A Tailored Approach to Suicide Prevention for Autistic Youth

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Acknowledgements and Disclosures

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- Research Participants
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- All statements in this presentation, including its findings and conclusions, are solely those of the authors and do not necessarily represent the views of PCORI, its Board of Governors, or Methodology Committee

Agenda

Background:
The Problem

The Problem

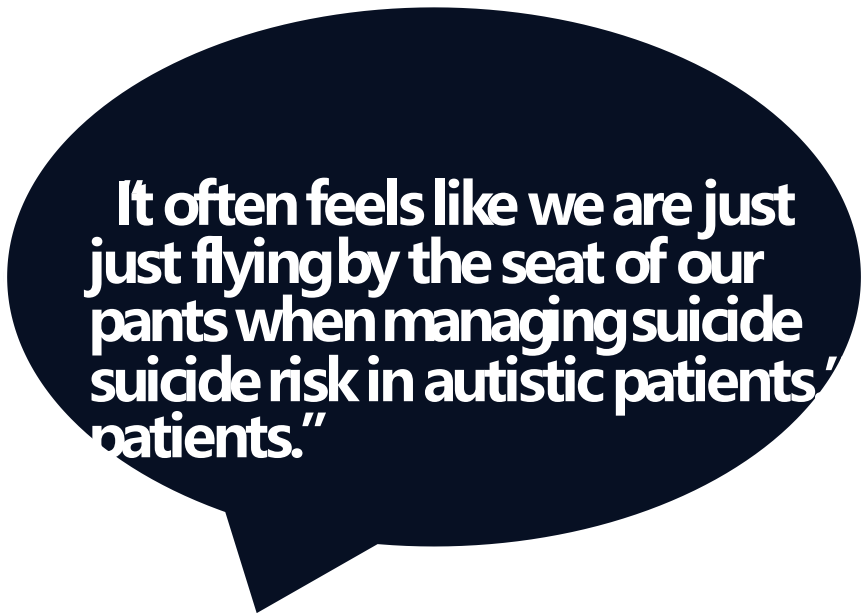
- Suicide is a leading cause of premature death in autistic people
- Autistic individuals are more likely to think about, attempt, and die by suicide
- Suicidal thoughts, behaviors, and deaths have risen among young people

Takeaway

Suicide and suicidal thoughts and behavior among the autistic community is a major problem

The Problem, Continued

- Evidence gap: how best to intervene to reduce suicide risk in autistic individuals
- Clinicians often feel ill-equipped to address suicide risk in autistic individuals
  - Lack of training
  - Few resources
  - Low self-efficacy



Brookman-Frazee et al., 2012; Jager-Hyman et al., 2020; Maddox et al., 2020; Maddox et al., 2021

Potential Solution

- Scalable, effective suicide-safe care for autistic youth

- Developed in partnership with:
  - Autistic people with lived experience
  - Families
  - Clinicians

The Safety Planning Intervention

The Safety Planning Intervention (SPI)

The Safety Planning Intervention (SPI)

- Developed by Stanley and Brown

Takeaway

SPI is an evidence-based clinical intervention for reducing the short-term risk of suicide

- Written plan to help people resist acting on suicidal thoughts and give time for the thoughts to become more manageable
- Can be used to prevent or de-escalate a crisis
- Individually-tailored to meet the needs of each patient
- Considered the “gold-standard” brief intervention

The Standard Form

Step 1: Warning signs:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person:

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. Suicide Prevention Lifeline: 1-800-273-TALK (8255)
4. Local Emergency Service _____
   Emergency Services Address_____
   Emergency Services Phone _____

Making the environment safe:

1. _____
2. _____

Stanley, B. & Brown, G. K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral*

