Assessment and Management of Suicidality in Specialized Youth Populations

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Learning Objectives

- Identify risk factors for suicide in youth with developmental disabilities.
- Explain how and what to ask when assessing youth with developmental disabilities for suicidality.
- Formulate a basic long-term management plan for youth with developmental disabilities who have suicidal ideation.

Risk factors for Suicidality

- General Risk factors for Suicidality in Youth
  - Age, Gender, Ethnicity
  - FH (psychiatric illness or suicidality)
  - Family dysfunction
  - Social isolation
  - Bullying
  - Stressful life events
  - Abuse
  - Access to means
  - Anxiety
  - Depression
  - Substance abuse
  - Low self-esteem
  - Poor self-image
  - Lack of Faith/Spirituality

- Specialized Youth Populations
  - Autism Spectrum Disorders (ASD)
    - Deficits in two functional domains:
      - Social interaction and communication
      - Restricted, repetitive, stereotyped behavior and activities
  - Intellectual Disabilities (ID)
    - Deficits in general mental abilities
    - Leads to impairment of adaptive functioning
    - Individual is unable to meet standards of personal independence
An intense desire for death may come from the belief that one is a burden to others and/or the belief that one does not belong.

Persons with developmental disability may have a significant exposure to these beliefs.

Self-injury and victimization may habituate some persons with developmental disability to pain and foster an ability for lethal self-harm.

- American Association of Suicidology

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### Risk Factors for Suicidality


- Looked at 94 Japanese youth admitted to psychiatric hospital due to self-harm and SI
- Authors assessed for ASD – diagnosed in 13% general estimates of 1:68 youth have ASD = 1.5%
- Stressor usually bullying (9 of the 12 patients with ASD)
- ?role of restricted pattern of thinking, lack of imagination (no way out, never change)


### Risk Factors for Suicidality

**Mayes, et al (2013)**

- Surveyed parents of over 1000 youth with ASD
- 13.8% rated suicidality as a problem
  - 10.9% ideation 7.2% attempts
- Significant predictors of suicidal ideation* and attempts^:
  - Depression*, Mood dysregulation^,
  - Older than 10 y/o, Black or Hispanic Impulsivity


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### Risk Factors for Suicidality


- Review of patients with ASD who have attempted suicide
- Clinical samples suggest that suicide occurs more frequently in high functioning autism

Physical and sexual abuse, bullying, and changes in routine are precipitating events associated with suicide risk.


### Risk Factors for Suicidality


- Prevalence up to *60% and *48%
- only 13 papers explicitly examined youth

Associated with immediate stressors in family, history of abuse

Reports of association with higher IQ but not exclusively

Methods of attempts can be atypical (biting electrical wire)

Risk Factors for Suicidality
Hardan, et al 1999
• Pittsburgh, chart review over a year
• Inpatient and outpatient youth
• 20% had suicidal ideation/attempts
  • Over half had a specific plan
  • most common: cutting wrist, stabbing self
• Half had an associated acute psychosocial stressor


Risk Factor: Depression
Reviews of the literature (Howlin, 2000, Ghaziuddin*, 2002) conclude that for people with ASD, most common psychiatric disorder is depression.
• Based on studies of verbal individuals.
• More likely to occur in adolescents and adults*

• Major Depression in 10%
• Increase to 24% if include subsyndromal depression
• 5 – 17 year olds, IQ > 65 and/or verbal


Depression
• Depressed mood
• Anhedonia – loss of pleasure
  • Changes in appetite/weight
  • Sleep changes
  • Psychomotor agitation or retardation
  • Fatigue or loss of energy
  • Guilt and/or worthlessness
  • Indecisiveness or decreased concentration
  • Morbid thoughts and/or suicidality

Risk Factor: Bullying
2001 National Longitudinal Transition Study of special education services for the US Department of Education
• Survey of parents of 1,100 youth in special education, their school principals and staff
• Prevalence rate of being bullied for youth with ASD was 46%, for youth with intellectual disability - 67%.
• Compare to rate for general population of youth 11%*
• Victimization was related to being of minority ethnicity, ADHD, lower social skills, some form of conversational ability, more time in gen ed


Risk Factor: Bullying
2012 Survey of 192 parents of youth (ages 5-21) with ASD
• 77% - child had been bullied at school within past month
• 30% - reported bullying 2 or more times a week
• 54% reported bullying for over a year


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What Do We Ask and What Do We Look For?

There are currently NO specific assessment measures to screen for suicide in individuals with developmental disabilities.

What Do We Ask and What Do We Look For?

Problems with Existing Measures

- Reading Comprehension Level
- Receptive Language skills
- Complex response format
- The need for abstract thinking

What Do We Look For in Both Verbal and Nonverbal Students?

Behavior Equivalent activities: The things someone does that mean “depression” to them

Depression: Behavioral Equivalents

- Worthlessness, negative self esteem
  - destroying treasured items
  - punishing self
- Decreased concentration
  - failing grades, school/work performance
  - poor memory
  - need prompts to complete tasks
- Suicidal thoughts – passive or active
  - focus on people who have died in the past
  - self-harm

Depression - Behavioral Equivalents

- Depressed/irritable
  - decreased smiling, lack emotional expression
  - increased whining, spontaneous crying
- Change in sleep/appetite pattern
- Anhedonia/loss of pleasure
  - less responses to preferred activity and passions
  - increased time spent in room or alone (isolation)
- Activity level -slowed or agitated
  - physically slow moving
  - driven to keep moving, pacing
For both the verbal and non-verbal student alike, **MOVEMENT AWAY FROM BASELINE** is the key measure.

What Do We Look For in Both Verbal and Nonverbal Students?

