

Suicide Screening for Youth with IDD/ASD

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Disclosures

- Megan Goldenshteyn, PhD, has no financial relationships relevant to this presentation to disclose.
- All planners have no relevant financial relationships to disclose.

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Suicide Supports

- **Put this in your phone: 800-273-8255**
- Online chat:
<https://suicidepreventionlifeline.org/chat/>
- Crisis Text Line: send HELLO to 741741



Objectives

- Key terms
- Review risks in the specified population
- Screening
- Safety planning reminder
- Resources

Key Terms

Suicidal ideation

- Active thoughts of suicide: thoughts about intentionally ending own life which may include identifying a method, having a plan, and/or having intent to act
- Passive thoughts of suicide: thoughts about death or wanting to be dead, without any plan or intent

Suicide plans: formulating a specific action to end own life

Suicidal behavior: ranges from thoughts of suicide, to suicide attempts, to death by suicide

Suicide attempts: engaging in an action in which there is at least some intention of dying as a result

Maddox et al., 2017; Mental Health Commission of Canada, 2018; Oliphant et al., 2020

Key Terms

Non-suicidal self-injury (NSSI): deliberate injury to one's bodily tissue without the intent to die

- NSSI risk factor for suicidal behavior, but NSSI is different
- NSSI is distinct from self-injurious behavior, which is often conceptualized as a form of restricted, repetitive behavior

Maddox et al., 2017; Oliphant et al., 2020

Suicide Statistics

- Suicide is the second leading cause of death in individuals 10-24 years of age in the United States
- Children and adults with ID/DD are at heightened risk for suicidality (e.g., suicidal thoughts or behaviors)
- Suicide is a leading cause of premature death in people with autism – *adults with autism are 7 times more likely to die by suicide than adults in the general population*
- **Suicidality often goes undetected in this population due to diagnostic overshadowing**

CDC; Hedley et al., 2018; Hirvikoski et al., 2016; Howe et al., 2020; Ludi et al., 2012

Risk Factors

- **Bullying**
- **Impulsivity**
- **Relationship problems**
- Significant loss
- Pain
- Shame
- Legal problems
- Previous history of suicide behaviors
- Suicide rehearsal
- **Isolation**
- Substance use
- **Feeling a burden to others**
- **History of trauma**
- **Comorbid mental health conditions**
- *Chronic sense of powerlessness*
- *Expectations of individual capacity does not match reality*
- *Exposure to suicide and experience of death of someone close*
- *Understanding of death*

See Bardon, 2020; Centers for Disease Control; See Jobes, 2016

Screening

- Providers are often overly confident in their ability to accurately assess suicide risks.
- Tools are not 100% predictive of risk, limitations to use of tools.
- BUT, clinical judgment **MUST** be central, there is no tool that will tell you if your patient will kill themselves.
 - Use multiple sources to assess (e.g., family, teachers, observations of behavior, clinical judgment) paired with a screening tool.
- Screening does not end after the first denial of suicide ideation.
- Screening and assessment is continuous process and all part of treatment.
- Consult with colleagues.

Bardon, 2020; See Jobes, 2016; See Ludi et al., 2012

Education

- Educate the family and those that surround the child or adolescent
 - That it is safe to ask about suicide.
 - To watch and listen for concerning statements or behaviors.
 - To feel comfortable bringing up concerns related to suicide.
 - Use safety plans and share crisis resources liberally.

What's Happening Now?