Five Underlying Principles

1

2

3

4

5

Principle 1

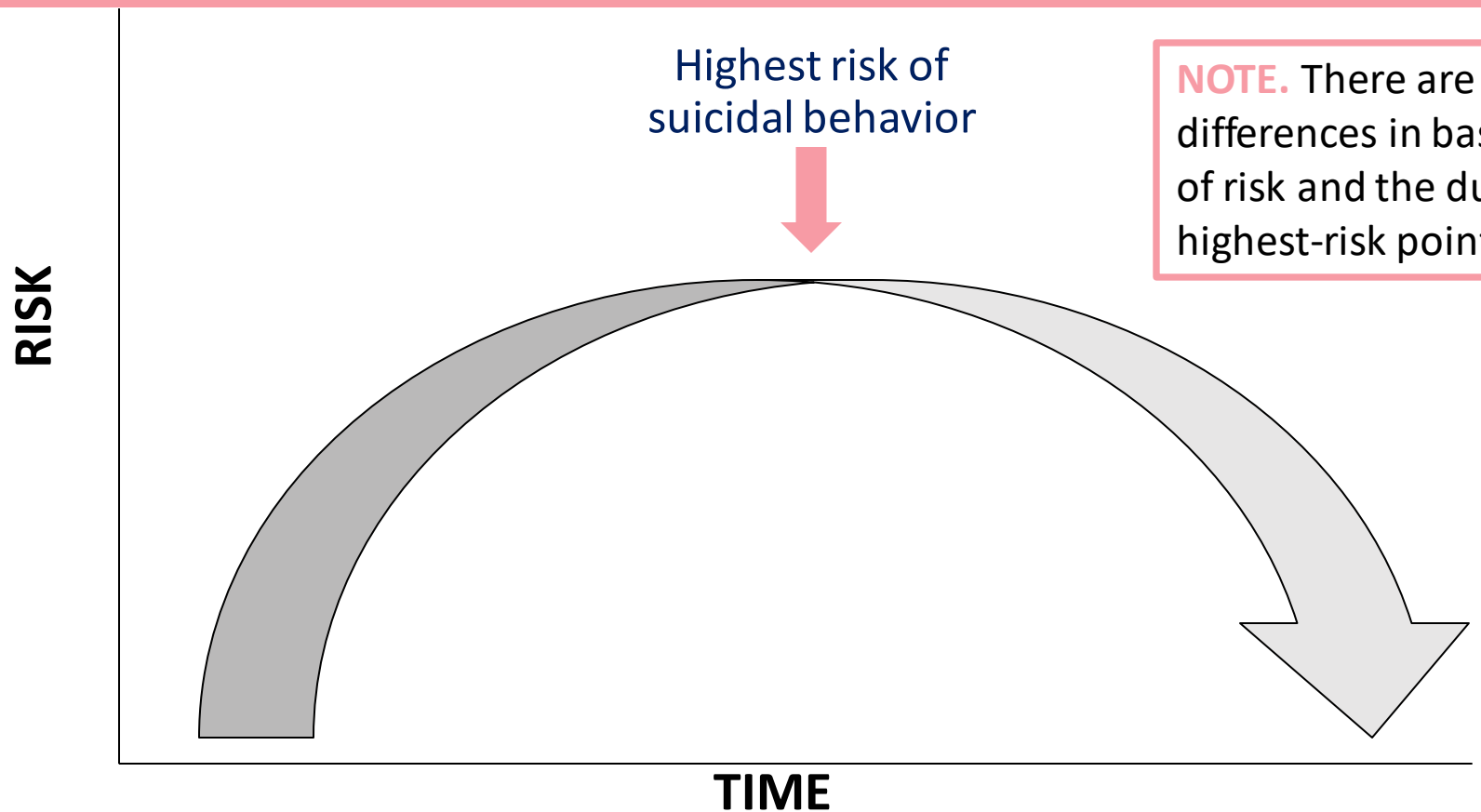
↙

Suicidal thoughts and urges fluctuate over time

SPI Underlying Principles

1. Suicidal thoughts and urges fluctuate over time
2. Acute risk of acting on suicidal urges is typically brief
3.
4.
5.

Principle 2

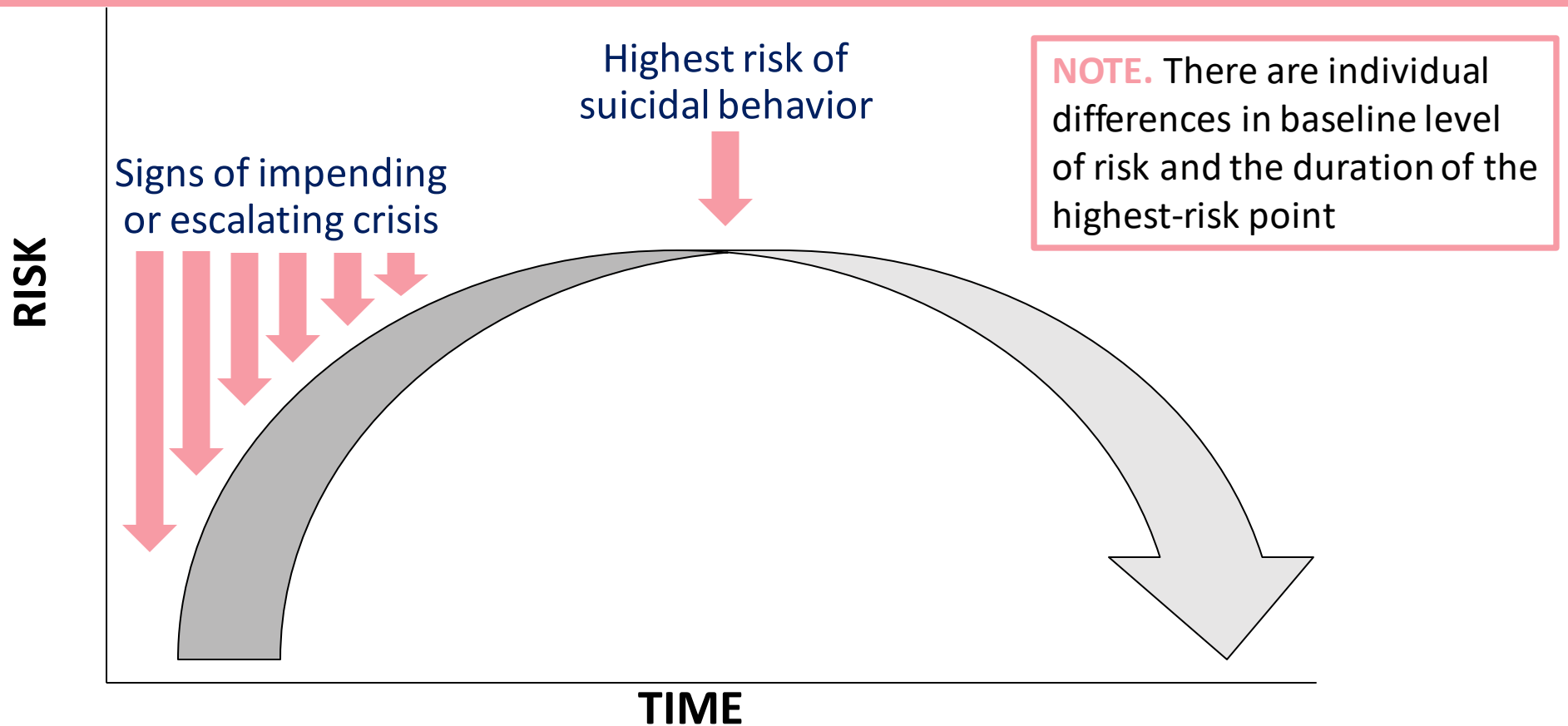


NOTE. There are individual differences in baseline level of risk and the duration of the highest-risk point

SPI Underlying Principles

1. Suicidal thoughts and urges fluctuate over time
2. Acute risk of acting on suicidal urges is typically brief
3. Recognizing when a crisis is impending is critical for prevention
4.
5.