Know your students so that you can more easily:

- Assess for risk factors
- Assess for protective factors

What Do We Look For in Both Verbal and Nonverbal Students?

Do not be afraid to be direct!

- Thoughts
- Plans
- Means
- Intent
- Future thinking

What Do We Ask Our Verbal Students?

What About Verbal Students Who Make Suicidal Statements “Every Time They’re Mad?”

- Know their baseline
- Understand their intent (escape, frustration, etc.)
- Help them label their feelings
- Consider their means (ex: lasers?)

*Have a strong working relationship with the child's treatment team*

What Do We Ask Our Verbal Students?

- Have a strong working relationship with the child's treatment team

What Do We Look for Specifically in Our Nonverbal Students?

- Behavioral changes or functional regression are most easily observed
- Regression in functional skill level
- Outward behaviors that differ from one’s usual temperament
- Stereotypic and repetitive behaviors also tend to increase in frequency with agitated or irritable mood

What about self-injurious behavior in our nonverbal students?

Use FBA: **Functional Behavioral Analysis**

- Is it suicidal behavior, or is it environmental?
- Remember the context in which it is occurring

What about self-injurious behavior in our nonverbal students?


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So now that we have identified the risk factors and what to look for...

What can help?

Educators and Parents Should Develop Positive Relationships for the Wellbeing of the Adolescent

A strong relationship with a parent:
- Puts the educator in a good position to give feedback
- Encourages the parent to communicate information needed to understand and help their child
- Promotes positive attitudes for both the educator and the parent

High-Functioning Autism (HFASD)

Be Aware of the Quality of Social Relationships that Individuals in Your Class’ have

- Many higher functioning individuals with ASD are aware of their social difficulties and their differences.
- School Counselors familiar with HFASD should be available for support
- Teachers: Build Trust and Have an Open Door Policy
- Research suggests that individuals with HFASD have interest in social interactions but lack the necessary skills to succeed.
- A Student’s IEP should recommend a Social Skills Group

High-Functioning Autism (HFASD)

Be Aware of the Quality of Social Relationships that Individuals in Your Class’ have

- Adolescents without friends and poor quality social relationships run the risk of loneliness, stress, and negative affect.
  - Ask for volunteer Peer Buddies. This is as beneficial for the individual as it is for the Peer.
  - Negative social self-perception and difficulties with peers can lead to an increase in depression
  - Encourage participation in school events and clubs, but supervise for targeted bullying behaviors by peers.
  - Include bullying and harassment awareness for the individual with ASD

Increase your Knowledge of Resiliency

Resilience: the capacity of an individual to overcome odds and demonstrate the personal strengths needed to cope with hardship or adversity

Factors that Promote Resiliency

Teach resiliency skills as early as possible

- Problem Solving
- Perspective Taking
- What is Sarcasm and Jokes
- Managing anxiety/Stress-management techniques
- Flexible Thinking → Change is Always Happening!

Encourage Self-Advocacy

- Assist the individual with identifying their strengths and recognizing their weaknesses.
- The ability to speak up for one’s self is an important skill
- Praise the individual when they make a good decision or choice.
- Help them to self-assess a situation and identify if there is a problem

Learning how to do this takes practice and direct instruction.

These are things that many of you are already doing!!

Resiliency in Young Adults with High Functioning Autism

Studies of resiliency among adolescences an the young adult population are particularly important as they transition to adulthood.

This transition often proves quite challenging and stressful.


Transition Planning

BEGIN EARLY!!

Transition Planning

The literature suggests transition planning is fraught with anxiety, for everyone!

- Transition Planning includes social, educational and vocational components
- Transition Planning must be continuous, coordinated, and inclusive

Transition Planning

Develop an Individualized Transition Plan, an ITP, and include the following:

- Vocational training and job sampling (similar to on-the-job-training)
- Employment goals and a timeline for achieving them
- Goals in support of residential opportunities, including independent living
- Community participation goals, including social and leisure skills, travel training, purchasing skills, and personal care, to name a few
- Goals relevant to postsecondary education (college), when appropriate
- Coordination with state and private adult services agencies and providers

Transition Planning

Customized Employment:

a Journey of Discovery where an individual’s talents, interests and dreams can be realized.

Transition Planning

Workforce Innovation and Opportunity Act goes into effect 7.1.2016.

- It mandates transition planning start at the age of 14 for special needs students
- An essential component is establishing an employability pathway first.

Transition Planning

Develop an employment tool kit:

- with a resume,
- letters of recommendation,
- copies of birth certificate,
- copies of social security cards


Questions ...
October is National Suicide Month

Become that “Safe Person”

Resources:

Act 71: Suicide Awareness and Prevention and Child Exploitation Awareness Education

The National Suicide Prevention Lifeline, 1-800-273-8255, provides access to trained telephone counselors, 24 hours a day, 7 days a week.

Resources: Bullying and Special Needs


Citations


Case Example

17 y/o WM, diagnosed with Autism and mild intellectual disability. Very good verbal skills and able to express his emotions.
Parents divorced. Lives with mother. Two older siblings living on own.
Family history is noted for anxiety and substance abuse.
No medical problems. No substance abuse. No access to guns.
No history of abuse. No past psychiatric history.
Started transition process to post-high school

Case Example

Transition challenges:
Loves his high school, excessively attached to staff there
Discussions about living independently as well as moving to vocational program – ownership?
Led to excessive worries about his future, feeling rejected by family
Began dangerous behaviors to avoid vocational program, express anger to family

Case Example

What helped:
School staff provided mental health providers (at all levels of care) with information on his background.
School also provided support to family during this stressful time.
School to vocation program transition plan was modified to decrease his stress as he settled into new living environment.
When last seen was much more settled, happier and no longer engaging in dangerous behaviors.