do his individual characteristics may influence patient's mental health?

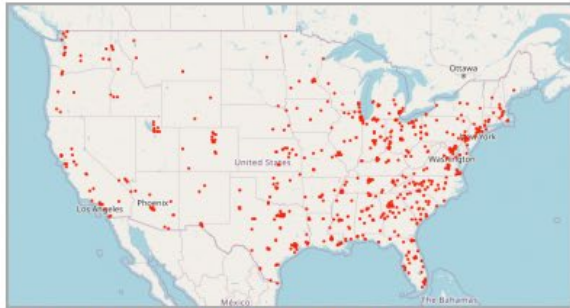
Primary Care Physician Role

- As primary care providers, we need to be on the front lines in helping our patients, family and their communities in early detection and prevention of gun violence.
- Know the rates of gun violence in our practice area to help understand the impact on our patients and community
- <http://www.gunviolencearchive.org/charts-and-maps>

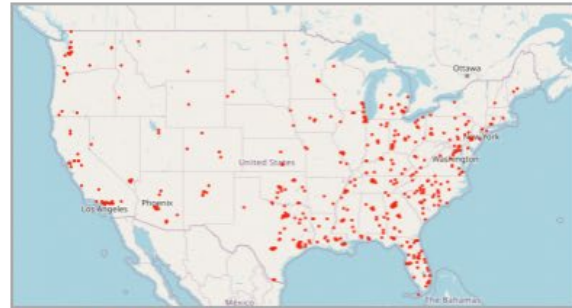
GVA **GUN VIOLENCE ARCHIVE**

HOME CHARTS & MAPS LAST 72 HOURS REPORTS EXPLAINER ABOUT US PAST YEARS CONGRESSIONAL REPORTS

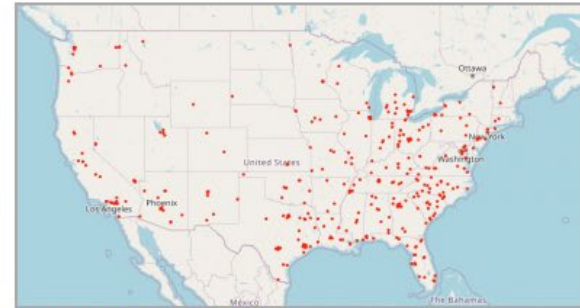
CHARTS AND MAPS



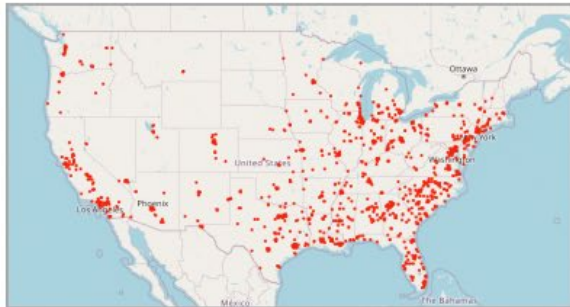
UNINTENTIONAL SHOOTINGS



DEFENSIVE USE



HOME INVASIONS



TEENS KILLED OR INJURED IN 2022



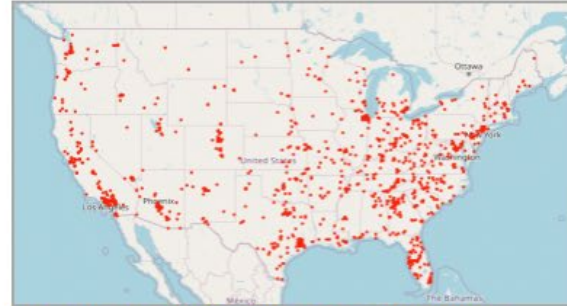
CHILDREN KILLED OR INJURED IN 2022



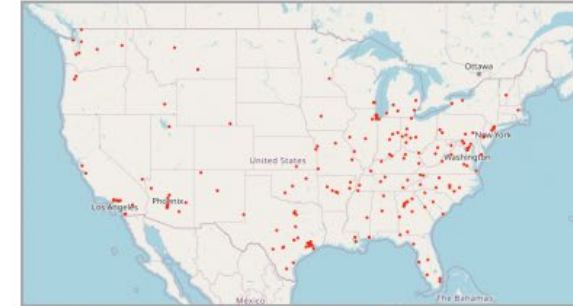
NUMBER OF INJURIES IN 2022



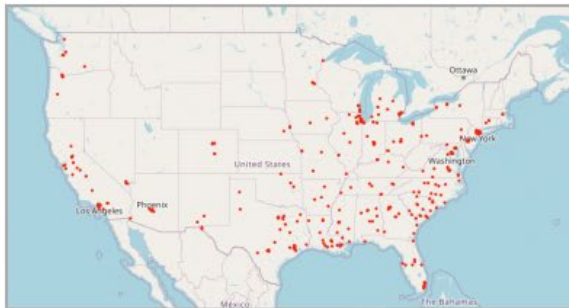
NUMBER OF DEATHS IN 2022



**SUBJECT-SUSPECT-PERPETRATOR
SHOT OR KILLED**



OFFICER SHOT OR KILLED



MASS SHOOTINGS IN 2022

Preventive Strategies-for Individuals

- Ask patients and families if there are guns in the home
- If “yes”, discuss safe storage of firearms and ammunition
- Encourage participation in gun safety classes

[Guns in the Home: Keeping Kids Safe - HealthyChildren.org](https://www.healthychildren.org/parenting/articles/articles/Guns-in-the-Home-Keeping-Kids-Safe)

Firearm Safety for Families



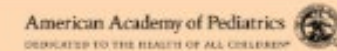
Studies show children are naturally curious, even about a firearm they've been warned not to touch.



Kids are safer when: Firearms are in a lockbox or safe, unloaded. Ammunition is locked away separately.



Kids are safest when: firearms are stored outside the home.



Keep the “safe” in firearm safety

Hiding a gun is not enough! Kids are curious, and studies show they usually know where a family keeps a gun.

Gun safes can lower the risk a curious child will be hurt:



Safe or lockbox for handguns



Locked gun safe for rifles



Gun trigger locks— inexpensive and effective



Lock box for ammo



From the American Academy of Pediatrics

- Pediatricians and other child health care professionals are urged to counsel parents about the dangers of allowing children and adolescents to have access to guns inside and outside the home.
- The AAP recommends that pediatricians incorporate questions about the presence and availability of firearms into their patient history taking and urge parents who possess guns to prevent access to these guns by children.
- Safer storage of guns reduces injuries, and physician counseling linked with distribution of cable locks appear to increase safer storage.
- Nevertheless, the safest home for a child or adolescent is one without firearms.
- The presence of guns in the home increases the risk of lethal suicidal acts among adolescents.
- Health care professionals should counsel the parents of all adolescents to remove guns from the home or restrict access to them.
- This advice should be reiterated and reinforced for patients with mood disorders, substance abuse problems (including alcohol), or a history of suicide attempts.

Preventive Strategies-for Individuals (cont)