Principle 3



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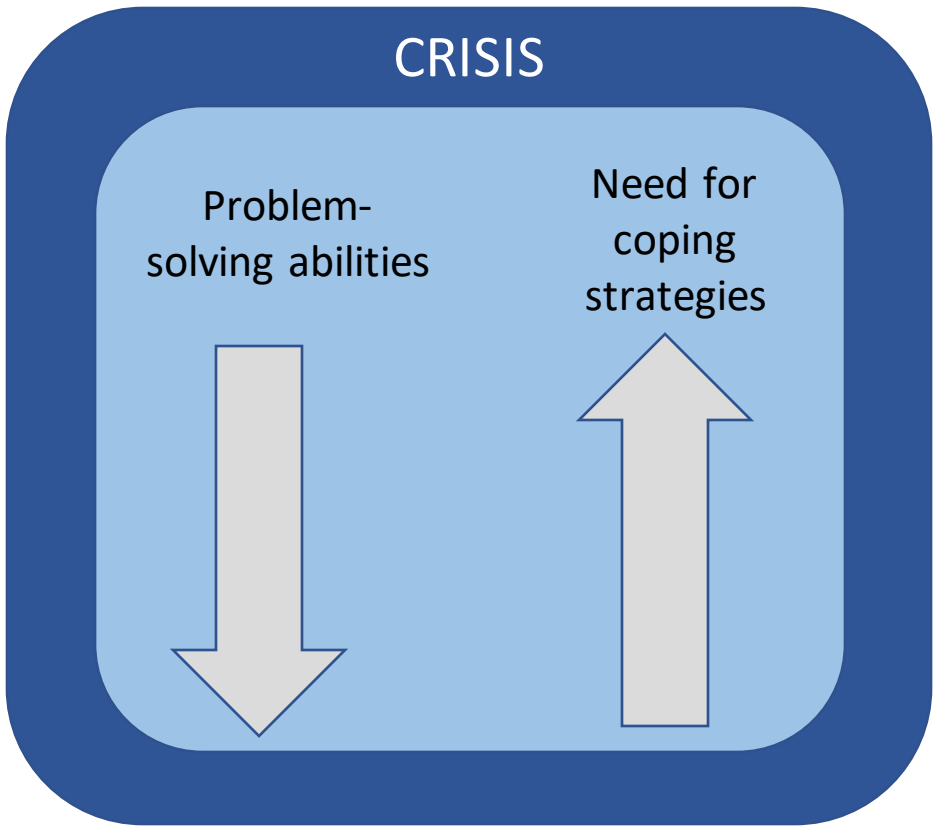
SPI Underlying Principles

1. Suicidal thoughts and urges fluctuate over time
2. Acute risk of acting on suicidal urges is typically brief
3. Recognizing when a crisis is impending is critical for prevention
4. Problem-solving and coping capacity diminish during crises
5.

Principle 4

Takeaway

During times of distress, problem-solving capacity is often compromised



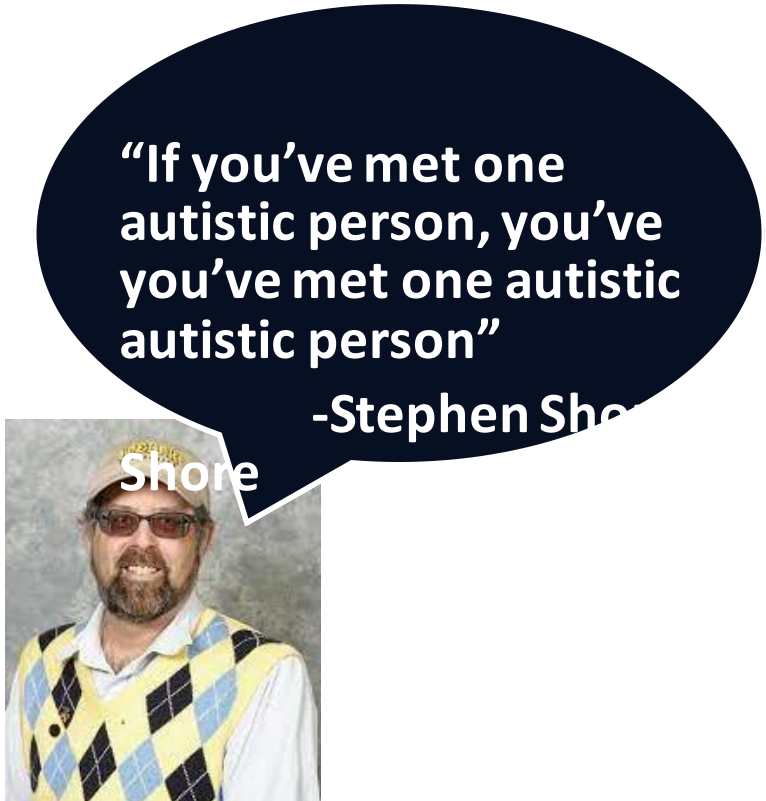
SPI Underlying Principles

1. Suicidal thoughts and urges fluctuate over time
2. Acute risk of acting on suicidal urges is typically brief
3. Recognizing when a crisis is impending is critical for prevention
4. Problem-solving and coping capacity diminish during crises
5. Need to tailor the safety plan to each individual