- Work groups to improve upon tools such as the Columbia Suicide Severity Rating Scale (C-SSRS) happening now.
 - Conducting focus groups with self-advocates about the topic of suicide to improve screening and treatment.
- Research at the University of Quebec at Montreal.
 - Processus AUDIS is a dynamic process with suicide risk assessment and intervention working together.
- Increasing interest in the intersection of mental health and IDD/ASD
 - Opportunities for education

Safety Planning

CRISIS PREVENTION PLAN/SAFETY PLAN

Patient Name: _____

TRIGGERS: When these things happen, I am more likely to feel unsafe and upset:

- | | | | | |
|--|---|---|--|---|
| <input type="checkbox"/> Not being listened to | <input type="checkbox"/> Feeling pressured | <input type="checkbox"/> Being touched | <input type="checkbox"/> Lack of privacy | <input type="checkbox"/> People yelling |
| <input type="checkbox"/> Loud noises | <input type="checkbox"/> Feeling lonely | <input type="checkbox"/> Arguments | <input type="checkbox"/> Not having control | <input type="checkbox"/> Being isolated |
| <input type="checkbox"/> Darkness | <input type="checkbox"/> Being stared at | <input type="checkbox"/> Being teased | <input type="checkbox"/> Particular time of day: | <input type="checkbox"/> Particular time of year: |
| <input type="checkbox"/> Contact with family | <input type="checkbox"/> Particular person: | <input type="checkbox"/> Other (please describe): | | |

WARNING SIGNS: These are things other people may notice me doing if I begin to lose control:

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> Sweating | <input type="checkbox"/> Breathing hard | <input type="checkbox"/> Racing heart | <input type="checkbox"/> Clenching teeth | <input type="checkbox"/> Clenching fists |
| <input type="checkbox"/> Red faced | <input type="checkbox"/> Wringing hands | <input type="checkbox"/> Loud voice | <input type="checkbox"/> Sleeping a lot | <input type="checkbox"/> Sleeping less |
| <input type="checkbox"/> Acting hyper | <input type="checkbox"/> Swearing | <input type="checkbox"/> Bouncing legs | <input type="checkbox"/> Rocking | <input type="checkbox"/> Can't sit still |
| <input type="checkbox"/> Being Rude | <input type="checkbox"/> Pacing | <input type="checkbox"/> Crying | <input type="checkbox"/> Squatting | <input type="checkbox"/> Damaging things |
| <input type="checkbox"/> Eating more | <input type="checkbox"/> Eating less | <input type="checkbox"/> Not taking care of myself | <input type="checkbox"/> Isolating/avoiding people | <input type="checkbox"/> Laughing loudly/giddy |
| <input type="checkbox"/> Singing inappropriately | <input type="checkbox"/> Becoming very quiet | <input type="checkbox"/> Other (please describe): | | |

WHAT I CAN DO HELP MYSELF: These are things that might help me calm down and keep myself safe when I'm feeling upset:

(Check off what you know works; star things you might like to try in the future)

- | | | | | |
|--|---|---|--|---|
| <input type="checkbox"/> Time out in my room | <input type="checkbox"/> Listening to music | <input type="checkbox"/> Reading a book | <input type="checkbox"/> Sitting with a parent | <input type="checkbox"/> Pacing |
| <input type="checkbox"/> Talking with friends | <input type="checkbox"/> Talking with an adult | <input type="checkbox"/> Coloring | <input type="checkbox"/> Molding clay | <input type="checkbox"/> Humor |
| <input type="checkbox"/> Exercising | <input type="checkbox"/> A cold cloth on face | <input type="checkbox"/> Writing in a journal | <input type="checkbox"/> Punching a pillow | <input type="checkbox"/> Hugging a stuffed animal |
| <input type="checkbox"/> Taking a hot shower | <input type="checkbox"/> Taking a cold shower | <input type="checkbox"/> Playing cards | <input type="checkbox"/> Video Games | <input type="checkbox"/> Lying down |
| <input type="checkbox"/> Ripping paper | <input type="checkbox"/> Screaming into pillow | <input type="checkbox"/> Holding ice in my hand | <input type="checkbox"/> Getting a hug | <input type="checkbox"/> Using the gym |
| <input type="checkbox"/> Bouncing a ball | <input type="checkbox"/> Jumping | <input type="checkbox"/> Drinking cold water | <input type="checkbox"/> Deep breathing | <input type="checkbox"/> Speaking w/ my therapist |
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Being read a story | <input type="checkbox"/> Making a collage | <input type="checkbox"/> Crying | <input type="checkbox"/> Snapping bubble wrap |
| <input type="checkbox"/> Being around others | <input type="checkbox"/> Doing chores/jobs | <input type="checkbox"/> Cold water on hands | <input type="checkbox"/> Drinking hot herb tea | <input type="checkbox"/> Using a rocking chair |
| <input type="checkbox"/> Calling family (who?) | <input type="checkbox"/> Other (please describe): | | | |