- Screen for depression in the general adult population including pregnant and post partum women.
- Patients who screened positive need to have further assessment for severity of depression and comorbid psychological and medical problems and treatment



USPSTF: Screening for Depression in Adult

Recommendation Summary

Population	Recommendation	Grade
General adult population, including pregnant and postpartum women	The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.	B

Clinician Summary

[Expand All](#)

Population	Adults aged ≥18 y
Recommendation	Screen for depression, with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.



Screening for Depression in Adults: Clinical Summary

Population	Adults aged ≥18 y
Recommendation	Screen for depression, with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. Grade: B

Risk Assessment	<p>Women, young and middle-aged adults, and nonwhite persons have higher rates of depression, as do persons who are undereducated, previously married, or unemployed. Persons with chronic illnesses, other mental health disorders, or a family history of psychiatric disorders are also at increased risk.</p> <p>Risk factors in older adults include disability and poor health status related to medical illness, complicated grief, chronic sleep disturbance, loneliness, and history of depression. Risk factors during pregnancy and postpartum include poor self-esteem, childcare stress, prenatal anxiety, life stress, decreased social support, single/unpartnered relationship status, history of depression, difficult infant temperament, previous postpartum depression, lower socioeconomic status, and unintended pregnancy.</p>
Screening Tests	<p>Commonly used depression screening instruments include the Patient Health Questionnaire in various forms and the Hospital Anxiety and Depression Scales in adults, the Geriatric Depression Scale in older adults, and the Edinburgh Postnatal Depression Scale in postpartum and pregnant women. Positive screening results should lead to additional assessment that considers severity of depression and comorbid psychological problems, alternate diagnoses, and medical conditions.</p>
Screening Interval	<p>The optimal timing and interval for screening for depression is not known. A pragmatic approach might include screening all adults who have not been screened previously and using clinical judgment in consideration of risk factors, comorbid conditions, and life events to determine if additional screening of high-risk patients is warranted.</p>
Treatment and Interventions	<p>Effective treatment of depression in adults generally includes antidepressants or specific psychotherapy approaches, alone or in combination. Given the potential harms to the fetus and newborn child from certain pharmacologic agents, clinicians are encouraged to consider evidence-based counseling interventions when managing depression in pregnant or breastfeeding women.</p>
Balance of Benefits and Harms	<p>The net benefit of screening for depression in the general adult population is moderate.</p>
Other Relevant USPSTF Recommendations	<p>The USPSTF has made recommendations on screening for depression in children and adolescents and screening for suicide risk in adolescents, adults, and older adults. These recommendations are available on the USPSTF Web site (www.uspreventiveservicestaskforce.org).</p>