Principle 5

Takeaway

Need to tailor the safety plan to each individual



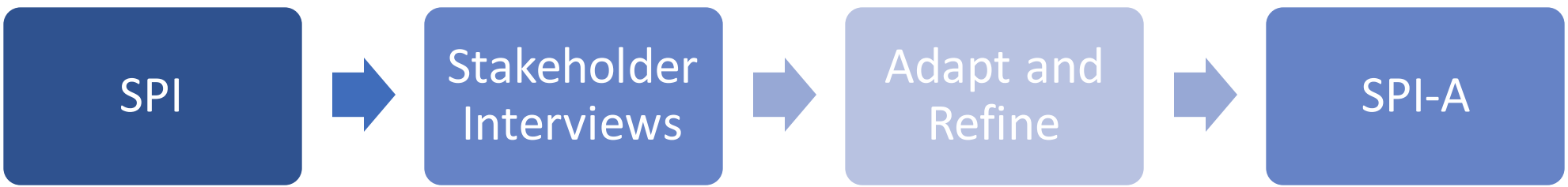
SPI and Autism: A Good Fit?

- ✓ Written
- ✓ Concrete
- ✓ Tailored to fit individual needs, preferences, and interests
- ✓ Can help people manage suicide risk from home

- ? Neurotypical biases
- ? Social communication and interactions
- ? Busy layout
- ? Reliant on written words

Adapting the SPI

Adaptation Process



Our Partners

We interviewed:

- Autistic adolescents and adults (n = 17)
- Family members of autistic individuals (n = 12)
- Clinicians from autism-specific settings (n = 15)
- Clinicians from general behavioral settings (n = 16)

About:

- SPI perspectives and experiences
- Suggestions for adaptation

General Considerations: Overview

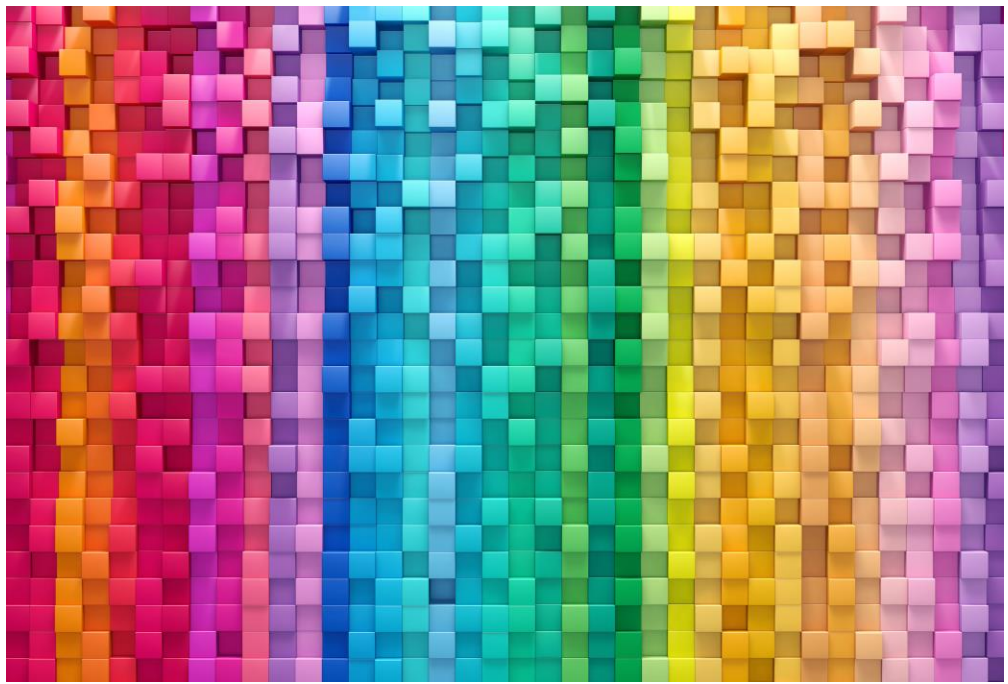
View autistic patients through an autistic lens	Presume competence	Focus on rapport and trust	Honor heterogeneity and diversity
Be mindful of potential differences and adjust accordingly	Provide rationale and psychoeducation	Honor communication preferences	Create a sensory-friendly environment
Use concrete, clear language and examples as needed	Incorporate identified supports (when applicable)	Practice and revise over time	**Leverage strengths**

