

RESEARCH BRIEF

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INTEGRATION OF EXTREME RISK PROTECTION ORDERS INTO THE CLINICAL WORKFLOW: CLINICIAN PERSPECTIVES

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BACKGROUND

Extreme risk protection orders (ERPOs) temporarily reduce access to firearms for individuals (the respondent) who are experiencing a behavioral health crisis during which they may be at substantial risk of harming themselves and/or others with a firearm. Petitioners can file this civil order with a judge to request they require the respondent to surrender their firearms and prohibit them from purchasing new firearms. Currently, ERPO laws exist in 21 states and the District of Columbia.

During routine and acute clinical care, healthcare providers including physicians, nurse practitioners, and social workers often assess patients who may be at risk of harming themselves or others with a firearm. In Washington State, clinicians are *not* able to file an ERPO for a patient themselves. They can still be **key to ERPO implementation by counseling patients and family members** about ERPOs or **contacting law enforcement** to suggest they file one.

STUDY GOAL

Researchers wanted to understand the **barriers and facilitators** clinicians encounter when choosing whether or how to integrate ERPOs as part of their clinical practice.

APPROACH

Researchers distributed an online survey to all Washington State licensed **physicians** (n=23,051), **nurse practitioners** (n=8,049), and **social workers** (n=6,910) from May-June 2021. There were 4,242 survey participants, and 1,126 participants answered at least one of ten open-ended survey questions, which were analyzed for this study.

RESULTS

Barriers to Integrating ERPOs into Clinical Workflow

- ERPO knowledge gaps
- Time
- Perceived ERPO effectiveness
- Concerns for safety of patient and clinician
- Potential damage to provider-patient relationship

“Very limited resources in rural areas, no social workers, and deputy sheriffs are busy. Who do I send them to?” ~ Physician

Facilitators to Integrating ERPOs into Clinical Workflow

- ERPO training and resources
- Dedicated time for counseling
- Education on voluntary firearm removal options
- Ability to refer patient to another clinician more informed about the ERPO process

“Although I would want to be trained in all of these areas, I would hope that I can rely on a social worker who can take more ownership of these factors and is someone I can partner with to carry these issues out.” ~Physician

RECOMMENDATIONS FOR CLINICIANS

Clinicians should familiarize themselves with ERPOs and other firearm removal options.

- Complete a [Free 60-minute training](#) on how to talk with patients and/or clients about firearms
- Learn about the benefits, risks, and limitations of [ERPOs in Washington State](#)
- Keep [ERPO resources](#) for patients and their loved ones in your clinic
- Learn about other methods for reducing firearm access
 - Recommend more secure storage of firearms inside the home (e.g. locking firearms and ammunition separately)
 - Work with a patient’s social support system to voluntarily and temporarily remove firearms from the home
 - Recommend [voluntary, out-of-home community storage](#) by law enforcement, gun shops, and shooting ranges

FOR ADDITIONAL INFORMATION, REFER TO:

Conrick KM, Porter SF, Gause E, et al. Integration of extreme risk protection orders into the clinical workflow: Qualitative comparison of clinician perspectives. PLoS One. 2023;18(12):e0288880. Published 2023 Dec 29. doi:10.1371/journal.pone.0288880

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