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to www.uspreventiveservicestaskforce.org.

Preventive Strategies-for Individuals (cont)

- Screen women of childbearing age for intimate partner violence (IPV) and refer screened positive women to intervention services.
- Presence of guns in the home increases the risk that woman will die due to IPV related homicide by eight-fold.
- Abusers who possess guns tend to inflict the most severe abuse.



[Recommendation: Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening | United States Preventive Services Taskforce \(uspreventiveservicestaskforce.org\)](https://www.uspreventiveservicestaskforce.org)

Recommendation Summary

Population	Recommendation	Grade
Women of reproductive age	The USPSTF recommends that clinicians screen for intimate partner violence (IPV) in women of reproductive age and provide or refer women who screen positive to ongoing support services. See the Clinical Considerations section for more information on effective ongoing support services for IPV and for information on IPV in men.	B
Older or vulnerable adults	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for abuse and neglect in all older or vulnerable adults. See the Clinical Considerations section for suggestions for practice regarding the I statement.	I

Clinician Summary

[Expand All](#)

Population	Women of reproductive age	Older or vulnerable adults
Recommendation	Screen for intimate partner violence (IPV) and provide or refer screen-positive women to	No recommendation. Grade: I (insufficient evidence)

Preventive Strategies-for the Practice

- Having protocol in place to deal with crisis
- Limiting firearm access in the workplace is one possible way to prevent firearm workplace violence and should be considered as part of a comprehensive strategy for preventing deadly workplace violence.



Barriers to Effective Security in Healthcare Facilities

- Lack of action resulting from reporting
- Varying perceptions of what constitutes violence
- Bullying by coworkers or supervisors or both
- Money- and profit-driven management models
- Lack of management accountability
- Intense focus of healthcare organizations on customer service
- Weak social service and law enforcement approaches to mentally ill patients

Violence Prevention Strategies from OSHA

Control Category	Description	Example
Worksite analysis and hazard identification	Step-by-step process to identify existing and potential hazards	Walk-through surveys, asking employees about hazards
Administrative and work practices	Utilizes work practices and procedures to reduce risk	Employees do not work alone
Engineering controls and workplace adaptations	Utilizes equipment, physical layout, and design of workspace to reduce risk	Panic buttons, security officers, access control, lighting, visibility
Training	Utilizes education and awareness to reduce risk	De-escalation techniques, risk recognition
Recordkeeping and program evaluation	Investigation and documentation of incidents, and follow-up to assure program metrics are met	Incident reporting system and after-action reports. Program review by a designated committee

Blando, JD, et al. Surveys of workplace violence perceptions, prevention strategies, and prevalence of weapons in healthcare facilities. *J Healthc Prot Manage.* 2020;36(2), 76-87.

Preventive Strategies-for Community & Beyond

- Trauma Informed Care approach as a prevention to the perpetuation of disfunction and violence among families and communities.