Summary of Modifications

- Reduced the number of words
- Made language more direct
- Removed lines and numbers, adding more white space
- Extracted and extended *Making the Environment Safer*
- Separated urgent and non-urgent warning signs
- Reduced focus on social interactions
- Added reasons for living
- Developed companion clinician guides and example infographics
- Added meaningful color
- Deleted default emergency services

Leverage Strengths of Autistic People

- Rule-based
- Adherence to routine
- Passions or strong interests
- Honesty
- Fairness
- Creativity
- Detail-oriented



SPI-A Template

My Suicide Safety Plan

I will use my coping strategies when…

Distractions:

Sources of Support/Comfort:

Reasons for Living:

I will get emergency help when…

Crisis Support Services:

Adapted from the Stanley-Brown Safety Plan (2008, 2021) with permission. Developed by Drs. Shari Jager-Hyman and Brenna Maddox in partnership with autistic individuals, their family members, and clinicians (2021).

Making the Environment Safer Form

How to Make My Environment Safer

Thing that makes me less safe:	Steps to make me safer:	When each step will happen:

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How to Develop a Tailored Safety Plan

IMPORTANT:

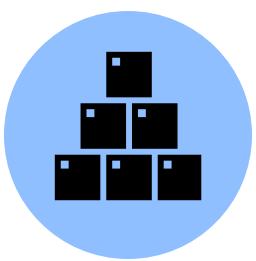
Safety Planning is an intervention, NOT a form

Who Should Develop a Safety Plan?

- A trained clinician
- An autistic individual with:
  - History of a suicidal crisis
  - Not at imminent risk
  - Verbal fluency

Clinician Guide: Tip Sheets and Handouts

SPI-A Components



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Overview: I will use my coping strategies when…

- First section focuses on identifying signs or triggers that signal the need for coping skills

Takeaway

For the safety plan to be helpful, patients need to know when to use it

- Thoughts, feelings, actions, or physical sensations that precede the onset or escalation of a suicidal crisis
- Distinct from signs that emergency help is needed

Quote: I will use my coping strategies when…

“Feeling blue, well, what does that even mean? How do you feel a color? But something like if you have not spoken to another person in three days (that might be different from person to person, of course). If you haven't left your room all day long might be another. It's a very concrete thing that's like oh, man I didn't even realize I didn't even get dressed today, I'm still wearing my pajamas. I should probably talk to someone because there's something wrong.”

Tips: I will use my coping strategies when…

- Review a recent suicidal crisis together to identify factors that led up to the crisis
- Use behavioral descriptions
- Respect “I don’t know” answer
- Focus on early warning signs
- Give concrete examples and encourage specificity
- Involve supports (when appropriate)
- Become familiar with common warning signs for autistic people
  https://www.autismcrisissupport.com

Examples: I will use my coping strategies when…

Behavior	When I ignore my Grammy's texts and send her calls to voicemail
Thoughts	When I think "I'll never fit in here – they all think I'm a freak"
Emotions	When I feel even more depressed than usual
Physical	When my heart beats very fast and I get hot quickly

Coping Strategies

My Suicide Safety Plan

I will use my coping strategies when...

Distractions:	Sources of Support/Comfort:	Reasons for Living:

Distractions

Distractions:	Sources of Support/Comfort:	Reasons for Living:

Overview: Distractions

- Distraction involves temporary diversion of attention away from suicide-related stimuli or thoughts
- Buys time, allowing suicidal thoughts and urges to weaken
- Short-term distraction ≠ long-term avoidance

Tips: Distraction

Clinicians: Remember to be aware of your own biases!

"And the fact is that some things that might be the more traditional things like meditating – I know some people like meditating, but I think if you're upset at yourself, meditating doesn't necessarily feel good."

Examples: Distractions

Look at puppies on Petfinder	Do a yoga YouTube video	Play basketball in the driveway
Chat on Minecraft Discord	Put on noise-canceling headphones and read Percy Jackson	Watch Lego Masters with Dad

Sources of Support/Comfort

Distractions:	Sources of Support/Comfort:	Reasons for Living:

Overview: Sources of Support or Comfort

- Support or comfort can reduce the likelihood of acting on suicidal thoughts
- **Important:** For some, other people may not be the most helpful source of support
- Potential sources of support or comfort can include objects, animals, or people
- Only people who the autistic person feels supported by, accepted by, valued by, and meaningfully connected to should be included

Quotes: Sources of Support or Comfort

"I think it really depends on the autistic person…if they're not comfortable reaching out to somebody… then I'm not sure if the autistic person, when they're having problems… would be wanting to reach out"

"…I would consider that we may not have a lot of friends or people to work with. I know a lot of people, but I wouldn't put their name down there…they're not someone that I would want to talk to in this situation."