If I am unable to help myself, I can call:

1. An adult I trust:
2. National Suicide Prevention Lifeline: 1-800-273-8255
3. King County Crisis Line (including Teen Link): 206.461.3222 or 866.4CRISIS (866.427.4747)
4. Seattle Children's Crisis Line(s): 206.987.2164, ext. #4 (Weekdays, 9am-5pm, excluding holidays) or 206.987.2000, ask for the Crisis Response Team (24-Hours/day, 365 days/year) |

Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Place _____ 4. Place _____

Step 4: People whom I can ask for help:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name _____ Phone _____
Clinician Pager or Emergency Contact # _____
2. Clinician Name _____ Phone _____
Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services _____
Urgent Care Services Address _____
Urgent Care Services Phone _____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. _____
2. _____

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The one thing that is most important to me and worth living for is:

Remember to...

- Screen
- Safety plan
- Consult
- Document
- Debrief
- Practice self care

Resources

- Columbia-Suicide Severity Rating Scale (C-SSRS)
 - <https://cssrs.columbia.edu/>
- Ask Suicide-Screening Questions (ASQ), Youth Mental Health Toolkit
 - <https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/youth-asq-toolkit.shtml>
- Bullying laws and policy information WA state:
 - <https://www.stopbullying.gov/resources/laws/washington>
- PROCESSUS AUDIS webinar
 - <https://www.aaid.org/education/event-details/2020/03/05/default-calendar/understanding-and-preventing-suicide-in-people-with-idd-experiences-learned-from-a-collaborative-research-project>

Screening Tools

Assessment Tool	Number of Items	Outcome Measured
Columbia-Suicide Severity Rating Scale (C-SSRS)	Varies	Suicidal desire, intent and capability, buffers, connectedness
Modified Scale for Suicide Ideation (SSI-M)	18	Suicidal desire and intent, buffers, connectedness
Suicidal Behaviours Questionnaire (SBQ)	34	Suicidal desire, intent, and capability
Inventory of Motivations for Suicide Attempts	50	Suicidal desire, intent, and capability
Concise Health Risk-Tracking Self-Report (CHRT-SR)	16	Suicidal desire and intent
Patient Health Questionnaire (PHQ-9)	9	Suicidal desire
Beck Scale for Suicide Ideation (BSS)	21	Suicidal desire and intent
Suicide Probability Scale	36	Suicidal desire, intent, and capability
Tools for the Assessment of Suicide Risk (TASR)	26	Suicidal desire, intent, and capability, buffers, connectedness
Ask Suicide-Screening Questions (ASQ)	4	Suicidal desire and intent

Screening Tools

Assessment Tool	Number of Items	Outcome Measured
Patient Safety Screener, Third Edition (PSS-3)	3+	Suicidal desire, mental health concerns
Self-Injurious Thoughts and Behaviors Interview (SITBI)	169; 5 modules	Self-injurious thoughts and behaviors, including suicidal ideation, suicide plans, suicide gestures, suicide attempts, and non-suicidal self-injury (NSSI)
Behavioral Health Screen (BHS)	61	Suicidal desire and capability
HEADS-ED	7	Suicidal desire and intent
CAMS Suicide Status Form (SSF)	Varies	Suicidal desire, intent, and capability, buffers, connectedness

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Questions

THANK YOU!

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