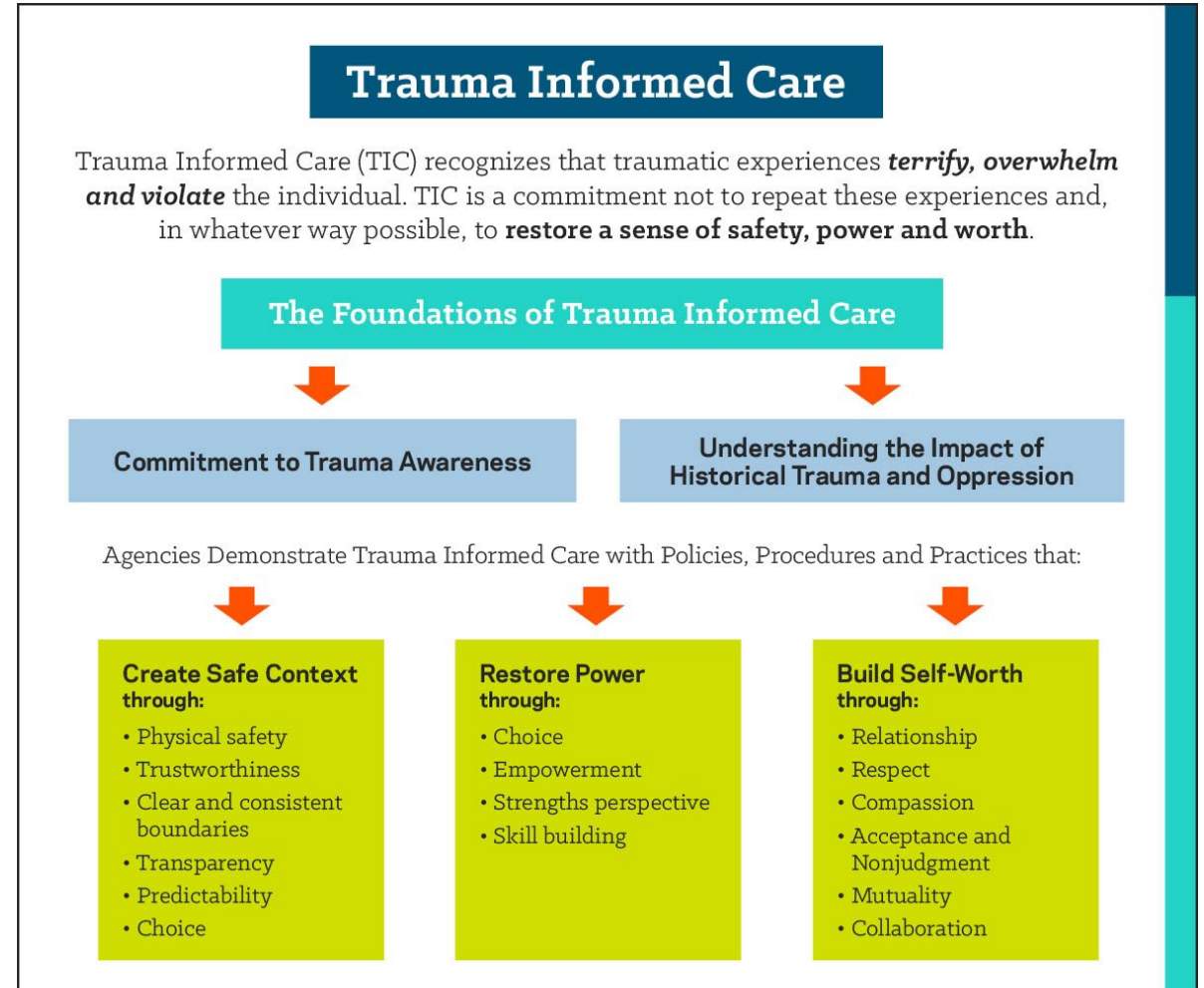
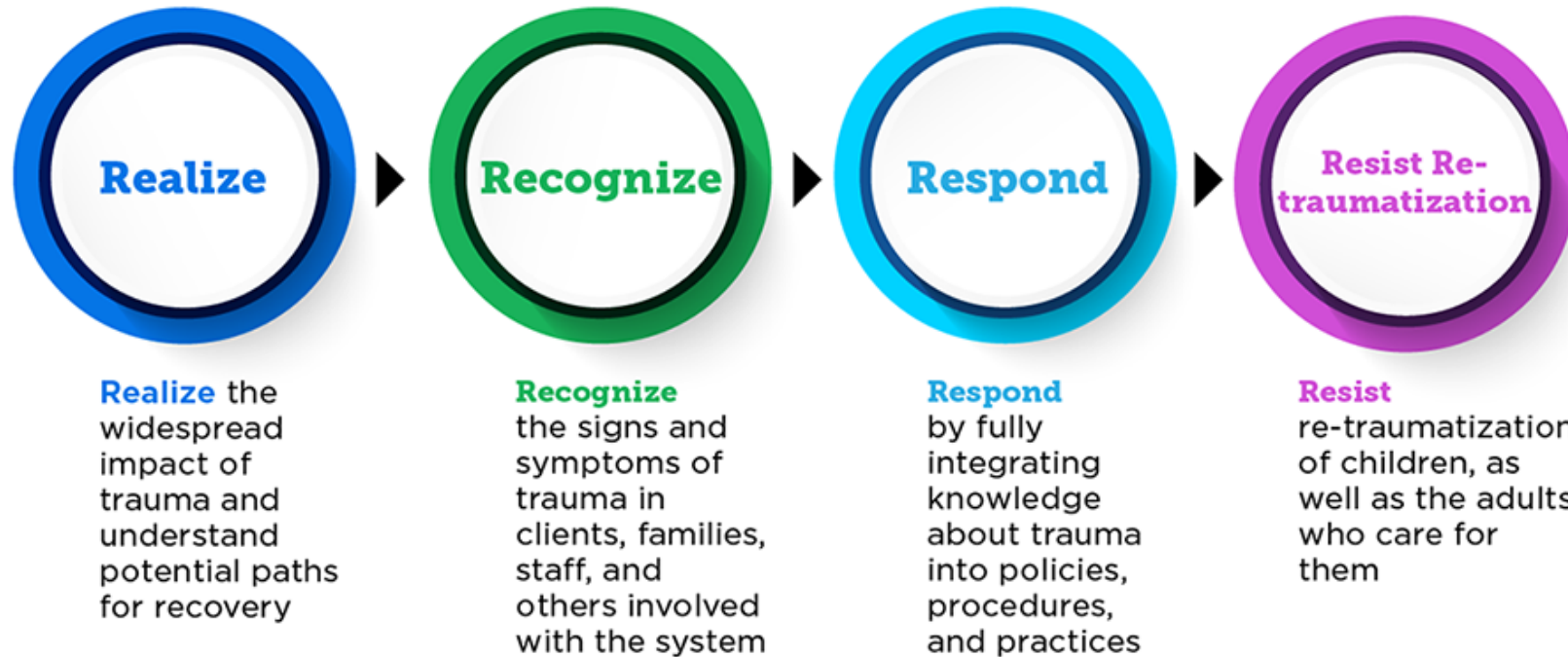