Examples: Sources of Support or Comfort

Cuddle with Marley, my dog

Hug favorite stuffy

Look at the seashells I collected from my favorite beach that mean a lot to me

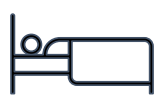
If between 9-5 on a weekday, call Dr. Blank at 215-555-5555

Decision Tree

Call home. Did anyone answer?

If **no**, text friend [name]. Did they respond?

If **no**, lie down and use weighted blanket for 20 minutes



Tips: Sources of Support or Support

- Specify steps
- Include phone numbers and websites
- Specify clinicians' hours and other relevant parameters
- Don't push for including other people
- When indicated, discuss sharing the safety plan with others
- Practice, practice, practice!

Reasons for Living

Distractions:	Sources of Support/Comfort:	Reasons for Living:

Overview: Reasons for Living

- Focusing on reasons for living can inspire hope and prevent or de-escalate a crisis

Takeaway

Reasons for living serve as a reminder of why to not die

- May not happen organically during times of distress
- Written or visual prompts can shift focus to reasons for living
- Added based on autistic team member's recommendations

Tips: Reasons for Living

- Explain that reasons for living are different for everyone and that no reason is too grand, mundane, big, or small
- Share concrete examples
- Refrain from overemphasis on social relationships
- Validate who they are and what they do as vitally important reasons to live

Quote: Reasons for Living

"One of the other barriers is, do I want to see my mom cry? And that creates a high enough emotional barrier that I basically shrink away from thinking about the act itself because I know that I would not want to see that happen."

Examples: Reasons for Living

Taking care of my tarantula, Ned

I want to see what happens next on my favorite show

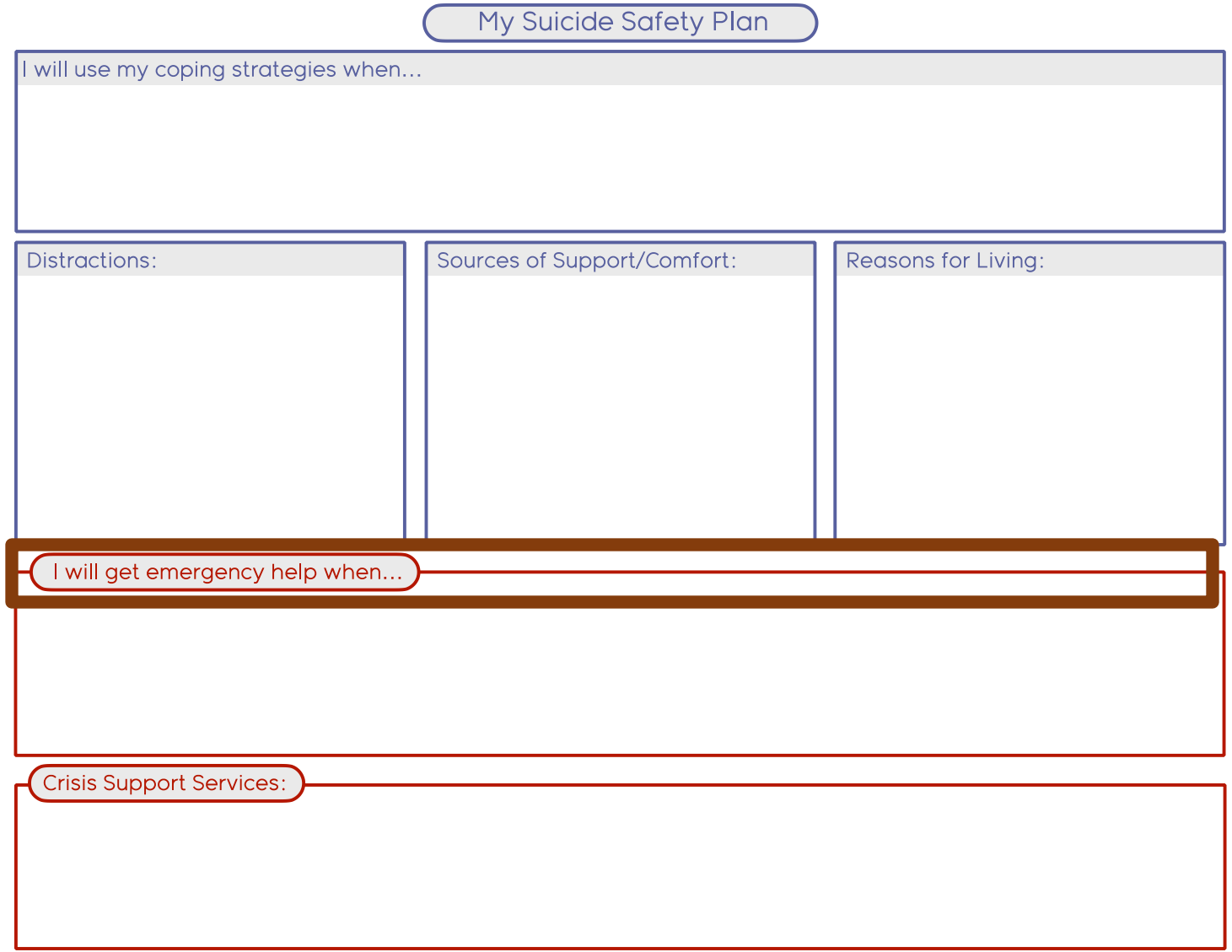
I want to see my little brother become a real person*

I want to go to college and be an engineer

Playing videogames with Brody*

I'm a bowler

When and How to Get Emergency Help



Overview: I Will Get Emergency Help When…

- Designated space to identify specific, tailored signs indicating the need for crisis support services
- Distinct from signs indicating use of coping skills
- Typically includes a variation of: *When I've tried everything above and am still thinking about suicide or I'm about to take action to hurt myself*

> *"… I didn't realize I was suicidal until I was actually on the railing about to jump."*

Overview: I Will Get Emergency Help When…

- A clear plan for what to do and how to do it increases the likelihood of accessing crisis support services

- Should be individually tailored to meet the needs of each patient, taking their prior experiences and perceptions into account

When and How to Get Emergency Help

My Suicide Safety Plan

I will use my coping strategies when...

Distractions:

Sources of Support/Comfort:

Reasons for Living:

I will get emergency help when...

Crisis Support Services:

Example: I Will Get Emergency Help When…. and Crisis Support Services

I will get emergency help when…

- When I've tried all my coping skills and I still can't stop thinking about being trapped with no way out
- When I make plans to divide my comic collection among Comic Club members
- When I start to work out the details of how I'm going to kill myself
- When I start to put my suicide plan into action

Crisis Support Services:

Call mom and dad: 123-456-7890, 24/7

1. Tell them I think I need to go to urgent care at the Center
2. If I can't verbally tell them, I can text them

Text the Trevor Project: Text START to 678678

1. Just tell them how I am feeling
2. Let them know that it can take me a while to process questions and respond
3. Ask for clarification if I don't understand their question

Making the Environment Safer

How to Make My Environment Safer

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Overview: Making the Environment Safer

- Access to lethal means increases risk
- Creating time and space between the individual and lethal means lowers risk, especially during periods of heightened risk
- For each method considered, make a step-by-step plan that includes who will carry out the plan and when

Example: Making the Environment Safer

How to Make My Environment Safer

Thing that makes me less safe:	Steps to make me safer:	When each step will happen:
Medications in mom's bathroom medicine cabinet	1. **Mom** will give all the Tylenol and Advil to neighbor 2. **Mom** will put my Risperdal in the safe and change the combination. She will give it to me before bed until I am feeling better	1. As soon as we get home 2. Before I go to bed tonight

Tips: Making the Environment Safer

- Be collaborative, validating, and refrain from directives
- Understand that the autistic person may be giving up a source of comfort or security
- Explore pros and cons using a motivational interviewing approach
- Practice
- Follow up

We've Made the Safety Plan. Now what?!

Make sure its clear and adjust as needed	Assess likelihood of use	Discuss possibility of sharing with others
In-session review and rehearsal	Discuss plan to access it	Discuss plan to review at home
Assess obstacles	Modify over time as needed	**Problem solve!**

Any questions?

Thank you!!

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