Image Credit: Trauma Informed Oregon, 2014

Trauma Informed Care strategies: AAFP Guidelines

The Four Rs of Trauma-Informed Care



This figure is adapted from: Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and Guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Training and Connecting

- Training clinicians on TIC

<https://learn.nctsn.org/course/index.php?categoryid=11>

- Connect clinicians and patients with resources

https://www.ptsd.va.gov/gethelp/selfhelp_coping.asp

- Have a system in place

https://cewh.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

- Example of crisis system on our own network.

Where Do We Go From Here?

- Screen and address gun at home and safety in storage
- Screen and address depression, IPV, mental health
- Screen for trauma and its effect
- Review current workplace setting and institute measures as recommended by OSHA to prevent workplace violence

References

- American Academy of Family Physicians. Gun Violence, Prevention of (Position Paper). [Gun Violence, Prevention of \(Position Paper\) \(aafp.org\)](#) Accessed Aug 2, 2022
- American Academy of Pediatrics. Policy Statement. Firearm-related Injuries Affecting the Pediatric Population. *Pediatrics* (2012) 130 (5): e1416–e1423.
- Blando, JD, et al. Surveys of workplace violence perceptions, prevention strategies, and prevalence of weapons in healthcare facilities. *J Healthc Prot Manage*. 2020;36(2), 76-87.
- Campbell JC, et al. Risk factors for femicide in abusive relationships: results from a multistate case control study. *Am J Public Health*. 2003;93(7):1089-1097.
- Doucette et al. Workplace homicides committed by firearm: recent trends and narrative text analysis. *Inj Epidemiol* (2019) 6:5. <https://doi.org/10.1186/s40621-019-0184-0>
- Goldstick JE et al. Current causes of death in children and adolescents in the United State. *N Engl J Med*. 2022;386;20:1955-1956.
- Gun Violence Archive. Charts and maps. Accessed Aug 2, 2022
- [Recommendation: Depression in Adults: Screening | United States Preventive Services Taskforce \(uspreventiveservicestaskforce.org\)](#) Accessed Aug 2, 2022
- [Recommendation: Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening | United States Preventive Services Taskforce \(uspreventiveservicestaskforce.org\)](#) Accessed Aug 2, 2022

Questions?

Contact Information

Nguyet-Cam Lam, MD

Nguyet-Cam.Lam@sluhn.org

Renata Carneiro, PhD

Renata.Carneiro@sluhn.org